

<b>DEPARTMENT:</b> Regulatory Compliance Support	<b>POLICY DESCRIPTION:</b> Certified External Vendors for Coding Reviews and Related Education for Non-Hospital Entities
<b>PAGE:</b> 1 of 6	<b>REPLACES POLICY DATED:</b> 9/30/03 (HIM.PHY.011), 3/1/06 (GOS.OSG.011) 3/6/06, 7/1/09, 10/15/10, 5/1/11, 2/1/12, 10/1/15, 2/1/17
<b>EFFECTIVE DATE:</b> September 1, 2023	<b>REFERENCE NUMBER:</b> REGS.OSG.011
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

<p><b>SCOPE:</b></p> <p>All colleagues responsible for performing, supervising or monitoring coding or claims processing for Non-Hospital Entities, including, but not limited to:</p> <table border="0"> <tr> <td>Administration</td> <td>Independent Diagnostic Testing Facilities (IDTFs)</td> </tr> <tr> <td>Advanced Practice Professionals (APPs)</td> <td>Nursing Staff</td> </tr> <tr> <td>Ambulatory Surgery Division (ASD)</td> <td>Office Staff</td> </tr> <tr> <td>Coding/Billing</td> <td>Ordering/Referring/Rendering Physicians</td> </tr> <tr> <td>Employed and Managed Physicians</td> <td>Parallon</td> </tr> <tr> <td>Ethics and Compliance Officers (ECOs)</td> <td>Physician Services Group (PSG)</td> </tr> <tr> <td>Freestanding Imaging Centers</td> <td>Physician Service Center (PSC)</td> </tr> <tr> <td>Freestanding Radiation Oncology Centers</td> <td>Shared Service Center (SSC)</td> </tr> <tr> <td>HealthTrust Workforce Solutions (HWS)</td> <td></td> </tr> </table> <p>This policy applies to diagnostic and procedural coding and reporting of services.</p>	Administration	Independent Diagnostic Testing Facilities (IDTFs)	Advanced Practice Professionals (APPs)	Nursing Staff	Ambulatory Surgery Division (ASD)	Office Staff	Coding/Billing	Ordering/Referring/Rendering Physicians	Employed and Managed Physicians	Parallon	Ethics and Compliance Officers (ECOs)	Physician Services Group (PSG)	Freestanding Imaging Centers	Physician Service Center (PSC)	Freestanding Radiation Oncology Centers	Shared Service Center (SSC)	HealthTrust Workforce Solutions (HWS)	
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<p><b>PURPOSE:</b></p> <p>To ensure that all external ICD-10-CM and CPT coding reviews of medical records for Non-Hospital Entities and education related to such reviews are compliant with official coding guidelines, HCA Healthcare coding policies, and other regulatory requirements.</p>																		
<p><b>POLICY:</b></p> <p>ICD-10-CM and CPT Coding reviews performed by external vendors should be completed by vendors who have been certified to meet the quality and business practice standards outlined in this policy. Certification of vendors is the responsibility of Regulatory Compliance Support (Regs). Contract negotiation is the responsibility of HealthTrust Workforce Solutions (HWS).</p> <p>This policy applies only to coding reviews for Non-Hospital Entities.</p>																		
<p><b>PROCEDURE:</b></p> <p><b>SECTION I: Requesting an External Coding Review</b></p> <p>Any entity, provider, practice, Group, Division, PSC, SSC or Corporate Department requesting an external coding review of a Non-Hospital entity should first attempt to choose a vendor from the <a href="#">Certified External Vendors List</a> and follow the process outlined below. Section II of this policy outlines the vendor approval process. If a vendor is utilized for an external coding review that is not on the <a href="#">Certified External Vendors List</a>, Attachment D of this policy outlines the approval and monitoring requirements.</p>																		

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1. Notify the HWS Account Manager of the planned review so the need and scope of the review can be clarified and/or evaluated.
2. Select a vendor from the [Certified External Vendors List](#), available on Atlas, for coding reviews.
3. The non-hospital entity must make arrangements for the review through HWS, not the vendor directly.
  - a. All arrangements are submitted through an email, electronic format or phone call to the HWS Account Manager.
  - b. The non-hospital entity completes Attachment C with requirements for steps 2-9 to process request with HWS.
  - c. HWS will take the request and work with all certified vendors then submit profiles to the non-hospital entity for approval and selection of the candidate.
  - d. If the selected vendor cannot accommodate the request, select another vendor from the list.
  - e. If all certified vendors could not accommodate the request, HWS will contact the Regs Coding Vendor Project Coordinator.
4. HWS will notify Vendor Project Coordinator of review dates including the exit conference.
5. The vendor must *submit within 30 days after the completion* of an assignment, final reports to the entity requester and copies to HWS and Regs as agreed upon.
6. Once HWS has secured a vendor for the dates requested, the non-hospital entity would provide the vendor contract with any templates for reporting (including any HCA mandatory reporting templates) to avoid duplication of recording and reporting.
7. The entity must keep the Work Order and all supporting documentation (e.g., record pull lists, review logs) to verify appropriate billing by the vendor.
8. Non-hospital entities will be responsible for validating charges supplied by the vendor. The non-hospital entity will not submit payment directly to vendor without consulting HWS.
9. Payment to the vendor for services shall be handled by HWS accounts payable.
10. Potential coding compliance issues are to be resolved at the non-hospital entity level initially. Those issues which cannot be resolved should be handled through the non-hospital entity's established channels. Inconsistent coding compliance and low coding quality evaluations, (less than 95% accuracy) may lead to immediate termination of the agreement.

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11. Unresolved concerns regarding the vendor should be communicated as follows:

- a. Unresolved concerns regarding coding recommendations will be forwarded to the Coding Vendor Project Coordinator for resolution.
- b. Unresolved concerns regarding contract issues should be handled by HWS for resolution. If issues are unresolved, the non-hospital entity should consult the Coding Vendor Project Coordinator.

**SECTION II: Certifying a Vendor** (This section applies to Regs only.)

Regs is responsible for approving all coding review vendors and maintaining the [Certified External Vendors List](#). In addition, vendors requesting to be added to the certified list must contact Regs.

1. The entity, Group, Division, HSC or Corporate Department must submit a written request stating the vendor name, address, contact person and the reason they are requesting to use the vendor.
2. Direct requests from vendors to become a certified vendor must be submitted in writing. Direct requests will be considered during open bid periods only.
3. The request must be reviewed and approved by Regs and Corporate Legal Counsel.
  - a. If the request is not approved, Regs will respond to the requester in writing stating the reason for non-approval. If the request came directly from a vendor, the response should be sent to the vendor.
  - b. If approved, Regs will issue a standard Request for Proposal (RFP) requiring the information items listed. (See Attachment A)
4. Regs will review responses to the RFP to determine if the vendor meets certification criteria.
5. The following criteria must be met for certification:
  - a. Abide by the Official Coding and Reporting Guidelines, coding advice published in *Coding Clinic for ICD-10-CM, CPT Assistant*, except in the instance of unique payer requirements.
  - b. Abide by HCA Healthcare coding policies.
  - c. Agree to have all work completed by the vendor's agents subject to audit by Regs.
  - d. Agree to enter into contracts which will be based on time and materials only in accordance with HCA Healthcare policy.

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- e. Demonstrate acceptable methodology for performing coding reviews.
  - f. Agree to enroll in any HCA Healthcare sponsored education program/orientation sessions as requested.
  - g. Demonstrate that employees are qualified to perform the work.
  - h. Provide employee training and continuing education plan.
  - i. Maintain an internal quality control/compliance program for problem resolution.
  - j. Maintain documented internal coding policies.
  - k. Measure client satisfaction and agree to make results of this available to Regs upon request.
  - l. Provide proof of liability insurance (including errors and omissions policy) with minimum limits acceptable to HCA Healthcare which also covers any subcontractors used by the vendor.
  - m. Receive positive references for services by knowledgeable clients/subject matter experts.
  - n. Agree to 30-day contract cancellation without cause.
  - o. Agree to immediate contract cancellation for contract violation.
  - p. Agree to execute confidentiality statements.
  - q. Provide detailed and summary reports on all work completed in either vendor format or HCA Healthcare format as appropriate.
  - r. Make available and maintain competitive pricing.
  - s. Agree to notify HCA Healthcare of any vendor merger or acquisition.
  - t. Agree to notify HCA Healthcare of any external investigation by the Office of Inspector General or other agency for potential fraud and abuse allegations related to coding.
6. Regs team members must interview vendors meeting the criteria. Members must agree to approve the vendor.
  7. Regs team members including the responsible Regs AVP will review the vendor financial information and proposed pricing.
  8. HWS will negotiate a standard contract following terms set forth by Corporate Legal and including the items listed in Attachment B. Contract negotiations will take place following

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<p>HCA Healthcare policy, which includes contract approval by the Corporate Legal Department. Contract terms will not exceed 36 months.</p> <p>9. Upon successful completion of contract negotiations, the entity or other requester of a vendor review will be notified and a contract may be initiated.</p> <p>10. All steps in this process must be documented and maintained in the Regs vendor file.</p> <p><b>SECTION III: Maintaining the Certified Vendor List</b></p> <p>Regs will communicate to HWS all certified vendors and will maintain the certified vendor list as follows:</p> <ol style="list-style-type: none"> <li>1. Vendor information, including vendor contacts, contract renewal information, audit results and other pertinent information will be maintained by HWS.</li> <li>2. Regs will track all coding recommendations reported in accordance with department protocol and will be responsible for problem resolution.</li> <li>3. Regs will review the certified vendor project prior to expiration of contracts to achieve the following:             <ol style="list-style-type: none"> <li>a. Evaluate the number of vendors involved and determine if there are adequate numbers to assist in accomplishing the necessary coding reviews and related services. If the need for additional vendors is identified, an open bid period will be announced and the procedure for certifying vendors will be followed.</li> <li>b. Discuss outstanding contract and service issues and determine a plan for resolution.</li> </ol> <p>Contract renewals or extensions are to be approved by Regs. Decision for renewal or extension is based on steps 1 - 3 above.</p> </li> <li>4. All requests for contract termination with certified vendors must be in writing and approved by Regs.             <ol style="list-style-type: none"> <li>a. Termination for contract violations may occur immediately.</li> <li>b. Termination for violating federal, state and/or local law may occur immediately.</li> <li>c. Termination for other reasons or without cause requires a 30-day written notice to be sent to the vendor.</li> <li>d. Termination notice and supporting documentation must be maintained in the Regs Coding vendor files.</li> </ol> </li> </ol>
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5. Requests received during open bid periods will be processed within 30 business days of receipt. If the request is approved, an RFP will be submitted to the vendor with a return date specified.
6. Vendors submitting requests during non-open bid periods will be informed of the next open bid period during which their proposal will be considered.
7. Regs will update REGS.OSG.011 and all attachments as changes occur and will communicate these changes throughout HCA Healthcare following the policy and procedure revision process.