

# Sharing Resources for Coding Quality Improvement

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*by Sharon Mills, RHIA, CCS*

Hospital leaders who truly understand the challenge of achieving high-quality coding and are willing to commit resources to promote continuous quality improvement can be difficult to find. However, four years ago, visionary leaders in a not-for-profit healthcare system recognized that coding is crucial to managing a hospital's revenue stream. The leaders developed an innovative coding quality program throughout the healthcare organization's several acute care facilities.

## Evolution of a Coding Quality Program

In the beginning, the Quality Coding Services (QCS) program consisted of one HIM employee reviewing inpatient records in the hospitals and providing on-site education. With each passing year, the program has expanded and evolved to meet the growing needs of the organization. The current QCS program operates on the premise that it is easier to replicate best practices in a healthcare system where all the facilities share the same quality improvement plan. Following are the components of the current QCS program.

## Building a QCS Program

The QCS program is part of the HIM department at the "system" level of the organization, meaning it is a service shared by all of the facilities in the organization. The program supplements and supports the regular, ongoing quality improvement and monitoring processes of the individual facilities. QCS is staffed by a manager and two to three coding specialists. The manager organizes, leads, monitors, evaluates, and reports the activities of the program, creates and presents quarterly roundtable sessions, and answers coding questions. The coding specialists conduct on-site coding reviews, collect data, and assist in a variety of coding education efforts throughout the system.

The QCS program encompasses several main functions:

**Regular coding reviews:** One of the program's goals is for coding specialists to spend one or more days per month at each hospital in the system. QCS attempts to give more frequent assistance to hospitals that have new coders and/or lower accuracy rates and the overall emphasis is on education. Pre-bill reviews are preferred for all payers, so that coding errors may be corrected and physicians may be queried prior to bill submission. Reviewers check the accuracy and completeness of the codes, including principal diagnosis selection, secondary diagnoses, and procedures (ICD-9-CM and CPT). On ER charts, reviewers check for documentation and coding of medical necessity for tests ordered. Review activities may also involve assistance with payment denials and proposed DRG changes. Coding specialists conduct an exit conference with the coders, the HIM director, and the CFO at the end of each review to provide feedback and training.

**Computerized collection of data from coding reviews:** The coding specialists complete a standard data sheet for each chart reviewed, and the data is entered into an electronic database. The data is used to track the progress of the QCS program and identify areas that need improvement. Computer tools help automate the analysis process so that goals for a desired level of accuracy and improvement are met.

**Reports to CEOs/CFOs and HIM directors:** The results of coding reviews are presented to administrators and directors in an executive summary report. This report includes information about accuracy rates and a summary of coding errors identified and corrected. In addition, the system HIM department staff have quarterly meetings with corporate leaders to keep them informed about review results, training activities, and the implementation of corrective actions. This is also an opportunity to answer corporate leaders' questions, address their concerns, and receive further direction.

**Systemwide coding guidelines:** One of the goals of the QCS manager is to develop, maintain, and disseminate a coding reference manual and coding guidelines for use by all coders in the system. This helps to facilitate consistent coding throughout

the healthcare system. These systemwide guidelines are used for decision making during coding reviews, so that all facilities are conducting evaluations and training based on the same standards. The guidelines follow the American Hospital Association's official coding guidelines and also address documentation requirements for coding, physician query procedures, other guidelines based on local medical review policies, and payer and state requirements.

**Educational opportunities for coding professionals:** As scheduling permits, the QCS staff members are available to assist the facilities' HIM directors in training new coders and cross-training existing coders. Group training is another method that can be used to improve coding quality. On-site in-services are an efficient way to provide continued education on selected topics to several coders at once. One of the in-service objectives is to provide corrective training when a trend is identified that suggests a discrepancy or difficulty in accurately coding a specific diagnosis or procedure.

Another educational resource available to the facilities through the QCS program is a library of coding seminars on cassette tape, which can be borrowed by HIM staff in any of the system's facilities. In this way, all the facilities benefit without multiplying expenses.

**"Hotline" for coding questions:** Individual coders, supervisors, or HIM directors may submit coding questions to the QCS office. The QCS manager and staff strive to research the answer thoroughly, using an encoder, coding books, and published reference materials such as *Coding Clinic* and *CPT Assistant*. Occasionally the question is referred to an outside source for confirmation, such as a consulting company or AHIMA's coding resource support line.

**Quarterly teleconference coding roundtables:** Coding roundtable sessions are held for coders from all facilities to attend via teleconference. These sessions address the specific needs of the organization and its coders. The topics include questions and answers that have been reviewed by QCS during the previous months, changes in the coding manuals, recent advice published in *Coding Clinic* and *CPT Assistant*, corporate guidelines, reimbursement issues, and preparation for new external forces such as the implementation of APCs. Printed handouts are distributed prior to each session, so that coders have a written record of all the information discussed.

**Semiannual seminars for all coding staff:** Twice a year, a local coding seminar is arranged for all coders in the system. Coders are invited to submit questions and problem cases prior to the seminars to ensure that the seminar is pertinent to their job.

**Classes for beginning coders:** The QCS program collaborates with the local college and university to create formal educational opportunities for those interested in a coding career or coding professionals who desire more extensive formal education. Other educational materials, such as AHIMA's Independent Study Program for coding and "Model Coding Curriculum," computerized coding courses, and various other resources are under evaluation.

**Reimbursement committee involvement:** The system HIM director and QCS manager are members of a task force that addresses billing and reimbursement issues experienced by facilities throughout the system. This committee's membership includes directors/managers of departments like registration, chargemaster, business office, case management, internal audit, and nursing. Involvement in this committee by people with coding expertise facilitates compliance with coding rules and makes coding assistance readily available when coding issues contribute to billing or reimbursement problems.

## Reaction to the QCS Program

Some resistance can be expected when monitoring and auditing processes are implemented. Employees may feel threatened by having their work scrutinized. The staff of the QCS program are aware of these concerns and try to make the review process friendly, practical, and beneficial to everyone involved. The system HIM director and QCS manager communicate regularly with senior leadership to cultivate appreciation of the coders. Coders and their superiors have given positive feedback about the increased emphasis on education.

## Sharing the Benefits

Improving coding quality is always a challenging task. A "shared services and resources" program is one way that a group of facilities can successfully meet this challenge. Healthcare facilities or organizations searching for a systematic way to improve the quality of coding can model field-tested quality improvement concepts from the QCS program. And smaller healthcare

systems and independent facilities may choose to adopt portions of the QCS program that meet their unique staffing requirements and budget constraints. In the era of evolving healthcare alliances and integrated delivery systems, the capitalization of a "shared services" solution is an effective way to maximize coding quality improvement.

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