Coding Compliance Program
KEY COMPONENTS TO PUT INTO ACTION

by Gloryanne Bryant, RHIA, CDIP, CCS, CCDS

For those health information management (HIM) professionals who work in clinical coding and/or are a coding professional, their work is often under a microscope, and for good reason — numerous risk areas surround documentation and coding. An April 2017 report titled, "20 of the Top Risk Areas in Health Care," included these risk areas related to clinical coding:

- Clinical Documentation Improvement (CDI)
- Billing and collections
- Inpatient coding
- Charge capture
- Physician practice coding and billing

There are volumes (years) of rules and guidelines that must be interpreted and followed. Sometimes the interpretation between professionals differ, which results in confusion and uncertainty. There are times when, although ethical and good intentions are in place, the challenges of the "coding rules" make it difficult to be compliant. Having a coding compliance program in place is the key addressing these situations and many others.

There are key elements that are foundational to building and obtaining compliance for every health care organization, company, system, practice, hospital, clinic, etc. These industry-recognized elements can be built into a coding compliance program to outline the effort and work to be carried out. The Office of Inspector General (OIG) has provided seven elements:

1. Standards of Conduct
2. Compliance Officer and Board/Committee
3. Education
4. Auditing and monitoring
5. Reporting and investigations
6. Enforcement and discipline
7. Response and prevention

In looking at the AHIMA Standards of Ethical Coding, these principles can assist with coding compliance program development and staff engagement, which is critically important. The eleven principles that make up the groundwork of ethical coding standards are:

1. Apply accurate, complete, and consistent coding practices that yield quality data.
2. Gather and report all data required for internal and external reporting, in accordance with applicable requirements and data set definitions.
3. Assign and report, in any format, only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions and requirements.
4. Query and/or consult, as needed, with the provider for clarification and additional documentation prior to final code assignment in accordance with acceptable health care industry practices.
5. Refuse to participate in, support, or change reported data and/or narrative titles, billing data, clinical documentation practices, or any coding-related activities intended to skew or misrepresent data and their meaning that do not comply with requirements.
6. Facilitate, advocate, and collaborate with health care professionals in the pursuit of accurate, complete and reliable coded data and in situations that support ethical coding practices.
7. Advance coding knowledge and practice through continuing education, including but not limited to meeting continuing education requirements.
8. Maintain the confidentiality of protected health information in accordance with the Code of Ethics.
9. Refuse to participate in the development of coding and coding-related technology that is not designed in accordance with requirements.
10. Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities.
11. Refuse to participate in and/or conceal unethical coding, data abstraction, query practices, or any

inappropriate activities related to coding, and address any perceived unethical coding-related practices.

Guidelines for each ethical standard can further define examples for a compliance program. The guidelines further provide direction for coding professionals, such as:

1.4. Distort or participate in improper preparation, alteration, or suppression of coded information.

> **Example:** Assigning diagnosis and/or procedure codes based on clinical documentation not recognized in requirements (as defined above in the definitions).

1.5. Misrepresent the patient's medical conditions and/or treatment provided, are not supported by the health record documentation.

> **Example:** Permitting coding practices that misrepresent the provider documentation for a given date of service or encounter such as using codes from a previous encounter on the current encounter (except with bundled payment models or other methodologies).

Knowing the key components of a coding compliance program is important, but it is another feat to put those components into action and make them effective. Thus, coding professionals need to take the key OIG health care compliance elements, the AHIMA Standards of Ethical Coding, the OIG guidance on Measuring Compliance Program Effectiveness and develop a coding compliance program to be successful. With the appropriate support, engagement, and approvals, professionals can outline a program and then put it into action. However, putting a coding compliance program into action may be the more taxing and difficult task.

Having the resources and tools available will be the initial step. Then, take each component of a program and break it down into actionable processes and activities. Watch for undue influences and those who want to steer your compliance activities away from their work and workflows, because this may be a sign of a potential risk area. Here are a few target areas to focus on while drafting a program:

- Mission, Vision, and Code of Ethics
- Leadership, accountability and communication
- Policies and procedures (written)
- Education and training
- Auditing and monitoring (internal and external)
- Corrective action and discipline

Policies and procedures can help guide and maintain compliance efforts. Whether regarding ongoing coding

Bridget Nixon, CHDA
Stephens College

Bridget began her career with the Kaweah Delta Health Care District as a Health Information Clerk in 2004 and progressively worked to become a Supervisor. She continuously strives to improve her professional skills through education and practical experience. She successfully passed AHIMA's Certified Health Data Analyst exam in December 2016. She plans to sit for AHIMA's RHIA certification exam and enroll in a master's degree program upon completing her bachelor's degree.

Bridget is described as motivated, dependable, having strong verbal and written communication skills, and high standards. She sets a positive example as a single parent of three boys.

Renata Villalobos-Salinas
Loma Linda University

Renata admits that it took some time to find a profession that inspired her to succeed and excel, however, working in a hospital setting opened her eyes to the operational and business aspects of a health care delivery system.

Renata is a part-time student and a full-time employee at LLU Medical Center. She graduated from the LLU coding certificate program in 2012 and is pursuing a bachelor's degree in HIA. Renata exhibits exceptional organizational and time management skills, while balancing work responsibilities and education demands. Instructors and mentors describe Renata as having a quiet confidence and inner strength.

education, what official coding resources are to be used for coding, or the who, what, when, where, and why of coding audits, written policies and procedures are critical and should be reviewed and updated every one-two years.

Without a doubt, a strong, effective coding compliance program takes strength, courage, honesty, and knowledge of the HIM coding profession. Being open, engaging, and transparent can greatly help the effectiveness and success of a program. Now is the time to take a step back from what is currently in place and determine how to establish an effective coding compliance program that includes ethical steps and actions.

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Gloryanne Bryant, RHIA, CDIP, CCS, CCDS; HIM Professional and Advocate