HAWAII HEALTH SYSTEMS C O R P O R A T I O N *"Touching Lives Everyday"* **Policies and Procedures**	***Quality Through Compliance***	**Policy No.:** **PAT 1004** **Revision No.:** N/A
	Issued by: Corporate Compliance Committee	**Effective Date:** September 15, 2000
Subject: ***Medical Records: Coding Orientation and Training/ Continuing Education***	**Approved by:** Thomas M. Driskill, Jr. President & CEO	**Supersedes Policy:** N/A **Page:** 1 of 3

I. PURPOSE: The purpose of this policy is twofold. It is designed to: (1) orient all new coders to Hawaii Health Systems Corporation (HHSC) coding policies and procedures, tools and resources, and education and training programs; and (2) to develop a process to educate all personnel involved in the performance of coding or formalized auditing of coding processes, so they are aware of current coding guidelines and coding guideline changes which may impact complete, accurate and consistent coding.

II. POLICY: The Corporate Compliance Officer/designee will work with the Regional Compliance Officer and Medical Records Director to provide an orientation and training session to all personnel involved in the final ICD-9-CM and CPT- 4 coding process to ensure an awareness of the support provided by HHSC to effectively classify our patients for purposes to include, but not limited to, vital statistics, mortality reporting, physician profiling, outcome measurements and for many third party reimbursement systems, including Medicare.

Each person involved in the performance of coding or formalized auditing of coding processes must complete a minimum of credits required to meet the national standards. These national standards depend on the organization the medical records staff or coding staff may be affiliated with, since each organization as their own requirements. Any associated costs will be the responsibility of the facility. This education may be accomplished by internal or external formal training (e.g., attendance at workshops provided by medical records external organizations, or attendance at exit conferences after a coding review), or may be accomplished by informal education (e.g., reading *Coding Clinic*, reading *Coding Classification Update*, reading *CPT Assistant*, coding-specific carrier bulletins, *Medicare Keynotes*, etc.).

III. PROCEDURE:

A. All new employees involved in the final ICD-9-CM and CPT-4 coding process will review the following policies prior to performing any coding:

1. HHSC Policy No. PAT 1003, Medical Records: Coding and Documentation for Inpatient Services.

2. HHSC Policy No. PAT 1002, Medical Records: Coding and Documentation for Outpatient Services.

3. All facility specific coding policies and procedures.

B. HHSC's Medical Records Coding policies and procedures will be reviewed and acknowledged within two weeks of employment.

C. The availability of the following resources will be reviewed, as applicable to position responsibility, and made available to the coding staff prior to coding:

1. *ICD-9-CM Coding Book*
2. *Physician's Current Procedural Terminology Book (CPT)*
3. *AHA Coding Clinics for ICD-9-CM Coding (1984-present)*
4. *Coding Classification Update (May 1995 to present)*
5. *DRG Definition Manual*
6. *ICD-9-CM Coding Handbook with Answers*
7. *Inpatient Coding Reference Manual*
8. *CPT Assistant (1990-present)*
9. *Medicare Keynotes (1990-present)*
10. Medical Dictionary
11. Medical Acronyms and Abbreviations List
12. Anatomy and Physiology Book
13. Drug Reference Tool
14. Disease Process Book

D. All coders will be given an orientation to all applicable computer systems.

E. An overview and explanation of the appropriate use of the applicable reports used by the facility to monitor quality and quantity of coding will be reviewed within two weeks of employment.

F. The Medical Director or direct supervisor will complete a Coder Orientation Checklist (Attachment A).

G. Documentation of the completed Coder Orientation Checklist must be filed in the employee's department education file.

H. Continuing Education

1. Each coder's direct supervisor or his/her designee, will maintain an education file for each coder.

2. The education file must be reviewed semi-annually by the coder's direct supervisor to evaluate individual coder education needs.

3. The education file must minimally contain:

   a. Copies of credential certification (where applicable);

   b. Copies of CE forms from educational workshops;

c. Copies of attendance forms from exit conferences, and

d. Acknowledgment of annual review or re-review of all HHSC policies and procedures.

4. See Attachment B for a sample Coder Continuing Education Tracking Form.

I. Formal Coder Education

1. The coder's direct supervisor will assign time for each coder to attend sufficient formal coding education each calendar year as required by National Standards.

2. Attendance at formal education sessions must be pre-approved by the coder's direct supervisor.

J. Informal Coder Education

1. Medical Records Services will supply, at a minimum, *Coding Classification Updates* and *ASC Coding News, Coding Clinic for ICD-9-CM,* and *CPT Assistan*t to each faciliy's medical records department.

2. The Medical Records Director will date stamp or write the received date on the upper right corner of each publication.

3. Internal publications will include a space for the date received.

4. The Medical Records Director will route the publications to each coder in the facility.

5. The coder's direct supervisor will assign time for each coder to complete the reading of publications based on the needs of the department.

6. All coders must read the publication within 30 days of facility receipt.

7. After reading the publication, the coder will sign and date it. Internal publications will include a space for the signature and date.

8. The Medical Records Department must maintain all of the routed publications.

Attachments: A. Orientation Checklist
B. Coder Continuing Education Tracking Form

ORIENTATION CHECKLIST

Scope: All personnel responsible for performing the final inpatient or outpatient coding process must have an orientation checklist completed.

Directions: The supervisor and/or the coder should check and initial under the appropriate column for each designated task. The date the task was achieved must be completed by the supervisor. The supervisor will indicate NA (not applicable) in the date column for any resource and/or videotape not reviewed due to the fact it is not applicable to position responsibility.

Coder's Name: _____

Hire Date: _____

PRIOR TO BEGINNING THE CODING PROCESS:

	Supervisor	Coder	Date
1. Orientation to the facility			
2. Orientation to the department			
3. Review of Coding/Documentation Policy for Inpatient Services			
4. Review of Coding/Documentation Policy for Outpatient Services			
5. Review of Facility Specific Coding Policies and Procedure			
6. Guidelines and phone number for Ethics Line			
7. Availability of following resources:			
a) ICD-9-CM Code Book			
b) CPT Code Book			
c) Coding Clinic			
d) CPT Assistant			
e) DRG Definition Manual			
f) Coding Handbook			
g) Medical Dictionary			

h) Medical Acronyms and Abbreviations List	_____	_____	_____
i) Anatomy and Physiology	_____	_____	_____
j) Drug Reference Tool	_____	_____	_____
k) Disease Process Book	_____	_____	_____
l) Coding Classification Update	_____	_____	_____
m) Input Coding Reference Manual	_____	_____	_____
n) Output Coding Reference Manual	_____	_____	_____
o) Medicare Keynotes	_____	_____	_____
8. Orientation to Computer System	_____	_____	_____
9. Overview of Coding quality and quantity report	_____	_____	_____
10. Review of the Corporation's Medical Records/Coding Policy and Procedure Manual	_____	_____	_____

Coder's Name: _____

Coder's Signature: _____

Supervisor's Signature: _____

Supervisor's Title: _____

Date Completed: _____

This form must be maintained in the Employee's Department Education File.

CODER CONTINUING EDUCATION TRACKING FORM

Coder Name: _____ **Title:** _____

Department: _____ **Supervisor:** _____

For each educational activity, please specify program title or resource, date of completion or attendance and number or hours received. Informal education hours (e.g., Coding Clinic review, Coding Classification Update review, carrier coding bulletin review, etc.) should be reported as actual time spent reviewing the document. For example, a one hour review of Coding Clinic should be reported as 1 hour earned.

Education or Program Title	Date Attended or Completed	Hours Earned
Annual review of Company Coding and Documentation Policy for Outpatient Services.		
Annual review of Company Coding and Documentation Policy for Inpatient Services.		

COVERING CALENDAR YEAR: _____ **TOTAL CE HOURS:** _____

This form must be maintained in the Employee's Education File.