

DEPARTMENT: Regulatory Compliance Support	POLICY DESCRIPTION: Coding Orientation and Training for Non-Hospital Entities
PAGE: 1 of 4	REPLACES POLICY DATED: 10/1/99, 4/1/01, 8/1/02 (HIM.PHY.005), 3/1/06 (GOS.OSG.005) 3/6/06, 7/1/09, 10/15/10, 10/1/15
EFFECTIVE DATE: February 1, 2017	REFERENCE NUMBER: REGS.OSG.005
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All full-time, part-time, and solo-practitioner contract personnel responsible for performing, supervising or monitoring coding for Non-Hospital entities including, but not limited to:

Administration
 Ambulatory Surgery Division (ASD)
 Ethics and Compliance Officer
 HCA Physician Services Group (PSG)
 OSG Practice Management, operations, and coding/billing consultants
 Owned Freestanding Outpatient Centers (*i.e.*, ASC, IDTF, physician directed clinics, clinical offices, radiation oncology, catheterization lab)
 Employed Physicians, non-physician practitioners and physicians at teaching hospitals
 Shared Services Centers (SSC)

PURPOSE: To orient all personnel responsible for performing, supervising or monitoring coding to the Company's coding policies and procedures, tools and resources, and education and training programs.

PROCEDURE:

1. All employees involved in the ICD-10-CM, CPT and HCPCS coding process or current employees transitioning to a position requiring coding responsibilities or advancing in level of responsibility for coding will complete the attached orientation checklist within the designated time frame.
 - a. New coding personnel will review and acknowledge the Company's applicable Coding Policies and Procedures within two weeks of beginning employment.
 - b. All current coding personnel will review and acknowledge the Company's applicable Coding Policies and Procedures within two weeks of deployment of revisions.
2. All coders will be given an orientation to all applicable computer systems (*e.g.*, 3M Coding and Reimbursement, OnBase) prior to coding.
3. Guidelines for use and phone numbers for the Regulatory Compliance Support (*Regs*) Coding and Billing Help Line for Non-Hospital Entities and the Ethics Line will be provided.
4. **Non-Hospital entity** - The following required resources will be reviewed during the orientation process with the staff, as applicable to position responsibility, and made available to the coding staff prior to coding:
 - a. *Anatomy and Physiology Book*, preferably published within the last 5 years

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- b. *Contractor's Provider Manual*
 - c. *CPT Assistant, subscription, American Medical Association*
 - d. *Current Procedural Terminology (CPT), any edition updated to current year*
 - e. *Healthcare Common Procedure Coding System (HCPCS) Level II National Codes, any edition updated to current year*
 - f. *International Classification of Diseases 10th Revision, Clinical Modification (ICD-10-CM), any edition, updated to current year*
 - g. *Medical Acronyms and Abbreviations , preferably updated within the last 3 years or <http://www.medilexicon.com/medicalabbreviations.php>*
 - h. *Medical Dictionary, preferably published within the last 5 years or a free online medical dictionary such as Medical Dictionary Online: <http://www.online-medical-dictionary.org> or MediLexicon: <http://www.medilexicon.com/medicaldictionary.php>*
 - i. *Medicare Carrier Local Coverage Decisions, updated to current year <http://www.cms.hhs.gov/MCD/overview.asp>*
 - j. *Medicare Claims Processing Manual, online access <http://www.cms.hhs.gov/Manuals/IOM/list.asp>*
 - k. *Merck Manual or equivalent online access: <http://www.merck.com/mmpe/index.html>*
 - l. *National Correct Coding Initiative Manual/Policy, any edition, updated to current quarter http://www.cms.hhs.gov/NationalCorrectCodInitEd/01_overview.asp#TopOfPage*
 - m. *Physician's Desk Reference or equivalent or online: <http://www.drugs.com/pdr/>*
5. **Non-Hospital entity/SSC** - The following are approved but not required references for the Non-Hospital entity supported by a SSC. If available, the resources will be reviewed as appropriate:
- a. *Coding Clinic for HCPCS, American Hospital Association*
 - b. *Complete Global Service Data for Orthopaedic Surgery, American Academy of Orthopaedic Surgeons, Current year*
 - c. *CPT Changes: an Insider's View, American Medical Association (yearly changes to codes)*
 - d. *CPT Reference of Clinical Examples, Current Edition, American Medical Association*
 - e. *CSI Navigator Series, Coding Strategies, Inc. Current year (e.g., Diagnostic Radiology, Radiation Oncology, Brachytherapy, Interventional Cardiology, Radiosurgery, etc.)*
 - f. *Ingenix Coder's Desk Reference(s),Diagnosis, Procedures, HCPCS, Ingenix*
 - g. *Ingenix Coding from the Operative Report, Ingenix*
 - h. *Ingenix Encoder Pro, Ingenix Online Reference Tools*
 - i. (NOTE – on required list)*Part B Answer Book, Decision Health (required for SSCs)*
 - j. *Part B News, subscription, Decision Health*
 - k. *Principles of CPT Coding, American Medical Association*

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<p>I. <i>Radiation Oncology Coding Users Guide</i>, American Society for Therapeutic Radiology & Oncology</p> <p>n. <i>Coding Classification and Reimbursement - 3M™ Health Information Systems Items</i></p> <p>The following items are provided through HCA IT&S in support of the Company's HIM/Coding initiatives and projects. Please note that the 3M™ Coding References and Coding References PLUS Software is optional. The Web X installation and training or just training would only be budgeted if you need installation support for the 3M™ Coding Classification and Reimbursement software (Codefinder) or you need training on the 3M™ Coding Classification and Reimbursement software.</p> <p>Description of items:</p> <ul style="list-style-type: none"> • Coding & Reimbursement Software – used for separately coding and grouping patient information. • Coding References Software includes: 3M Integrated Codebook, AHA Coding Clinic for ICD-10-CM, Current Procedural Terminology, AMA CPT Assistant, Clinical Pharmacology Drug Reference, Dorland's Medical Dictionary, Elsevier's Anatomy Plates. This is integrated into the Coding Classification and Reimbursement software. • Coding References Plus Software includes: AHA Coding Clinic for HCPCS, Coder's Desk Reference from Ingenix, Anesthesia Crosswalk, Faye Brown's ICD-10-CM Coding Handbook, Mosby's Manual of Diagnostic and Lab Tests, The Merck Manual, Dictionary of Medical Acronyms & Abbreviations, ICD-10-PCS reference manual, Dr. Z's Interventional Radiology Coding Reference. This interfaces into the Coding Classification and Reimbursement software. This is an optional item. • Nosology Support – calling 3M HIS to answer coding questions • Telephone Support – calling 3M HIS for technical support (excludes nosology questions) • Web X Installation and Training or Web X Training – budget for new Coding Classification and Reimbursement software installation and training; or just for training. This may not be needed for current users. • APCfinder – TRICARE OPPTS – this is optional for those sites wanting a TRICARE Outpatient Grouper included in their Coding and Reimbursement System. • Level 1 Support – 3M HIS Software Support. <p>6. Shared Service Center - The following required resources will be reviewed, as applicable to position responsibility, and made available to the Shared Service Center coding staff prior to coding:</p> <p>a. <i>Anatomy and Physiology Book</i>, preferably published within the last 5 years and online tutorials at http://medlineplus.gov/videosandcooltools.html</p> <p>b. <i>Coding Clinic for ICD-10-CM</i>, American Hospital Association</p>

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<p>c. <i>Contractor's Provider Manual</i></p> <p>d. <i>CPT Assistant, subscription, American Medical Association</i></p> <p>e. <i>Current Procedural Terminology (CPT-4, any edition, updated to current year)</i></p> <p>f. <i>Healthcare Common Procedure Coding System (HCPCS) Level II National Codes, any edition, updated to current year</i></p> <p>g. <i>International Classification of Diseases 10th Revision, Clinical Modification (ICD-10-CM), any edition, updated to current year</i></p> <p>h. <i>Medical Acronyms and Abbreviations List, preferably updated within the last 3 years or http://www.medilexicon.com/medicalabbreviations.php</i></p> <p>i. <i>Medical Dictionary, preferably published within the last 5 years or a free online medical dictionary such as Medical Dictionary Online: http://www.online-medical-dictionary.org or MediLexicon: http://www.medilexicon.com/medicaldictionary.php</i></p> <p>j. <i>Medicare Carrier Local Coverage Determinations, updated to current version (online access is acceptable) http://www.cms.hhs.gov/MCD/overview.asp</i></p> <p>k. <i>Medicare Claims Processing Manual, online access for most current version http://www.cms.hhs.gov/Manuals/IOM/list.asp</i></p> <p>l. <i>Merck Manual or equivalent online access: http://www.merck.com/mmpe/index.html</i></p> <p>m. <i>National Correct Coding Initiative Manual/Policy, any edition, updated to current quarter (online access is acceptable) http://www.cms.hhs.gov/NationalCorrectCodInitEd/01_overview.asp#TopOfPage</i></p> <p>n. <i>Physician's Desk Reference or equivalent or online: http://www.drugs.com/pdr/</i></p> <p>7. Each entity's and/or coder's direct supervisor will maintain an education file for each individual involved in the coding process. Documentation of the completed orientation checklist must be filed in the employee's education file.</p> <p>8. Non-Hospital entities or others as appropriate may monitor the education files. Documentation of the completion of training, as required by the Coding Continuing Education Requirements for Outpatient Services Group Entities Policy, REGS.OSG.006, must be entered in the HealthStream Learning Center (HLC).</p> <p>9. Until HLC is functional for the entity, the coder's direct supervisor must develop a method to track education pursuant to policy.</p> <p>REFERENCES:</p> <p>1. OIG's Model Compliance Plan for Third-Party Medical Billing Company Guidelines</p> <p>2. Coding Continuing Education Requirements for Non-Hospital Entities Policy, REGS.OSG.006</p>

**Attachment
Non-Hospital Coding Orientation Checklist**

Scope: All personnel responsible for performing the coding process must have an orientation checklist completed.

Directions: The supervisor and coder should check and initial under the appropriate column for each designated task. The supervisor must complete the date the task was achieved. The supervisor will indicate NA (not applicable) in the date column for any resource and/or videotape not reviewed due to the fact it is not applicable to position responsibility.

Staff Name: _____ **Hire Date:** _____

<u>Prior to beginning the coding process:</u>	Supervisor	Entity/Coder	Date
1) Orientation to the medical practice, freestanding outpatient center and/or service center.			
2) Orientation to the roles and responsibilities.			
3) Review of Coding Documentation for Non-Hospital Entities Policy and Procedure, Regs.OSG.001			
4) Review of entity specific Coding and Billing Policies and Procedures			
5) Review of guidelines and contact information for Regs Coding/Billing Helpline at http://trinisys.app.medicity.net/regshelpline for Non-Hospital Entities as outlined in Regs.OSG.004.			
6) Review of guidelines and phone number for Ethics Line.			
7) Availability of the following resources, as required for Non-Hospital entity and/or Regional Service Center/Management Services Organization as applicable: (For resources that are not applicable (required) according to the policy, document N/A in the date column.)			
<ul style="list-style-type: none"> a. <i>Anatomy and Physiology Book</i>, preferably published within the last 5 years b. <i>Contractor's Provider Manual</i> c. <i>CPT Assistant, subscription</i>, American Medical Association d. <i>Current Procedural Terminology (CPT)</i>, any edition updated to current year e. <i>Healthcare Common Procedure Coding System (HCPCS) Level II National Codes</i>, any edition updated to current year f. <i>International Classification of Diseases 10th Revision, Clinical Modification (ICD-10-CM)</i>, any edition, updated to current year 			

Non-Hospital Coding Orientation Checklist

<u>Prior to beginning the coding process:</u>	Supervisor	Entity/Coder	Date
<p>g. <i>Medical Acronyms and Abbreviations</i> , preferably updated within the last 3 years or http://www.medilexicon.com/medicalabbreviations.php</p> <p>h. <i>Medical Dictionary</i>, preferably published within the last 5 years or a free online medical dictionary such as Medical Dictionary Online: http://www.online-medical-dictionary.org or MediLexicon: http://www.medilexicon.com/medicaldictionary.php</p> <p>i. <i>Medicare Carrier Local Coverage Decisions</i>, updated to current year http://www.cms.hhs.gov/MCD/overview.asp</p> <p>j. <i>Medicare Claims Processing Manual</i>, online access http://www.cms.hhs.gov/Manuals/IOM/list.asp</p> <p>k. <i>Merck Manual or equivalent online access:</i> http://www.merck.com/mmpe/index.html</p> <p>l. <i>National Correct Coding Initiative Manual/Policy</i>, any edition, updated to current quarter http://www.cms.hhs.gov/NationalCorrectCodInitEd/01_overview.asp#TopOfPage</p> <p>m. <i>Physician's Desk Reference or equivalent or online:</i> http://www.drugs.com/pdr/</p>			
<p>Availability of any of the recommended but not required resources (See also REGS.OSG.003)</p>			
<p>8) Orientation to Computer Systems <i>(Necessary for field trainers, file maintenance staff, pre-billing and post-billing coding denial staff.)</i></p>			
<p>9) Overview of Coding quality and quantity reports (trending of claims denials)</p>			

Non-Hospital Coding Orientation Checklist

<u>Prior to beginning the coding process:</u>	Supervisor	Entity/Coder	Date
<p>Within Two Weeks: Review the remainder of the Company's Coding Policies and Procedures, available through the intranet on ATLAS keyword Regs. REGS.OSG.001 REGS.OSG.003 REGS.OSG.004 REGS.OSG.005 REGS.OSG.006 REGS.OSG.008 REGS.OSG.009 REGS.OSG.010 REGS.OSG.011</p>			
Staff name:			
Staff signature:			
Supervisor/Manager Signature:			
Supervisor/Manager Title:			
Date Completed:			