

Resolving Coding Questions: Where to Find Answers to Coding Questions

Save to myBoK

By Karen M. Kostick, RHIT, CCS, CCS-P

WHEN CODING Questions arise, coding professionals should evaluate all possible resources, including querying physicians, networking with other coding professionals, and seeking official coding advice. These techniques help ensure consistent healthcare diagnostic and procedure coding.

Coding questions are not necessarily about selecting the correct code from a specific classification. Some have more to do with reporting a code to a particular payer, receiving appropriate reimbursement, or compensating for poor documentation.

To best answer a coding question, coding professionals should start by asking themselves why they cannot find the right code. The answer will determine the best way to find it.

Coding Dilemmas

Frequently incomplete or conflicting documentation is the cause of many coding questions. Though many coders may not like to hear the recommendation “query the physician,” it is often the required solution according to *Coding Clinic for ICD-9-CM*, an official source for coding advice.

However, coders must be knowledgeable about the condition or procedure in question and the coding system’s guidelines. Using available clinical references to gain the necessary knowledge about unfamiliar conditions or procedures and applying that to the classification rules is vital to having a successful dialogue with a physician. Not only will it improve a coder’s clinical knowledge, but it will also help the coder educate the physician about appropriate documentation practices.

Each healthcare organization should develop a process for obtaining physician clarification. (For more information on physician queries, see the AHIMA practice brief “Managing an Effective Query Process” online in the AHIMA Body of Knowledge at www.ahima.org.)

If documentation is not the problem, coding, reporting, or payer guidelines may be the cause for concern. In ICD-9-CM, it is important to note the guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within ICD-9-CM. Therefore, the instructions and conventions in ICD-9-CM volumes I and II take precedence over the official coding guidelines.

It is also important to clarify which guidelines apply to specific types of healthcare settings. For example, section I, “Conventions General Coding Guidelines and Chapter Specific Guidelines,” is applicable to all healthcare settings unless otherwise indicated.

Payer guidelines that require certain codes be reported or used to support medical necessity or coverage also present challenges. Because these are billing issues, they are handled differently than coding issues.

In these cases, the payer is the chief source for solving billing problems. For example:

- National or local coverage determination coding guidelines on medical necessity
- Payer bulletins and program memorandum that contain instructions or policies affecting the coding process (e.g., a HCPCS level II code must be reported instead of a CPT level I code)
- Centers for Medicare and Medicaid Services (CMS) instructions on completion of an advanced beneficiary notice to address questions of coverage of services

An organization's coding compliance policy should include specific directions on how to deal with payer-specific requirements.

Networking Solutions

When the physician query process and published guidelines do not provide the answer, coding professionals should try seeking advice from their peers in AHIMA's Communities of Practice (CoP). The Coding CoP offers a virtual professional network, including online forums to post and discuss coding questions and share coding practices and relevant coding resources.

In addition, coding roundtables conducted in partnership with AHIMA component state associations provide local access to professional coding education, networking, and representation.

Coding roundtables were formed as a means to improve coding skills through education; provide local networking opportunities; and share coding practices, challenges, and requirements to affect policy in the industry. The coding roundtable network provides a rich resource for data collection and advocacy with regulatory agencies.

Coding professionals should consider working with their coding roundtable coordinators to determine an appropriate time to present questions, along with supporting medical record documentation, to their local or regional coding roundtable for discussion.

The National Code Set Authorities

Medical code set maintenance organizations are responsible for classification changes and development of associated guidelines. The National Center for Health Statistics and CMS maintain ICD-9-CM. Representatives from the two agencies cochair the ICD-9-CM Coordination and Maintenance Committee, an advisory body that holds public meetings to discuss possible updates and revisions to ICD-9-CM.

Although the ICD-9-CM Coordination and Maintenance Committee is a federal committee, suggestions for code modifications are received from both the public and private sectors. Comments are encouraged both at the meetings and in writing.

The American Medical Association's CPT Editorial Panel is responsible for maintaining the CPT code set, with the support of the CPT Advisory Committee. AHIMA participates in the panel's meetings and deliberations. Panel meetings are open to the public.

The CMS HCPCS workgroup is responsible for updating HCPCS level II codes. CMS's coding review process for HCPCS is ongoing, and the public is invited to submit requests to modify the HCPCS level II national code set.

Coding guidelines for ICD-9-CM have been developed and approved by four organizations that make up the Cooperating Parties for ICD-9-CM. The cooperating parties are the National Center for Health Statistics, CMS, AHIMA, and the American Hospital Association (AHA). Therefore, AHIMA cannot issue coding guidelines independently.

The AHA Central Office on ICD-9-CM was developed to provide consistent and accurate advice for appropriate and effective application of the ICD-9-CM classification system. To achieve this, AHIMA and the cooperating parties can only refer coders seeking official ICD-9-CM coding advice to the AHA.

When seeking coding advice, coding professionals are encouraged to use the following authoritative coding publications and services:

AHA's Coding Clinic for ICD-9-CM provides interpretation and coding guidance on the proper use of ICD-9-CM. Its editorial advisory board brings together people with a diversity of healthcare backgrounds, expertise, and knowledge (including HIM professionals), representing a balance of interests. An AHIMA representative serves on the board. The cooperating parties, which include AHIMA, have final approval of the content of this publication.

AHA's Coding Clinic for HCPCS provides coding guidance on the proper use of HCPCS (CPT) level I codes for hospital reporting and certain HCPCS level II codes for hospitals, physicians, and other health professionals. Its editorial advisory board also brings together people with a diversity of healthcare backgrounds, expertise, and knowledge (including HIM professionals), and represents a balance of interests. An AHIMA representative serves on the board.

To learn more about these AHA coding advice resources and how to submit coding questions, go to www.ahacentraloffice.org/ahacentraloffice/html/coding_advice_index.html.

AMA's CPT Assistant is a monthly newsletter that provides CPT coding advice for physicians and other qualified healthcare professionals. Its editorial board gives specialty societies, payers, and other CPT stakeholders the opportunity to give formal input, review, and contribute coding content.

The editorial board's goal is to take a more active role in responding to real-world coding issues and help resolve differences in opinion between physicians and third-party payers.

AMA's CPT Network is an online service that provides users with expert advice on code use.

To learn more about these coding advice resources and how to submit a coding question to the AMA, go to www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/cpt-products-services.html.

References

Bowman, Susan. *Health Information Management Compliance: Guidelines for Preventing Fraud and Abuse*. Chicago, IL: AHIMA, 2007.

National Center for Health Statistics. "ICD-9-CM Official Guidelines for Coding and Reporting." Available online at www.cdc.gov/nchs/data/icd9/icdguide09.pdf.

Karen M. Kostick (karen.kostick@ahima.org) is a practice resources specialist at AHIMA.

Article citation:

Kostick, Karen M.. "Resolving Coding Questions: Where to Find Answers to Coding Questions" *Journal of AHIMA* 81, no.4 (April 2010): 62-63.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.