

# Long View of Coding and Revenue: Experienced Coder Takes on Broader Role in Revenue Integrity Department

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*by Meg Featheringham, assistant editor*

Donna Wilson, RHIA, CCS, understands the challenges that coders face daily. Wilson began her career as a coder more than 20 years ago and has seen the coding profession evolve in that time. “The implementation of DRGs in 1984 changed the entire role of the coder,” she says.

Her years as a coder have helped in her current role as the revenue integrity manager for Roper St. Francis Healthcare in Charleston, SC. “My experience in coding has helped explain coding and DRG impacts on the finance side,” she says. “For example, if a physician requests to perform a new procedure in our hospital, we have a team that analyzes the information. My role is to ensure that the coding and documentation for this new procedure are accurate.”

Wilson manages the denials system software and processes and educates physicians, coders, and clinicians to ensure complete and accurate documentation support the revenue charged. The educational aspect of her role is by far the most challenging, she says, “because the rules and regulations change so frequently. One month I may be quoting a governmental policy, and the next month it changes.”

## New Scope, New Perspective

Roper St. Francis Healthcare created its revenue integrity department in response to the increasing scrutiny of the various governing bodies, regulations, and auditors, including Medicare’s Conditions of Participation, the Code of Federal Regulations, the Medicaid Integrity Plan, Sarbanes-Oxley, and recovery audit contractors (RACs).

Wilson believes that every organization should create such a department and finds that coding professionals are the perfect personnel for the task. “We as coding professionals have so much to bring to the table,” she says. “Working under our coding ethics enables us to be the best choice for this new role.”

Coders’ vast clinical knowledge is also a huge asset to the department. “The revenue cycle team mainly speaks dollars,” she says. “I bring clinical and coding knowledge, which seems to have been a missing component.”

## The Broad View

Wilson’s new role has given her a more extensive view of the coding and revenue process. “I am now seeing the entire picture,” she says. “It has opened my world to finance by realizing how much is ‘adjusted off’ due to poor documentation. It’s amazing to realize how vital coding accuracy is to the entire revenue cycle.”

Coding accuracy is a major issue for her organization, which includes two hospital systems with more than 750 physicians. However, her coding team is up to the task. “We have an excellent group of coders who struggle on a daily basis to assign the best codes based on incomplete physician documentation,” she says.

## Upcoming Challenges

One specific issue that Wilson sees as an upcoming challenge for the coding profession is the implementation of the present on admission (POA) indicator. The key for coders is documentation. “The responsibility will fall back on the coder to assign the correct POA, but again this will depend on accurate and complete physician documentation,” she says.

A larger issue for coders will be the time and resources consumed by self-auditing. “Quality coding managers should be using tools such as PEPPER reports and RAC initiatives to assess the coding state of their organization,” Wilson says. “While these reviews take time and manpower, it’s better to perform self-reviews and internally correct deficiencies than to have an external agency determine adequacy and potentially take back monies and assess fines.”

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