

Policy

Coding Compliance Policy

Purpose

The purpose of this policy is to affirm the commitment of Excelin Health, LLC (EH) to coding practices that are consistent with the Official Guidelines for Coding and Reporting and regulatory guidelines outlined in the CMS Internet Only Manual System.

Definitions

Employee - Within this document, the term “employee” refers to all permanent, temporary, full-time, part-time, and volunteer employees who: 1) have primary job duties related to EH operations; and/or 2) For purposes of this policy and EH's use and disclosure procedures, the workforce includes employees, volunteers, interns, contractors, and other persons whose work performance is under the direct control of EH, whether or not they are paid by EH. The term “employee” includes all these types of workers.

Official Guidelines – A set of guidelines developed to accompany and complement the official conventions and coding instructions. They include but are not limited to the International Classification of Diseases, 10th revision, Clinical Modification (CM) for diagnosis reporting, including addenda, conventions and instructions; Current Procedural Terminology, including addenda, conventions and instructions, (CPT); designated Healthcare Common Procedure Coding System (HCPCS) Level II codes; modifiers, and the online CMS Internet Only Manual System. Each of the listed publications are a CMS-approved reference for coding and reporting. ICD-10-CM became effective on 10/1/2015. EH acknowledges that from time to time, coders and other employees may be asked to review, validate, and potentially resubmit accounts coded with ICD-9-CM. When this occurs, the reviewer must apply the appropriate classification, conventions, instructions, and Official Guidelines that were effective as of the patient’s discharge or visit date.

Policy

EH follows the most current and relevant official coding guidelines for coding and reporting diagnoses and procedures published in the Official Coding Guidelines. Diagnoses and procedures will be coded utilizing the Internal Classification of Diseases, Ninth and Tenth Revision, Clinical Modification (ICD-9-CM and ICD-10-CM), and/or other classification systems that may be required or updated thereafter.

Procedure

- I. Coding is to be complete, consistent, accurate, and compliant. Coders must strive to code every patient’s claim correctly and take reasonable and necessary efforts to achieve this outcome.
- II. Any individual involved in coding must at all times adhere to their individual credentialing agency’s Standards of Ethical Coding, Official Coding Guidelines, and CMS regulations.
- III. All codes to be reported on the patient’s claim must be supported by legible, complete, clear, consistent, precise, and reliable provider documentation. Upon request, the agency must be able to produce all clinical documentation, as well as any non-record documents (e.g. comments, etc.) used to substantiate the coding of any document.

EH coders perform cross verification with the Official Coding Guidelines and Federal/State regulations while preparing coded documents. We strive to mitigate risk by adherence to these guidelines. Definitive quality control measures are in place with quality audits performed monthly.

- IV. Coded documents with identified discrepancies in coding must not be released for billing until the discrepancy is resolved and the account can be billed with a complete, accurate and compliant code set.
- V. When a discrepancy is detected with coding on a previously submitted claim, the coder must work with the billing department to undertake reasonable efforts to correct the deficiency and prevent the defect from reoccurring on future claims. Overpayments must be corrected and resubmitted to the payer within 45 days of identification.

Revision Tracker

Action (New, Major Revision, Minor Revision, Retired)	Date	Developer/ Responsible Party	Approval Date by Committee	Approval Date by Board	Comments
New	09/14/20	Mildred Anderson	09/22/20	10/28/20	Implementation date 01/01/21 Next review date 01/01/22
Review	02/10/22	Mildred Anderson	n/a	n/a	Reviewed without change. Next Review Date 01/01/2023
Review	08/16/22	Mildred	n/a	n/a	Name Change