HAWAII HEALTH SYSTEMS CORPORATION *"Quality Healthcare For All"* **POLICY**	Department: **Administration**	**Policy No.:** **HIM 1003A** **Revision No.:**
	Issued by: Finance & Information Systems Committee	**Effective Date:** October 25, 2018
Subject: ***Medical Records: Coding and Documentation for Inpatient Services***	**Approved by:** HHSC Board of Directors By: Donna McCleary, M.D. Its: Secretary/Treasurer	**Supersedes Policy:** PAT 1003A **Page:** 1 of 1

Last Review: August 14, 2018; Next Review: August 13, 2021

I. **PURPOSE:** To establish guidelines to improve the accuracy, integrity and quality of patient data, ensure minimal variation in coding practices, and improve the quality of the physician documentation within the body of the medical record to support code assignments. Complete and accurate diagnostic and procedural coded data is necessary for statistical analysis, financial and strategic planning, reimbursement, evaluation of quality of care. Clinical documentation is the foundation for accurate coding. Collaboration between clinicians and coders through queries support the reporting of quality information.

II. **POLICY:** Diagnoses and procedures shall be coded utilizing the *International Classification of Diseases*, Tenth Revision, *Clinical Modification* (ICD-10-CM ICD-10-PCS) ,and/or other classification systems that may be required such as *DSM IV*. Hawaii Health Systems Corporation (HHSC) shall follow the official guidelines for coding and reporting diagnoses and procedures published in the most current *AHA Coding Clinic Guidelines as further detailed in HHSC Procedure HIM 1003B*. Adherences to code sets have been adopted under the Health Insurance Portability and Accountability Act for all healthcare settings, including long-term care.

III. **APPLICABILITY:** All HHSC operations in all HHSC facilities.

IV. **AUTHORITY**: All applicable federal and state statutes and regulations that pertain to coding and health care reimbursement. Third party payor contracts, as applicable.

V. **REFERENCES:**

- CMS ICD-10 Official Coding Guidelines for Coding and Reporting
- American Health Information Management Association (AHIMA) Standards of Ethical Coding
- AHIMA's Long Term Care Health Information Practice & Documentation Guidelines
- AHA Coding Clinic for ICD-10-CM/PCS Guidelines (most current guidelines)
- CMS memorandum to the Peer Review Organization entitled "Use of the Physician Query Forms", January 22, 2001

VI. **ATTACHMENTS:** HHSC Procedure HIM 1003B