

 <p><b>HAWAII HEALTH SYSTEMS</b> CORPORATION "Quality Healthcare For All"</p> <p><b>POLICY</b></p>	Department:	Policy No.:
	<b>Administration</b>	<b>PAT 1003A</b>
	Issued by:	Revision No.:
	Finance & Information Systems Committee	1
	Approved by:	Effective Date:
Subject:	<i>Toni Torres</i> HHSC Board of Directors By: Toni Torres Its: Secretary/Treasurer	January 22, 2015
<b>Medical Records: Coding and Documentation for Inpatient Services</b>		Supersedes Policy:
		September 15, 2000
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Last Review: November 19, 2014; Next Review: November 19, 2017

- I. **PURPOSE:** 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 will be coded utilizing the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* , *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* or *V* for classification of psychiatric patients). Hawaii Health Systems Corporation (HHSC) will 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 PAT 1003B*. Adherences to code sets have been adopted under HIPAA for all healthcare settings, including long-term care.
- III. **APPLICABILITY:** All HHSC operations in all HHSC facilities.
- IV. **AUTHORITY:** Federal rules on coding health care provider bills; contracts with third party payors.
- V. **REFERENCES:**
  - CMS ICD-9 Official Coding Guidelines for Coding and Reporting
  - American Health Information Management Association Standards of Ethical Coding
  - AHIMA's Long Term Care Health Information Practice & Documentation Guidelines
  - AHA Coding Clinic for ICD-9-CM 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 PAT 1003B