

DEPARTMENT: Regulatory Compliance Support	POLICY DESCRIPTION: Coding Orientation and Training
PAGE: 1 of 3	REPLACES POLICY DATED: 3/6/98, 4/16/98, 8/1/00, 1/1/01, 6/1/02, 12/15/02, 3/1/04, 8/1/04 (HIM.COD.005), 3/6/06, 7/1/6, 6/1/07, 8/1/09, 5/15/12, 3/1/13, 4/1/13, 10/1/15
EFFECTIVE DATE: February 1, 2017	REFERENCE NUMBER: REGS.COD.005
APPROVED BY: Ethics and Compliance Policy Committee	

<p>SCOPE: All full-time, part-time, and solo-practitioner contract personnel responsible for performing, supervising or monitoring final coding of inpatient and outpatient services including, but not limited to:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Emergency Department Radiology Department Corporate Regulatory Compliance Support Registration/Admitting/Scheduling/Patient Access Ethics and Compliance Officers Case Management/Quality Resource Management Service Centers</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Facility Health Information Management Ancillary Departments Laboratory Department Human Resources Department External Coding Vendors Administration Parallon Business Performance Group</p> </td> </tr> </table>		<p>Emergency Department Radiology Department Corporate Regulatory Compliance Support Registration/Admitting/Scheduling/Patient Access Ethics and Compliance Officers Case Management/Quality Resource Management Service Centers</p>	<p>Facility Health Information Management Ancillary Departments Laboratory Department Human Resources Department External Coding Vendors Administration Parallon Business Performance Group</p>
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<p>PURPOSE: To orient all new coding personnel to Company and facility coding policies and procedures, tools and resources, and education and training programs.</p>			
<p>POLICY: The Company will provide an orientation and training session to all new coding personnel involved in the final ICD-10-CM, ICD-10 PCS, and CPT coding process. The orientation process will include review of policies, procedures, tools and resources provided by the facility/Health Information Management Service Center (HSC) and Company. Coding is performed for reporting vital statistics, mortality reporting, physician profiling, outcome measurements and for many third party reimbursement systems, including Medicare.</p> <p>Completion and documentation of coding education and training requirements must be met within 90 days of employment or transfer into a coding position. Applicable training requirements are outlined in the Coding Continuing Education Requirements Policy, REGS.COD.006, and/or in the Billing Continuing Education Requirements Policy, REGS.GEN.007. Refer to specific policies for the applicability and education requirements.</p> <p>For newly purchased facilities, timelines for completion of coding education and training requirements will be the same as defined in this policy unless otherwise directed by the Company's Acquisition/Transition team.</p> <p>DEFINITION: <u>Coding:</u> Coding is a function by which there is an assignment of a numeric or an alphanumeric classification to identify diagnoses and procedures. These classifications or "codes" are assigned based upon a review of the source document (medical record). The classifications utilized for this purpose include: ICD-10-CM (International Classification of Disease – 10th Revision – Clinical Modification); ICD-10-PCS (International Classification of Disease-10th Revision Procedure Coding</p>			

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System); CPT (Current Procedural Terminology) or HCPCS Level II (Healthcare Common Procedure Coding Systems).

PROCEDURE:

1. All new employees involved in the final ICD-10-CM, ICD-10-PCS, and CPT coding process or current employees transitioning to a coder position will review the following policies, as applicable to the treatment setting, prior to performing any coding:
 - a. The Coding Documentation for Inpatient Services Policy, REGS.COD.001.
 - b. The Coding Documentation for Outpatient Services Policy, REGS.COD.002.
 - c. The Query Documentation for Clinical Documentation Improvement (CDI) & Coding – Compliance Requirements, REGS.DOC.002, with corresponding review of the query handbook and the query online courses.
 - d. The Coding Documentation for Rehabilitation Facilities/Units Policy, REGS.COD.013.
 - e. Inpatient and Outpatient Coding Compliance Monitoring and Auditing Policy, REGS.COD.018.
 - f. The Company's Special Coding Practices on ICD-10-CM Code J15.6 Policy.
 - g. All facility/HSC-specific coding policies and procedures.
2. All coders will be given an orientation to all applicable computer systems (*i.e.*, Meditech and 3M Coding and Reimbursement System - DRG Grouper/Software and APC Grouper/Software, including online electronic coding reference package and coding reference plus) prior to performing coding.
3. The following requirements must be reviewed within two weeks of employment
 - a. Guidelines for use and phone numbers for the 3M Nosology Coding Help Line and the Ethics Line (see REGS.COD004).
 - b. The remainder of the REGS/Coding Section of the Company's Ethics and Compliance Policies and Procedures Manual/Atlas site along with any other HCA policies applicable to job responsibilities:
 - i. Coding: Additional Compensation Plans Policy, REGS.COD.008
 - ii. Prohibition of Contingency-Based Coding Arrangements Policy, REGS.COD.009
4. The following requirements must be reviewed and/or acknowledged within 90 days of employment
 - a. An overview and explanation of the appropriate use of the applicable reports used by the facility to monitor quality and quantity of coding.
 - b. Documentation of the training for full time and part time employees and solo practitioners must be completed within 90 days of employment or transfer into a coding position, as

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required by the Coding Continuing Education Requirements Policy, REGS.COD.006, and/or the Billing Continuing Education Requirements Policy, REGS.GEN.007 including mandatory coding education requirements as outlined in the consolidated listing is in the current year's document, "[Regs Education Listing](#)" found on ATLAS, and must be entered in the HealthStream Learning Center (HLC). External coding vendors other than solo practitioners may also be included at the discretion of the facility.

5. The required electronic or hardcopy resources will be reviewed, as applicable to position responsibility, and made available to the coding staff prior to coding. [REGS.COD.003](#) outlines the list and version of references that must be reviewed and available, hardcopy and/or electronic. Additional references to be reviewed:
 - a. HCA Observation Manual
 - b. Post Acute Transfer Manual
6. Documentation of completing the steps outlined in this policy must be filed in the employee's department education file. Attachment A provides a sample of an orientation checklist.
7. The Corporate Regulatory Compliance Support (Regs) and Parallon Business Performance Group will provide oversight to the Coding Orientation. The HSC/facility HIM departments are responsible for executing the steps as outlined in this policy for new employees.

For any questions regarding this policy, please contact the Regs Helpline via the online Regs Helpline Interactive Tool at: <http://trinisys.app.mediccity.net/regshelpline>.

REFERENCES:

1. Coding Documentation for Inpatient Services Policy, [REGS.COD.001](#)
2. Coding Documentation for Outpatient Services Policy, [REGS.COD.002](#)
3. Coding Continuing Education Requirements Policy, [REGS.COD.006](#)
4. Prohibition of Contingency-Based Coding Arrangements, [REGS.COD.009](#)
5. Query Documentation for Clinical Documentation Improvement (CDI) & Coding – Compliance Requirements, [REGS.DOC.002](#)
6. Coding Documentation for Rehabilitation Facilities/Units Policy, [REGS.COD.013](#)
7. Coding Continuing Education Requirements for Outpatient Services Group Entities Policy, [REGS.OSG.006](#)
8. Coding Orientation and Training for Outpatient Services Group Entities Policy, [REGS.OSG.005](#)
9. Billing Continuing Education Requirements Policy, [REGS.GEN.007](#)
10. Inpatient and Outpatient Coding Compliance Monitoring and Auditing Policy, [REGS.COD.018](#)
11. The Company's Special Coding Practices on ICD-10-CM Code J15.6policy

**Attachment A
Sample Orientation Checklist**

Scope: All full-time and part-time employees, and solo practitioners responsible for performing the final inpatient or outpatient coding process must have an orientation checklist completed. External coding vendors other than solo practitioners may also be included at the discretion of the facility

Directions: The supervisor and/or the coder should date and initial under the appropriate column for each designated task. The supervisor will indicate NA (not applicable) for any resource and/or videotape not reviewed because it is not applicable to position responsibility or is not mandatory because the individual is an external coding vendor (other than solo practitioner). For any items determined NA, written documentation denoting the reason the item was NA must be provided.

Coder's Name: _____

Hire/Transfer Date: _____

Coding Start Date: _____

Prior to Beginning the Coding Process		Supervisor	Coder	Date	N/A
1	Orientation to the facility				
2	Orientation to the department				
3	Review of Coding/Documentation Policy for Inpatient Services, REGS.COD.001				
4	Review of Special Coding Practices for ICD-10-CM Code J15.6 Policy				
5	Review of Query Policy for Clinical Documentation Improvement (CDI) & Coding – Compliance Requirements, REGS.DOC.002				
6	Review of Query Handbook				
7	Review Query Online Courses				
8	Review of Coding/Documentation Policy for Rehabilitation Facilities/Units, REGS.COD.013				
9	Review of policy for Inpatient and Outpatient Coding Compliance Monitoring and Auditing Policy, REGS.COD.018				
10	Review of Coding/Documentation Policy for Outpatient Services, REGS.COD.002				
11	Review of facility specific coding policies and procedures				
12	Location of following resources:				
12a	ICD-10-CM Code Book				
12b	ICD-10-PCS Code Book				
12c	CPT Code Book				
12c	HCPCS Level II				
12e	Coding Clinic for ICD-10-CM/PCS				
12f	Coding Clinic for HCPCS				
12g	MS-DRGs Definition Manual				

12h	Coder's Desk Reference				
12i	ICD-10-CM Coding Handbook with Answers				
12j	CPT Assistant				
12k	Medical Dictionary				
12l	Medical Acronyms and Abbreviations List				
12m	Anatomy and/or Physiology Book				
12n	Drug Reference Tool, Clinical Pharmacology Drug Reference				
12o	Disease Process Book, The Merck Manual				
12p	DRG Expert				
12q	DRG Desk Reference				
12r	Dr. Z's Interventional Radiology Coding Reference				
12s	Coding Reference Manuals(s): Ingenix				
12t	HCA Observation Manual				
12u	Post Acute Transfer Manual				
13	Parallon OJT Document				
	Parallon Coding Policies				
14	Parallon HAC Review Process				
15	Orientation to all applicable computer systems				

	Within Two Weeks of Employment	Supervisor	Coder	Date	N/A
1					
2	Guidelines to submit questions to the 3M Coding Help Line. This step should include an overview of the Coding Help Line policy and procedure (REGS.COD.004) Phone number to the Ethics Line.				
3	Review of the remainder of the REGS/Coding Policies in the Ethics and Compliance Policy and Procedure Manual and/or E&C Atlas website along with any other HCA policy applicable to job responsibilities				

Within 90 Days of Employment		Supervisor	Coder	Date	N/A
1	Overview of reports used to monitor coding quality and quantity				
2	Documentation of coding training as required by REGS.COD.006 and/or REGS.GEN.007 including mandatory coding education requirements as outlined in the consolidated listing in the current year's document, "Regs Education Listing" found on ATLAS				
3	Completion of the orientation checklist				

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.