

# Managing Coding Compliance: Leadership, Collaboration Keep Processes from Derailing

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The key to ensuring coding compliance in the ever-changing world of healthcare is to have a solid foundation. This includes ensuring effective processes throughout all departments in the organization.

Coding managers can visualize each process that contributes to correct coding as a track—a data input track, a documentation track, a query track, a coding track, a billing track. Each track enables records to be properly coded and moved from one department to the next. A network of well-run, efficient tracks can ensure that records are properly coded and processed.

For example, coding managers should look for all registration information, admitting source, diagnoses, and physician orders on the data input track. On the documentation track, they should look for information that clearly supports the diagnoses, procedures, and services performed. On the query track, managers should look for clear and concise questions and keep a record to identify patterns and trends. Trending can reveal opportunities for additional education.

## Ensuring a Smooth Ride

Once the tracks are in place, coding managers must maintain each process to keep records moving between departments, making sure everyone does his or her job properly. There will be times when there are problems on the track, but when problems arise, managers with leadership skills and good processes in place can identify and work with necessary stakeholders throughout the organization to get records moving properly again.

Coding managers can keep the record moving by homing in on problems and working with departments to resolve them. For example, if registration is not providing accurate admission source codes, staff may not be referring to policy or guidelines. Coding managers can pinpoint the concerns and work with the admitting manager to correct any issues.

CPT infusion coding, which has been a challenge for coding departments over the last two years, is another example. Correctly coding CPT infusions requires significant change in documentation, thorough understanding of the coding guidelines, and clear communication of the changes.

Annual coding changes and the move from paper to electronic records may affect the codes organizations can report due to a change in documentation. When moving to an EHR, the data fields or data format can change significantly. It is crucial to make certain all data needed for coding is included in any process changes. For example, in time documentation, clinicians may document a.m. or p.m., yet the electronic system may use military time. This can affect the electronic time calculations.

Missed start or stop times, unclear route of administration, or unclear understanding of coding guidelines can make coding these services difficult, if not impossible. Coding departments may have encountered major concerns if infusion codes are hard-coded in the charge master.

Resolving these issues may require significant changes to the tracks. Coding managers may need to help implement documentation improvement changes in clinical areas to achieve the correct coding. They may need to share guidance from official sources. They should network with colleagues on best practices for implementing the coding changes in busy clinical areas.

For specific questions that are not clearly addressed in the official coding sources, coding managers can seek input from other coding professionals in forums such as AHIMA's Coding Community of Practice. They can seek further understanding of the documentation process from managers of the areas involved in the services. Coding managers should also provide input on the forms or other tools used by the clinical areas and become involved in educating clinical areas on coding guidelines.

Once these changes are implemented, coding managers should help assess and manage the changes, continuing to work with stakeholders to ensure everyone stays on track. Ongoing feedback and follow-up are key to ensuring that an issue has been resolved.

Proactive coding compliance helps organizations stay on track. Coding managers should identify new codes or coding changes and speak with operational areas that may use the codes, educating those areas on the key documentation needed to support the codes. They should also recommend that departments take into consideration all work steps and systems involved in the coding process. This may include modifying the charge master, notifying billing of coding changes, and ensuring that new coding and billing edits are updated. Coding managers should present the information broadly and remind the operational areas that correct coding affects quality reporting and reimbursement.

It takes more than the coding manager to keep records moving. Coding managers should partner with operational areas on practices that affect coding. They can help identify an area of focus for department review—for instance, a key documentation challenge—and then circle back to discuss the results.

Coding managers should also conduct proactive coding compliance reviews, starting with a probe sample and looking for trends and patterns. Another method is to perform a focused review, considering the codes that are more difficult to support in documentation or recall during the initial rollout of the codes.

The results of the review may identify potential coding issues that need further investigation and education. By staying vigilant through operational or coding reviews coding managers will identify loose wheels before they result in major derailments.

It is important that coding managers communicate the review process to all stakeholders within the organization. It is easy for managers to focus on the staff directly involved in the coding process, but many other healthcare professionals may have an important stake in coding issues.

Consider physician documentation and its impact on professional coding versus facility coding. A coding review may ask these questions: Does the facility-coded data correlate to the professional coded data? Does other clinical documentation impact coding decisions? Are there coding guidelines that affect coding decisions? Do Medicare or other third-party payers have reimbursement guidelines that may determine what services can be coded together or where services can be performed?

When meeting with stakeholders coding managers should be prepared to define the coding compliance process and all aspects of the coding review. Identifying the specific focus of the review is key to investigating and following up on the issue.

## Repairing Broken Rails

Once a potential coding compliance problem has been identified, coding managers will need to determine the 5 Ws:

- Who is involved in the issue?
- What occurred and how does it affect coding or billing?
- Where did the issue originate?
- When did the issue occur?
- Why did it occur?

Answers to these questions may involve several rapid-fire meetings to determine if your compliance or legal department should be involved. Coding managers should focus on resolutions. Meetings should stress the coding-documentation issue and include education on specific coding guidelines, if needed.

If systems or other processes are affected by the coding documentation change, coding managers should ensure that appropriate stakeholders are involved. Once a resolution is agreed upon, a management action plan should resolve the coding documentation issue. The action plan should include specific work steps with goals, dates, and responsible parties.

As corrective actions are jointly agreed upon and put into place, financial consideration should be explored. Were accounts incorrectly billed? Did the organization receive incorrect reimbursement? Account correction to reflect compliant coding is critical.

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