Coder Education: Will Demand, Will Deliver

by Ruth Carol

As the bar rises for coding, healthcare organizations require more education from coders—and they are willing to deliver it, too.

The bar has always been high for mdical coding, but recent years have seen it boosted higher. As a result, healthcare organizations need more from coders, and while they are requiring greater levels of education, they are also doing more to deliver it. Organizations are providing initial and ongoing education in new and flexible ways, including on-staff educators, targeted learning, and partnerships with local community colleges.

Wanted: More, Better, Faster

Contemporary coding has a lot on its plate. Coders are being asked to provide greater detail on a wider variety of medical procedures and devices, with higher levels of accuracy and in close adherence to new guidelines and regulations in an evolving electronic environment.

And the rate of change only increases. In the case of medical technology, the introduction and adoption of new devices, procedures, and pharmaceuticals can easily outpace code updates, often challenging coders to document procedures that as yet lack codes.

“As an academic medical center, we see a lot of unusual procedures or unusual circumstances [in which procedures are being used],” says Dorothy Maxim, MS, RHIA, associate director of coding and data quality at The Ohio State University Health System in Columbus. “Our coders have to determine which code to use because the procedure might not actually have a code.”

New technology also produces multiple methods of performing the same procedure. Coders are often faced with analyzing a record to identify which method was used. For example, one physician may remove a gallbladder using an open procedure, whereas another may use a laparoscope, explains Dianne Willard, MBA, RHIA, CCS-P, director of coding services at Pyramid HIM and Coding Services, a division of the HealthCare Financial Group in Naperville, IL. How the procedure was done affects the reimbursement rate as well as the patient’s length of stay. “Coders need to know the different equipment physicians are using and how to code them appropriately,” she says.

New medications flooding the market affect how medical records are coded. Whether a normal stent or drug-eluting stent is used during an angioplasty determines the assigned CPT code and reimbursement. Additionally, emerging technologies have had add-on payments, as in the case of super drugs for severe sepsis.

At the same time that the rate of innovation increases, the demand for coding accuracy is growing. With stricter coding guidelines and compliance requirements mandated by the government and other regulatory and accrediting agencies, medical coders are feeling more pressure than ever before to produce high-quality coded information.

“The need for accurate coding in reimbursement is a necessity in today’s managed-care climate for the financial well being of facilities as well as for compliance with guidelines and regulations,” says Rita Bowen, MA, RHIA, CHPS, director of HIM and privacy officer at Erlanger Health System in Chattanooga, TN. “Accuracy and ethical coding have always been standards with HIM-credentialed coders, but now there is a greater awareness of this within the medical community at large.”

Maxim notes, “We’ve had to be proactive about making changes to our methodologies of coding, auditing, and billing according to the requirements of all the different guidelines.” With the advent of the Medicare Outpatient Prospective Payment System,

getting billing out the door became more difficult. “We had to educate our coders about being able to discern what’s appropriate for coding guidelines and for payer billing.”

A major reason for the increased scrutiny of medical records in recent years is that their use has moved beyond reimbursement into the arenas of clinical outcomes, medical research, and hospital performance. Agencies such as the Joint Commission on Accreditation of Healthcare Organizations requires the submission of quality data. Organizations including the Leapfrog Group and HealthGrades use coded data to rate the performance of hospitals across the country.

“Coders have to scrutinize the data and documentation in the chart more thoroughly, not only to pick up the diagnoses and procedures that go into the [diagnosis related group] or [ambulatory patient category] assignment, but also to try to paint the total picture of the patient’s care and severity through coded data,” says Sue Quincel, RHIT, director of coding and data services at Mount Carmel Health System in Columbus, OH.

Because data is being used to gather information on disease processes, the codes are becoming more detailed, says Willard. For example, the ICD-9 code for diabetes now goes into all of the disease’s manifestations. The complexity is requiring specialization. “You used to have coders who could do both outpatient and inpatient coding,” says Sue Belley, RHIA, MEd, manager of coding in the health data services department at Cleveland Clinic Foundation. “But because of the reimbursement methodologies and the fact that we use two different systems—ICD-9 and CPT—it’s hard to have one person with expertise in both areas.”

The very process of coding is also changing, and new skills are required to work in electronic environments. Even healthcare organizations that do not have full-blown electronic health records are moving to computerized records systems. Within the past two years, Baylor University Medical Center in Dallas has started scanning all medical records. “Teaching the coders to retrieve records online versus on paper has changed the way coding is done,” says Amy Duncan, RHIT, HIM coding manager.

Medical coders at Mount Carmel Health System don’t need to leave their computers to get their work done, explains Quincel. “Everything they need is electronic and in front of them, from medical records to coding references to tracking tools,” she says. Even charts are reviewed online.

Education Required, Education Provided

With so much at stake, healthcare organizations require entry-level coders to have more initial training than ever before. “Coding assignments are something an organization can’t take a risk with,” says Quincel. “We need to make sure up front that coders have a thorough training and understanding of what they need to do and what the ramifications are if they don’t do them.”

And while organizations may be asking more of medical coders, they are willing to deliver and develop education at a variety of levels in a variety of ways.

Logging On

To develop coding staff, hospitals are increasingly providing training via electronic means. Web-based seminars are growing in popularity because they reach a large audience, accommodate many schedules, and allow for real-time feedback. At Baylor University, an intranet is used to tailor online education and link compliance reviews with coder-specific education. If a particular coder has an issue with cardiology, for example, Duncan says he or she will be provided a Web lesson on the topic.

The amount of educational information available to coders is at an all-time high, largely because of the Internet. “I’m online every day working with search engines to find new information on a disease process or procedure,” says Willard. She also goes online to gain information from colleagues in forums such as AHIMA’s Communities of Practice.

Many hospitals also educate medical coders using audio conferences. In-services conducted by physicians are especially beneficial in explaining new procedures. As Belley maintains, “If you can visualize it, you’ll do a better job coding it.”

Educator in the House

Some healthcare organizations are now hiring full-time educators to spearhead continuing education efforts for coders.

Two years ago, Erlanger Health System hired an HIM educator who provides on-site education and conducts medical record audits. She keeps coders informed about the latest procedures and the most current codes, says Bowen. If the educator spots an area that needs improvement based on the record reviews, she designs an educational session. "We had a person who did audits for several years," adds Bowen, "but we purposely changed the focus of this position so that people would feel comfortable going to her if they're having trouble with a particular area."

Similarly, last year Mount Carmel established a coding education coordinator position. "We felt that we needed someone to focus on developing educational opportunities and creating an environment of constant learning," says Quincel. The position was, in part, a response to a survey of staff, all of whom wanted more training and development.

Other organizations are establishing documentation improvement programs. Typically these programs involve a nurse who works closely with coders and physicians, serving as a liaison between the two. "There's an increased awareness of the importance of having more complete and accurate documentation by the physician," Quincel notes. "To facilitate that process, we've chosen to have nurses review charts concurrently and work with the physician to bridge the barrier between the clinical and coding language."

As part of Ohio State University's documentation improvement program, nurses work closely with the coders, documentation enhancement specialists, and coding quality teams to determine areas that need improvement. The health system also recently launched a data quality program in which data quality managers review specific diagnosis related groups (DRGs) that are potentially problematic prior to billing. Coders who meet accuracy guidelines based on random chart audits receive bonuses, says Maxim.

At Cleveland Clinic, working with the nurses in the documentation improvement program is a great avenue for coders who want to move ahead, says Belley. Serving as DRG assurance coordinators allows them to work closely with physicians. Coders can also become analysts who split their time between coding and providing education.

But before coders can even consider climbing the career ladder, they have to complete a "residency," as Belley refers to it.

"When we hire a new graduate, it takes 18 to 24 months to get this trainee totally proficient at coding," she says. A quality and education coordinator reviews all of the new coder's work until it is acceptable. The coordinator also provides education as needed.

Growing Your Own

What does a hospital do when it can't find enough clinical coding specialists? Baylor University developed a program to grow its own coders because the market wasn't turning out the volume needed in the Dallas–Fort Worth area, says Larry Dunham, RHIA, CHP, director of HIM.

In 2001 the hospital hired a coding instructor and developed an AHIMA-certified curriculum. The facility hires students, who are largely long-term workers seeking professional growth, as employees through their six-month training period. A coding auditing staff then audits the students' records until they reach proficiency. To date, 27 people have graduated from the program, which teaches both inpatient and outpatient coding. Because Baylor requires inpatient coders to be certified, it helped prepare the individuals who have sat for the CCS examination.

Having met its current coder needs, Baylor plans to offer continuing education courses this summer.

College Bound

With a nationwide shortage of qualified coding professionals, many organizations are forming partnerships with local colleges to meet their needs for medical coders.

Erlanger Health System became involved with a local college when it became clear that the college's new coding certification program was graduating coders who were ill-equipped to do the job, recalls Bowen. Consequently, local hospitals (Erlanger among them) met with college administrators. They advocated for a program leading to an associate degree at minimum with a

full HIT curriculum. The college admitted students to the program every two years, and Erlanger also asked administrators to increase admissions in order to turn out more coders.

Erlanger now serves as an educational partner for the HIT program and a clinical site for its students. “We are advocates for more hands-on clinical experience to prepare the students for the work force,” says Bowen. Serving on the college’s advisory board, she has also met with administrators to encourage them to require coding students to take the same anatomy and physiology classes as the nursing students to get an in-depth understanding of the human body. The biology course the students were taking was too basic to prepare them for the challenges of a coding career, she says.

Cleveland Clinic has partnered with a local community college to serve as a site where students can take HIM courses during the evenings and on weekends. Other partnerships between hospitals and colleges focus on recruitment efforts with the former offering tours, speakers, and mentoring programs.

Future Focus

As the stakes rise in coding, the importance of advanced education will only increase. More and more hospitals prefer hiring credentialed coders, and physicians are also beginning to advertise for coders with credentials.

“We require coders to have an RHIA, RHIT, or CCS,” says Belley. “What you’re guaranteed with certification is a baseline level of knowledge. You don’t have to teach the basics, you can just work on the refinements.”

At Erlanger, certification is tied to a higher job level. “Anyone who wants to be a medical coder today will want the credentials to indicate mastery of the subject,” says Bowen.

Future coder education will focus most notably on the transition from ICD-9 to ICD-10. The new codes may also require a greater understanding of anatomy and physiology as well as the disease process and pharmacology.

New curricula will also address the electronic environment. Having embarked on an electronic health record in the outpatient arena at Cleveland Clinic, well-skilled coders are already identifying areas that need to be improved, says Belley. “As we move into the electronic world, we will need coders who can talk with physicians and computer people as these systems are being developed to ensure they meet our coding needs.”

Meanwhile, the message to clinical coding specialists is clear: Stay current in your knowledge and skills, and if you aren’t already credentialed, strongly consider becoming so. “Coders need to realize that they’re no different than a nurse or doctor,” concludes Belley. “They’re professionals, and their livelihood is based on their credentials, so they need to do what it takes to educate themselves.”

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