Resolving Coding Issues for *Coding Clinic*: How the Editorial Advisory Board Answers Coding Questions

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by Patricia Bower-Jernigan, RHIA; Kimberly Yelton, RHIA; and Karen Freymiller, RHIT

Coding professionals rely on the American Hospital Association's *Coding Clinic* to resolve issues and questions they have in their daily coding duties. Accordingly, the editorial advisory board process for resolving coding questions for *Coding Clinic* advice is extensive.

The process is challenging, and it requires much effort. The following description of the November 2007 meeting illustrates how the advisory board goes about its work.

The Background Research

A month before the meeting, each EAB member receives a binder filled with coding questions either held over from previous meetings or submitted since the last meeting. For the November 2007 meeting, there were nine holdover questions with further research and 31 new questions or issues.

The *Coding Clinic* staff puts together as much reference material as possible for each issue. This may include copies of the medical records sent in, past *Coding Clinic* advice, and any other references pertinent to the subject. It is then up to each member to read each issue and its background information and try to come up with an appropriate response prior to the meeting.

Seeking Clarification on Excisional Debridement

One issue that has come back to the board time and again is coding excisional debridement. At the November meeting, the members discussed information from the medical director of a quality improvement organization on what is considered excisional debridement.

One of the physician board members met with the president of the American College of Surgeons to see if clinical criteria could be provided for excisional debridement. Hospital representatives were asked to consult with their medical staffs on how excisional debridement is defined.

Board members are cognizant of how muddied this issue has become. Providers are under increasing pressure to prove to recovery audit contractors and quality improvement organizations that an excisional debridement occurred.

As the discussion progressed, the board found that excisional debridement coding came down to one element: physician documentation. It is apparent that clear and specific documentation is a never-ending issue with facilities.

Other Coding Issues

The board also discussed the issue of coding from pathology reports. Hospital representatives on the board submitted clinical examples so documentation could be reviewed and considered. The president of the American Society for Clinical Pathology submitted a letter and spoke at the meeting via telephone to share his views. Information like this is invaluable to the board in making an appropriate and informed decision.

One of the new issues discussed was the coding of autoimmune lymphoproliferative syndrome. The *Coding Clinic* staff presented three possible options, as well as copies from the facility submitting the question. All three options were discussed. It was then suggested that a new code be considered for the condition.

Two members from the National Center for Health Statistics will take the issue to another meeting for further discussion. In the meantime, the board was able to agree on one of the three options to publish as an answer.

Getting Coding Guidance Approved

Once the board decides upon an answer, the meeting minutes are written and final approval must be given by the four cooperating parties: National Center for Health Statistics, Centers for Medicare and Medicaid Services, American Hospital Association, and AHIMA.

This is one reason why there can be a delay in receiving an answer to a coding question, as all four cooperating parties must agree with the coding decision before it is published.

In some cases, further research is warranted to make sure all information is considered. The question is then addressed again at the next EAB meeting for potential resolution.

From the perspective of the hospital representatives, the editorial advisory board meetings have been a valuable opportunity to ensure that coding professionals' voices are being heard on some very difficult coding issues. Board members are appreciative of the hospital representatives' opinions and have a very good understanding of the coding professional's role in making sure accurate and precise codes are assigned for reporting purposes. Each member brings expertise to the table, and all opinions are welcomed and heard.

Additional hospital representatives will be needed to replace the current individuals on the board in 2009. Coding professionals interested in sharing their expertise and participating in an educational and exciting opportunity with *Coding Clinic*, should contact Nelly Leon-Chisen, RHIA, at the American Hospital Association. An opportunity to serve on the board is well worth the effort.

Who Makes up the Editorial Advisory Board?

The *Coding Clinic* Editorial Advisory Board is comprised of people from various professional organizations as well as hospital representatives who are credentialed with a background in ICD-9-CM coding. Organizations represented at the board meetings are:

- National Center for Health Statistics
- AHIMA
- Centers for Medicare and Medicaid Services
- American Medical Association
- American College of Physicians/American Society of Internal Medicine
- American College of Surgeons
- American College of Orthopaedic Surgeons
- American Hospital Association
- American Academy of Pediatrics

Other physician consultative relationships have been developed with the American College of Obstetrics and Gynecology, the American Academy of Ophthalmology, American Urological Association, and the American Society of Plastic and Reconstructive Surgeons.

Hospital representation consists of three people for the current two-year term of 2007–2008. They became members through their interaction with *Coding Clinic* or were nominated by former board members. Each was required to submit a resume showing their coding experience. They must commit to traveling to Baltimore, MD, three times a year for meetings.

Once members are selected, they are trained on the structure of the board and the work assignments they are required to complete before the first meeting occurs.

Reference

AHA Central Office. "Editorial Advisory Board for ICD-9-CM." Available online at
www.ahacentraloffice.org/ahacentraloffice/html/EBA.html.

Patricia Bower-Jernigan (patricia.bower-jernigan@allina.com) is coding director at Allina Hospitals and Clinics in Minnesota. **Kimberly Yelton** is coding supervisor at WakeMed Health and Hospitals in Raleigh, NC. **Karen Freymiller** is inpatient coding manager at University of Wisconsin Hospital and Clinics in Madison, WI. The authors serve as hospital representatives on the *Coding Clinic* editorial advisory board.

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