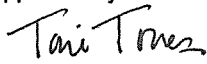
 <p><b>HAWAII HEALTH SYSTEMS</b> CORPORATION "Quality Healthcare For All"</p> <p><b>POLICY</b></p>	Department:  <p style="text-align: center;"><b>Administration</b></p>	Policy No.: <p style="text-align: center;"><b>PAT 1002A</b></p>
	Issued by: Finance & Information Systems Committee	Revision No.: <p style="text-align: center;">1</p>
Subject: <p style="text-align: center;"><b>Medical Records: Coding and Documentation for Outpatient Services</b></p>	Approved by:  HHSC Board of Directors By: Toni Torres Its: Secretary/Treasurer	Effective Date: <p style="text-align: center;">January 22, 2015</p>
		Supersedes Policy: <p style="text-align: center;">September 15, 2000</p>
		Page: <p style="text-align: center;">1 of 1</p>

Last Review: November 19, 2014; Next Review: November 19, 2017

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

II. **POLICY:** Hawaii Health Systems Corporation (HHSC) will follow the current guidelines for outpatient/physician diagnosis coding and reporting published in *AHA Coding Clinic Guidelines*, and *CPT Assistance*, as well as ICD-9-CM or ICD-10-CM official conventions and instructions for diagnosis.

HHSC will apply the *Current Procedural Terminology (CPT)* coding conventions and general guidelines as published by the AMA for surgical and diagnostic procedure coding.

CMS mandates the utilization of Level I (CPT) and Level II (National Medicare) HCPCS codes for Medicare patients. Level III HCPCS codes are created and maintained by the local Medicare carriers. It should be noted that Level III HCPCS codes may override Level I or Level II codes; therefore, it is critical to follow local carrier coding policies and procedures. Procedure PAT 1002B shall be followed in coding outpatient records.

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

IV. **AUTHORITY:** Federal rules on coding health care provider bills; contract with third party payors.

V. **ATTACHMENT:** HHSC Procedure PAT 1002B