Home Health ICD-9/ICD-10 Alert

Coding Training: BOOST YOUR REIMBURSEMENT WITH BETTER CODING TRAINING

3 strategies for improving clinician and staff coding accuracy.

Many clinicians resist focusing on the reimbursement aspects of coding - but if you allow them to ignore reimbursement, your cash flow will drop. Here's how to protect your bottom line without looking like the "bad guy" to clinicians.

Clinicians receive little or no coding training in their professional education. And now that home health reimbursement depends on following the many coding rules, superficial training is not enough. Codes are increasingly specific - changes take place at least once or twice a year and the coding manual is not an intuitive document. That means training is critical - and how you present and conduct training can be the key to success or failure.

Experts suggest these strategies to enhance proper coding - and maximize rightful reimbursement:

1. Emphasize the key role coding plays in health care. Clinicians need to understand that correct coding is part of their professional responsibility, just like meeting their continuing education requirements, experts emphasize.

Warning: Inaccurate coding not only affects reimbursement, but also could draw your intermediary's attention as potential fraud. "Upcoding," or billing with diagnosis codes indicating more than the patient's care warrants, is defrauding the government.

Hidden trap: "Undercoding" is equally bad, because then you're cheating your home health agency of well-earned reimbursement.

2. Don't play the scare card. Clinicians must understand the gravity of their coding responsibility, but avoid trying to scare them into submission. "If you come out of the gates with the scare tactic," you may create an adversarial situation with your staff, cautions **Tessa Chenaille** with **Chenaille Compliance Consulting** in Medford, MA.

Instead, use a few scenarios or case studies to drive home the point, suggests **Patricia Jump** with Stewartville, MN-based **Acorn's End Training & Consulting**. Have your staff break into groups and complete the OASIS answers included in the HHRG Rating Form - at www.ppsgrouper.com. Vary the case studies to include information that will lead them to various primary diagnoses.

Once the staff complete the answers, have them calculate the total HHRG points (for example, C1F2S3) and then tell them the dollar amount they will receive. "Often I see two different groups using the exact samescenario come up with totally different reimbursement amounts, based on the group answers," Jump tells **Eli.**

The most important step is to follow this with a discussion of why people answered the way they did, Jump says. "The discussion time is most helpful for clearing up misunderstandings and making sure all clinicians are on the same page with regard to the answers," she recommends.

3. Use the free online resources. The **Centers for Medicare & Medicaid Services** offers an ICD-9 coding class. This free, Web-based class takes about an hour to complete. Be sure you have the most recent edition of the ICD-9-CM manual before taking the class. (For more online resources, see Eli's Home Health ICD-9 Alert, February 2005)