



## Laurie A. Poulin, CPC

Certified ICD-10 Coder, Maine Health/Maine Medical Center

**A Coder's Perspective: Veteran ICD coder, Laurie Poulin, shares her perspectives and advice about the transition from ICD-9 to ICD-10.**

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**With this major disruption to the ICD coding system, how do you think your 15+ years of experience prepared you for the change, or do you feel like it was more like starting over?**

My years of experience played a vital roll in making this transition easier. Originally I had concerns that it would feel like starting over; I expected this. But now that I am coding ICD-10, it isn't as drastic a change as I anticipated. I am able to crosswalk codes and the process for looking the codes up is the same for the most part, there are just a lot more codes.

**There is a lot of buzz in the industry about expected coder burnout and preparing for the worse. What do you think of this and do you anticipate the same and why?**

I think it really depends on the experience of the coders. All coders are at different points in their career. I am sure some will burn out, some will adjust over time, and others will love it. Many coders like the idea of being able to be more specific. While some coders also find this daunting.

**How do Electronic Health Records help with coding accuracy?**

Electronic health records are very helpful because we have access to such a variety of records for each patient. This allows us to get very specific with the codes. For example we can look at an emergency department visit and see why they came in, what a specialist dictated, what a CT scan showed and even see lab results. This is a huge benefit.

When coding without the EHR records, we would simply code, for example a lung mass, unspecified. Having access and reviewing the pathology report we may opt to code lung cancer, because we can see the patient's records that indicate cancer. To code using EHRs may take longer, but it would be much more accurate. Without the EHR information, the coding would be easier and faster for sure, but not as accurate as it could be because we weren't seeing the whole picture.

**There is a major concern about lost revenue due to incorrect coding and regulations from CMS and AMA. Does this cause a great deal of stress to the coders and do you think this will contribute to the coder burnout?**

As far as lost revenue, yes, it is a concern of course. There has been talk about the insurance companies denying codes that are unspecified, but it is my understanding that this will not happen in the very beginning. I have heard there will be some leniency from insurance companies. It is a stress to make sure that we, as coders, fulfill the purpose of ICD-10 and code to the highest specificity due to time restraints. The charges still have to move. This pressure can and it may contribute to coder burnout.

**Tell me about the training and certification process for ICD-10 readiness. How long was the program, was it an online program, how intensive was it, what topics did you cover etc.**

The training and certification process varies depending on

the certification program. For example AAPC requires recertification for ICD-10, whereas it is my understanding that it is not mandatory for AHIMA. There are no guidelines as to how much training you need. Most coders have 3-8 days of boot camp along with practicing coding charges with ICD-10. Mainly the boot camps review the ICD-10 guidelines and new code sets. There are also different options for testing. You can do a timed test requiring a grade of 70 or above or you can take an online course with a test included which is not timed.

### Early on there were concerns about ICD-9 coders not being knowledgeable enough about anatomy and that further education may be needed. Did the certification process cover these shortcomings?

There are anatomy and physiology courses offered in many places. Most coders that I know did not feel the need to take more classes in that area. Most had already taken classes. We also have so many resources, that for expe-

rienced coders it isn't necessary. Of course it is suggested for anyone who feels weak in that area, but it was not a requirement.

### What advice would you give to others who need to become certified, and would this advice be different for new coders vs. long term career coders like yourself?

My advice to new coders would be to take A&P classes as well as a good coding course. It will pay off. In some ways, new coders could have it easier having to learn only one code set- one way to think and no old habits. In other ways, veteran coders have it easier because they can more quickly crosswalk their memorized ICD-9 codes, plus they are used to how the book works. To the veteran coders I would just say welcome it with open arms and a good positive attitude. ICD-10 is here and no good will come of being negative or resistant. Jobs change and we just have to adjust to the changes when they happen.

## About Laurie A. Poulin, CPC

Certified ICD-10 Outpatient Coder, Maine Health/Maine Medical Center

Laurie currently serves as an Outpatient Coder for Maine Health/Maine Medical Center. Throughout her prior 18 year career at Professional Management Corporation, she was involved in coding for over 35 clients with various specialties. As well, she served as coding supervisor where she developed and led a team of coders. She has extensive knowledge in disease and medical terminology and coding techniques, a strong understanding of the numerical coding system used for billing insurance companies, and a vast knowledge of various significant coding guidelines.



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