





Medical coders translate physician notes into a set of diagnosis and procedure codes.

These codes are used to send a claim to the payer for reimbursement





#### **Physician Notes**

Recorded by physician.



#### **Transcription**

Transcriptionist or voice recognition.



#### **Claim Coded**

Trained coders.



# **Coding Errors are Expensive**

Errors in coding cost hospitals millions

- Claims Denials
- Incorrect base rate used for reimbursement



# Coding Errors are Expensive

#### Denied claims

- Average \$25 to reprocess
- 50-65% of denied claims are never worked



#### The Data

Data set from MIT

MIMIC-III and

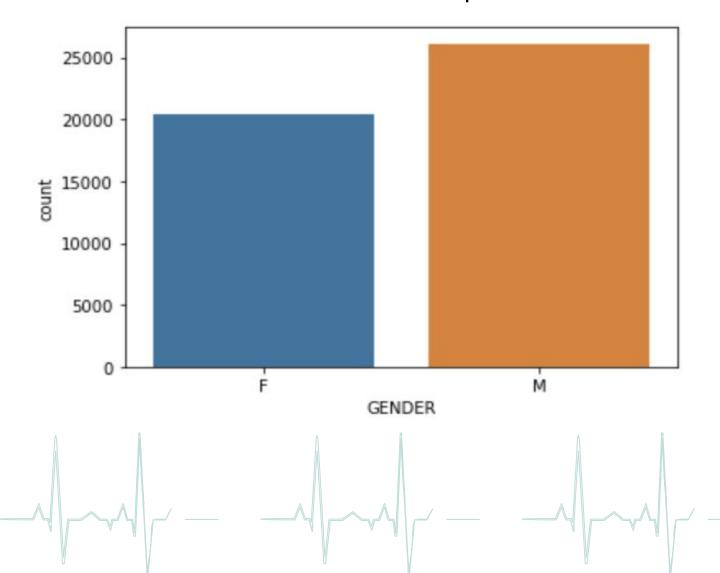
ICU patients at Beth Israel Deaconess Medical Center 2001-2012



#### **Patient Data**

#### Count of Male/Female patients

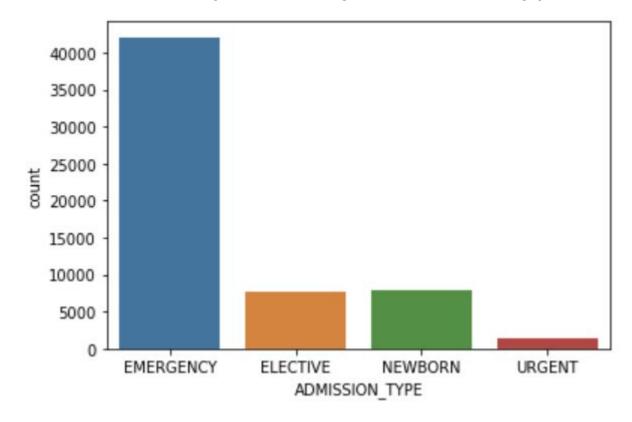
Over 40K individual patients



#### **Patient Data**

Majority admitted through the ED

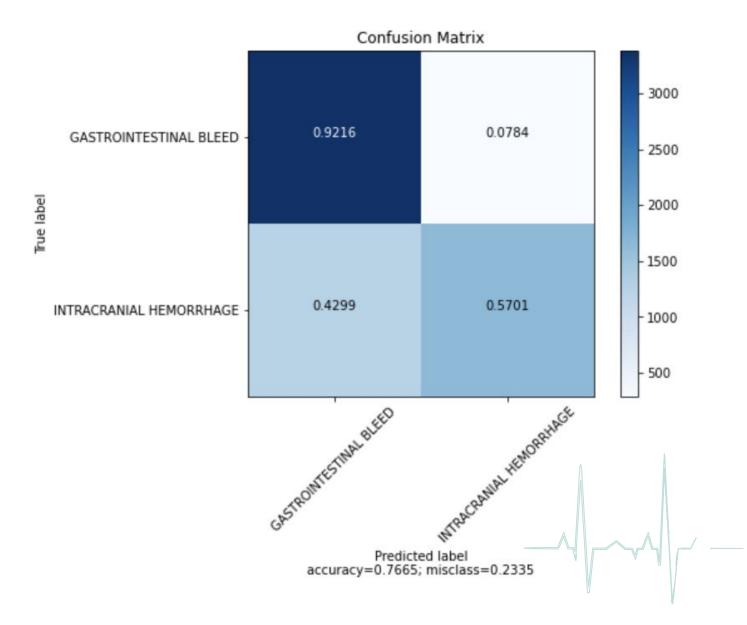
#### Count of patients by Admission Type







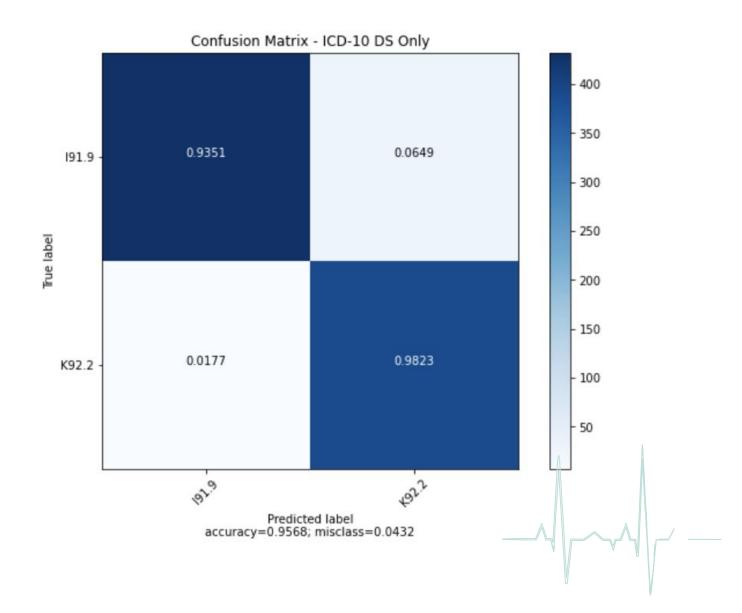
## First Simple Model



- Chose 2 diagnoses
- Count vectorization
- Lemmatized
- 500 features
- Accuracy = .77



#### **Final MVP Model**



- Chose 2 ICD-10 codes
- Count vectorization
- Lemmatized
- 500 features
- Accuracy = .96



# Evaluation and Next Steps

## **Recommendations/Next Steps**

- Continue to improve model
- Add additional diagnoses
- Add in DRG



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