SCOPE: All full-time, part-time, and solo-practitioner contract personnel responsible for performing, supervising or monitoring coding of inpatient and outpatient services including, but not limited to:

- Emergency Department
- Radiology Department
- Facility Health Information Management
- Human Resources Department
- Registration/Admitting/Scheduling
- Case Management/Quality Resource Management
- External Solo-Practitioner Coding Contractors
- Parallon Business Performance Group

PURPOSE: To ensure that all personnel involved in the performance of final coding or formalized auditing of coding processes are aware of coding guidelines and coding guideline changes, which may impact complete, accurate and consistent coding.

POLICY:

Each person involved in the performance of final coding or formalized auditing of coding processes must complete a minimum set of required training hours per calendar year as defined further in this policy. Any associated cost will be the responsibility of the facility/Health Information Management Service Center (HSC).

NEWLY HIRED CODER REQUIREMENTS

1. Newly hired personnel involved in the performance of final coding or formalized auditing of coding processes must complete a minimum of eight (8) coding education hours within the first ninety (90) calendar days of employment. These (8) hours will be included in education hours in the calendar year they were completed.
2. The work of newly hired personnel (within the first 90 calendar days of employment) must be carefully monitored by a fully-trained Company employee until the training requirements have been met.
   - Each newly hired coder should be tagged with only one job function in Healthstream. Coding Job Functions: Inpatient Coder, Outpatient Coder, Inpatient/Outpatient Coder, PRN Oupatient Coder, PRN Inpatient Coder, PRN Inpatient/Outpatient Coder or Coding Management Team. (Job Functions Definitions List Link).
CODER REQUIREMENTS

Requirements for Inpatient and/or Outpatient Coders are defined below:

- All individuals responsible for inpatient and/or outpatient coding must meet the annual requirement for 30 hours of continuing education per calendar year.
- A minimum of fifteen (15) CE hours must be accomplished by formal coder education (e.g., attendance at workshops provided by Regulatory Compliance Support, Parallon Business Performance Group) or external organization, webcast, attendance at exit conferences after a coding review, annual review of Company coding policies and procedures) and the remaining hours may be accomplished by informal coder education (e.g., reading Coding Clinic, reading, reading CPT Assistant, coding specific carrier bulletins, etc.).
- All mandatory education requirements that must be attended are determined throughout the year by Regulatory Compliance Support (Regs). The consolidated listing is in the current year’s document, "Regs Education Listing" found on ATLAS. This document/and email communications must be referenced often to ensure compliance with attending all mandatory education as Regs will add to this list throughout the year.

PROCEDURE:

1. The facility/service center Ethics and Compliance Officer (ECO) or Corporate Responsible Executive must designate an appropriate person (e.g., Institution Administrator, Department Director) to track the required education hours for each person involved in coding and/or coding-related services.

2. It is the responsibility of the direct supervisor to ensure that each coder, according to job function, (inpatient, outpatient, or solo practitioner) receives the required coding education per calendar year.

3. The completion of coding education hours, as defined in this policy, must be documented and tracked using the Company’s HealthStream Learning Center (HLC). Supporting documentation, such as CE forms from educational workshops, must be producible upon request.

4. The designated person will be responsible for reporting completed education hours on a quarterly basis to the ECO or designee.

5. Any coder (inpatient, outpatient, inpatient/outpatient or solo practitioner contractor) who does not meet the designated time frame in obtaining the required hours of coding training (new hires as well as annual requirements) must be reported to the ECO by the person’s direct
supervisor and must immediately complete the training before resuming job responsibilities. If the training is not completed within two business days of the designated time frame, the employee must be suspended without pay until the educational requirements are met.

The name of the person who did not meet the designated time frame in obtaining the required hours of coding training and the name of his or her direct supervisor must be reported by the ECO to Parallon Business Performance Group, to the Division/Market President for facility based coding employees.

The ECO must also include in his or her report confirmation that an action plan has been developed for the person to complete the required training immediately.

6. The entity must be able to prove compliance with this policy when requested.

7. **Formal Coder Education**
   a. Examples of formal coder education include: AHIMA educational seminars, coding audio conferences, webcasts, AHIMA annual meeting, exit conferences with Regulatory Compliance Support or Internal Audit, or other coding reviews, annual review of Regulatory Compliance Support Policies and Procedures, college courses related to coding such as medical terminology, Anatomy & Physiology, independent study courses, billing-related courses that contain coding information or, facility-provided educational sessions, (e.g., physician presentations, local coding roundtable meetings, state association meetings, etc.).
   b. The coder's direct supervisor will assign time for each coder to attend at least fifteen (15) hours of formal coder education per calendar year for inpatient, outpatient, inpatient/outpatient coder.
   c. Educational requirements are for all designated employees if hired before October 3rd of the given year.
   d. PRN employee’s proof of CE hours should be outlined in his or her contractual agreement.

8. **Informal Coder Education**
   a. Examples of informal coder education include: review of coding newsletters, FI/MACBulletins/Transmittals related to coding, Medicare Keynotes, Journal of AHIMA, AHA Coding Handbook, AHA Coding Clinic, etc.
   b. Each coder must have, at a minimum, access to Coding Clinic for ICD-10-CM/PCS, Coding Clinic for HCPCS, CPT Assistant and must review within 30 days of notification as well as other required references applicable to the coding position.
c. The HIM/HSC Director will ensure all coders are made aware of the release of all 3M publications. The coder's direct supervisor will assign appropriate time for each coder to complete the reading of publications based on the needs of the department.

9. Regulatory Compliance Support, Internal Audit, and/or Parallon Business Performance Group will monitor and may request validation of the HealthStream Transcript if applicable.

10. The Facility/SSC Ethics and Compliance Officer and Facility/SSC Ethics and Compliance Committee are responsible for implementation of this policy.

REFERENCES:

1. The American Health Information Management Association (AHIMA):
   - Registered Health Information Administrator Continuing Education requirement of 30 hours per two year cycle
   - Registered Health Information Technician Continuing Education requirement of 20 hours per two-year cycle
   - Certified Coding Specialist Continuing Education requirement of annual self-assessment
   - CCHIIM ICD-10 Continuing Education Requirements for AHIMA Certified Professionals
2. Coding Orientation and Training Policy, REGS.COD.005
3. Coding Continuing Education Requirements for Outpatient Services Group Entities Policy, REGS.OSG.006
4. Coding Orientation and Training for Outpatient Services Group Entities Policy, REGS.OSG.005
5. Billing Continuing Education Requirements Policy, REGS.GEN.007
6. Hospital Evaluation & Management Services, REGS.GEN.008
7. Regs Education Listing