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, 2/1/17
EFFECTIVE DATE: July 1, 2024	REFERENCE NUMBER: REGS.COD.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 final coding of inpatient and outpatient services including, but not limited to:

Emergency Department	Facility Health Information Management
Radiology Department	Ancillary Departments
Corporate Regulatory Compliance Support	Laboratory Department
Registration/Admitting/Scheduling/Patient Access	Human Resources Department
Ethics and Compliance Officers	External Coding Vendors
Case Management/Quality Resource Management Service Centers	Administration
	Parallon Business Performance Group

PURPOSE: To orient all new coding personnel to Company and facility coding policies and procedures, tools and resources, and education and training programs.

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.

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.

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.

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 J15.69 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.COD.004).

   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 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

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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: https://regshelpline.app.medcity.net.

DEFINITION:

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

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 J15.69 policy