I. Policy Statement

a. MU Health is committed to full compliance with all Federal health care program requirements, including a commitment to prepare and submit accurate claims consistent with such requirements.

b. This policy addresses MU Health’s compliance with Federal and state health care program requirements, as well as compliance with other payor expectations, regarding the accurate coding, preparation and submission of claims by setting forth requirements for Coding Staff:
   i. credentialing requirements;
   ii. orientation, initial and ongoing training, resources, and competencies; and
   iii. accuracy and consistency assessments and reviews, and error corrections.

c. All MU Health Coding Staff, including full-time and part-time employees, and contracted vendors, are responsible for performing, supervising, or monitoring coding of inpatient and outpatient encounters at acceptable standards as defined by this policy.

d. MU Health Standards of Ethical Coding
   i. MU Health has great confidence in our Coding Staff and their commitment to collect, manage and report data in an unbiased, honest and ethical manner.
   ii. MU Health will follow the most current Center for Medicare and Medicaid Services (CMS) Official Guidelines for Coding and Reporting.
   iii. Diagnosis and procedure coding shall be governed by the ICD Official Guidelines for Coding and Reporting and that all codes mandated by guidelines should be assigned and reported. Adherence to guidelines promotes consistency and accuracy of coded data.
   iv. ICD diagnosis and procedure codes, and CPT procedure codes and modifiers must be correctly submitted and will not be modified or mischaracterized in order to be covered and paid. Diagnoses or
Title: Corporate Compliance - Coding Compliance Plan - Policy

procedures will not be misrepresented or mischaracterized by assigning codes for purpose of obtaining inappropriate reimbursement.

v. Diagnosis codes reported will accurately reflect the medical necessity of a service as well as the individual requirements of a CPT code, in accordance with documentation entered by the provider.

vi. Procedural codes reported will accurately reflect the procedures performed during the encounter as documented by the provider.

II. Definitions

a. Coding Staff or Coders: individuals that assign numeric or alphanumeric classification to identify diagnoses and procedures. These classifications or “codes” are assigned based upon a review of the source document (medical record). The classifications utilized for this purpose include ICD, CPT and HCPCS Level II.

b. ICD: International Classification of Disease, current edition


III. Process/Content

a. Coding Staff Credential Requirements

i. A well-trained Coding Staff is imperative to maintain overall coding compliance and coding accuracy. To ensure all Coders have acquired the competencies necessary for skillful coding, a minimum credential requirement will be mandated for all Coding Staff members. These requirements are outlined in the official job descriptions, as issued by Human Resources.

ii. All MU Health-employed Coding Staff, outsourced Coders, as well as direct supervisory level staff responsible for coding activities must be certified by a recognized professional certification organization (e.g. AAPC, AHIMA). Newly employed Coders will be expected to achieve certification within one year of employment date.

iii. Coding Staff must maintain certification through a professional organization of their choice, with concurrence from their supervisor, according to the requirements of the professional organization.

iv. Coding Staff that are not certified through a professional association must complete 10 CEUs annually with concurrence from their Supervisor. Documentation of such training must be in the maintained by the Supervisor.
b. Initial Coding Orientation and Training
   i. All MU Health departments that directly employ Coders will provide orientation and training to all new Coders, or current employees transitioning to a coder position, involved in the final ICD and/or CPT coding process. The orientation shall include a review of this policy.
   ii. Completion of coding orientation and training must be met within 30 days of employment or transfer into a coding position.
   iii. At a minimum, coding departments shall make the following resources (electronic and/or bound) available to Coding Staff prior to coding on behalf of MU Health:
       1. Current ICD coding book,
       2. Current CPT code book,
       3. Current HCPCS Medicare Level II Expert book, and
   iv. All MU Health-employed Coders shall be given training on all applicable MU Health computer systems prior to coding on behalf of MU Health.
   v. The work of newly hired Coders, either MU Health employee or outsourced vendors, or current employees transitioning to a Coder position must be carefully monitored by supervisors, designated staff, or the outsourced vendor during the first 90 calendar days of employment and until all training requirements have been met. Supervisors of Coders or designated staff must comply with the following:
       1. Newly hired coders will be required to undergo a pre-bill review of at least the first fifty (50) records coded until an accuracy rate of 95% has been achieved. If accuracy rate of 95% or higher is achieved and no additional training needs are identified through the pre-bill review process, no further pre-bill review will be required.
       2. If the accuracy rate of 95% is not achieved during the pre-bill review of the first fifty (50) records, pre-bill review will continue in increments of ten (10) records until a cumulative overall accuracy rate of 95% or higher is obtained.
       3. If the accuracy rate of 95% is not achieved within the first 90 days of employment or transfer into a coding position, coaching and/or corrective action will be initiated by the employee’s supervisor/manager.
       4. Documentation of the pre-bill review will be maintained on file by the supervisor.
vi. Documentation of the initial orientation and training must be maintained within the department.

c. Continuing Education Requirements and Annual Competencies
   i. All Coders involved in the final reporting of ICD and CPT coding will review annually this Coding Compliance Plan.
   ii. All Coders responsible for inpatient and/or outpatient coding must meet the minimum annual requirements of his/her certifying organization regarding continuing education per calendar year.
   iii. Supervisors shall be responsible for monitoring that employees under his/her supervision have obtained or maintained relevant certifications.
   iv. Supervisors shall report to the Office of Corporate Compliance (OCC) any coder (inpatient, outpatient, contracted vendor) who does not meet annual certification requirements. Such Coders must complete requirements and show verification of certification before resuming coding responsibilities.

d. Coding Accuracy Measurement, Monitoring, and Correction of Errors
   i. Coding productivity and accuracy are essential benchmark measurements for all MU Health departments. Productivity measurement allows for adequate staffing and keeps the revenue cycle workflow effectively moving. Accuracy measurement is necessary as healthcare organizations are being compared and evaluated based on the coded data submitted for reimbursement, performance measures related to patient outcomes, and quality measures.
   ii. On-going coding accuracy review and monitoring will ensure minimal variances in the application of and compliance with CMS Official Coding Guidelines. Coding and billing errors identified through the coding reviews shall be appropriately corrected and re-billed accordingly.
   iii. Departmental Accuracy Measurements
      1. Each MU Health coding department will perform regular reviews of each Coder’s work. The number and types of records sampled for review will be at the discretion of the department, but shall be based upon the types of encounters the employee typically codes. The staff member performing the coding reviews will compile the results and make such available to the OCC upon request.
      2. Any identified coding and billing errors which result in an overpayment to MU Health will be reported and addressed as per the MU Health policy “University of Missouri Hospitals (MUH) Overpayment Reporting”.
3. Supervisors shall include accuracy measurements in the Coder’s annual performance appraisal.

4. If over two consecutive accuracy reports, a Coder’s accuracy measurements fall below an average of 95%, appropriate counseling and corrective actions will be instituted as deemed appropriate by the Supervisor and Department Manager.

iv. OCC Accuracy Measurements

1. The OCC will perform coding reviews on an ongoing basis. Annually, the audits will include at a minimum: two (2) inpatient and two (2) outpatient reviews for all hospital and professional services Coders.

2. Any identified coding and billing errors which result in an overpayment to MU Health will be reported and addressed as per the MU Health policy “University of Missouri Hospitals (MUH) Overpayment Reporting”.

3. OCC coding accuracy reviews will be reported regularly to the MU Health Executive Compliance Committee and others as deemed appropriate.

IV. Attachments

   a. Revenue Cycle – University of Missouri Hospitals (MUH) Overpayment Reporting – Policy

V. References, Regulatory References, Related Documents, or Links


