

Clear Focus on Coding

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by Rhona Moses, RRA

For the past three years I have been manager of coding education and billing guidelines at Group Health Cooperative, a 600,000-member HMO. Group Health has 25 primary care clinics, four specialty centers, an ambulatory surgical center, and two hospitals. We have about 700 staff physicians and also contract with about 2600 outside doctors, group practices, and hospitals.

My work group ensures that ICD-9-CM and CPT coding is complete and accurate and that all services are identified and billed according to industry standards. I conduct an ongoing quality assessment and improvement cycle for all coded and billed data in the staff model at the cooperative by leading my work group in a plan of coding training, auditing, and feedback.

Completeness and accuracy of coded data are especially important in the managed care world. Not only are we required to meet the same payer and regulatory requirements as the fee-for-service world, but we also rely on the accuracy of our data to help us manage and care for our patient populations. Our Medicare reimbursement is capitated, and over the next five years our capitation will be determined by a risk adjustment methodology based on diagnostic coding. In addition, coded data is used to understand patient populations during the contracting process. Because we are a health maintenance cooperative, we are proactive in using coded data to improve the health of our enrollees. Information on childhood immunizations and prenatal visits is pulled directly from coded data. Our diabetes registry uses coded data to track retinal screening examinations. Many of the cooperative's "Roadmaps," which are priority clinical areas identified for focused work, use coded data. The Depression Roadmap depends on accurate identification of patients based on diagnostic codes. The Tobacco Roadmap uses code 305.1, tobacco use disorder, as one data element in the effort to reduce smoking in our enrollee population.

Coding is also important to appropriate billing for our fee-for-service patient population. While most of our revenue comes from dues premiums, we cannot afford to neglect even a small percentage of potential revenue by failing to bill outside payers accurately and completely.

I manage a work group of 10 coding and billing experts. We provide coding education to approximately 700 practitioners in 30 specialty areas. We also train all business office staff in ICD-9-CM and CPT coding and basic medical billing. Coding training and support is provided by senior coding consultants who are responsible for the coding accuracy in a small group of family practice clinics and for a select group of specialty departments, cooperative-wide. The consultants train practitioners on E/M coding and documentation and on the principles and guidelines of ICD-9-CM diagnostic coding. The training is conducted in classroom settings, staff meetings, and one-on-one meetings with practitioners. The consultants audit medical record documentation against assigned codes, report their findings, and make recommendations for improvement to their clients. To be successful, our coding consultants must be technically strong in coding; they must be able to plan and manage their work to meet established goals; and they must have strong interpersonal and communication skills. To a great degree, their success in meeting goals depends on their ability to be accepted and trusted by their "clients."

Along with coding training, we provide instruction and guidelines on billing for services provided. We conduct extensive research on payer requirements and rules prior to writing these guidelines. Our billing instructors confer with the coding consultants on every new or revised billing guideline. Balancing fee-for-service billing requirements with the organization's need for data is a constant struggle. In the managed care environment, many provided services have not been defined in CPT—or if they have been defined, no payers will cover them. To get data on these services, we must find creative, legal ways to track them.

Probably what I most enjoy about the managed care environment is that the people I work with are focused almost exclusively on patient care. While the organization recognizes that the business of healthcare is important, our culture revolves around the goal of achieving the best health outcomes for our enrollees. It's gratifying to know that the quality of our coded data will help the organization measure its success.

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