Accuracy Imperative: New Stakes for Coded Data

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The requirements for coding accuracy have always been high, even before coding became the basis for reimbursement. HIM professionals have championed improvements to medical record documentation and classification systems essential to accurate coding, and the profession has also led the way in educating and credentialing coders.

AHIMA has been a voice for policies that enhance coding accuracy, advocating for ICD-10 and an overhaul of the way classification systems are developed and maintained in the US.

Pay-for-Performance Raises the Stakes

The stakes are getting higher. In "Coding and Quality Reporting" Nelly Leon-Chisen reports that the expanding pay-for-performance programs and public reporting of performance measures will heighten scrutiny of coding accuracy. As Leon-Chisen points out, ensuring that pay-for-performance data accurately reflect the quality of care requires new levels of coordination between responsible departments. She offers sound advice for dealing with the technical and human side of this new challenge for hospitals.

Managing coding services is a challenge because systems, people, and requirements are always changing. Anita Orenstein, Brenda Clemons, and Christina Dalton describe innovations in the professional development for coders in "A Coding Career Path." Their experience may serve as a model for others to help improve employee performance, satisfaction, and retention, a priceless combination in today's tight market for skilled coders.

Susan Fenton and Larry Gamm summarize new research on evaluation and management coding in "Who's Coding and How in Physician Practices." The research confirms issues in accuracy and productivity in evaluation and management coding, still a predominantly manual process. Technologies such as encoders and EHRs have great potential to improve documentation and coding practices for physicians.

Accuracy through Standardization

Clinical documentation improvement involves managing the quality and completeness of the record while it is being prepared. A better record, of course, offers benefits to future patient care and to the many secondary uses of coded and abstracted data. "Clinical Documentation Specialists" presents the experiences of hospitals that are proactively and concurrently managing clinical documentation on nursing units. Ultimately, the EHR offers the potential to build electronic rules-driven monitoring of clinical documentation.

The nonprofit organization Council for Affordable Quality Health Care (CAQH, www.caqh.org) is doing transformative work to standardize administrative processes including physician credentialing and its new service, insurance verification processes. Mark Hagland describes this very important development in "CORE Values." CAQH's work is supported by health plans and other groups that understand the huge potential of standardizing administrative processes across organizations.

The Healthcare Administrative Simplification Coalition (www.hasc.org), formed by AHIMA, the Medical Group Management Association, and the American Academy of Family Physicians, has been actively helping CAQH get the word out about the benefits of standard administrative processes for credentialing and insurance verification.

With this issue, we salute the critical work of credentialed clinical coding professionals. We salute your commitment to excellence and lifelong learning. AHIMA works every day to advance the industry's understanding of the importance of the work you do.

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