DEPARTMENT: Regulatory Compliance Support	POLICY DESCRIPTION: Coding Continuing Education Requirements for Non-Hospital Entities
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APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All full time, and part time personnel responsible for performing, supervising or monitoring coding of Non-Hospital entities including, but not limited to:

Administration
Ambulatory Surgery Division (ASD)
Ethics and Compliance Officer
HCA Physician Services Group (PSG)
OSG Practice Management, operations, and coding/billing personnel
Owned Freestanding Outpatient Centers (*i.e.*, ASC, IDTF, physician directed clinics, clinical offices, radiation oncology, catheterization lab)
Shared Services Centers (SSC)

PURPOSE: To ensure that all personnel involved in the performance of coding or formalized auditing of coding processes are aware of coding guidelines and coding guideline changes, which may impact complete, accurate and consistent coding.

POLICY: Each person involved in the performance of coding or formalized auditing of coding processes must complete a required minimum of Coding Education (CE) hours per calendar year. Any associated costs will be the responsibility of the entity.

For physician practice, imaging center and radiation oncology center coders at least fifteen (15) hours of coding education must be completed per year. A minimum of seven (7) CE hours must be accomplished by formal coder education.

Provider Coding/Billing Continuing Education Requirements for Professional Services (REGS.PROF.006) addresses required coding education for physicians and non-physician practitioners.

For Ambulatory Surgery Center and endoscopy center coders at least twenty (20) hours of coding education must be completed per year. A minimum of ten (10) CE hours must be accomplished by formal coder education.

Formal coding education includes, but is not limited to, attendance at workshops provided by the Company, attendance at exit conferences after a coding review, annual review of Company coding policies and procedures. Informal coding education includes but is not limited to, reading *CPT Assistant*, and coding-specific Medicare contractor bulletins, etc.
NOTE: Continuing education requirements outlined in the Continuing Education Requirements Policy, REGS.GEN.007, do not replace this policy. Billing education requirements will be reviewed and announced annually by Corporate Regulatory Compliance Support. Required

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education may also be announced throughout the year due to Federal regulatory changes. Only Company-designated programs may count toward this requirement.

Hours of billing continuing education outlined in REGS.GEN.007 may be used to fulfill the requirements of this policy.

DEFINITIONS:

Coding: Coding is a function by which there is an assignment of a numeric or an alphanumerical classification to identify diagnoses and procedures. These classifications or "codes" are assigned based on the services provided and documented in the medical record. The classifications utilized for this purpose include: ICD-10-CM (International Classification of Disease – 10th edition – Clinical Modification); CPT (Current Procedural Terminology) or HCPCS Level II (Healthcare Common Procedure Coding Systems).

Outpatient Coder: An Outpatient Coder is an individual who applies outpatient coding and/or documentation guidelines to translate diagnosis and procedural phrases into ICD-10-CM and/or HCPCS/CPT code assignments. The outpatient coding function involves the analysis of medical records to identify relevant diagnoses and procedures for distinct patient encounters.

PROCEDURE:
1. The entity's Ethics and Compliance Officer (ECO) or Corporate Responsible Executive must designate an appropriate person (*e.g.,* HealthStream Learning Center Institution Administrator, Office Manager) to track the required coding education hours.

2. It is the responsibility of the direct supervisor to maintain an education file to ensure that each outpatient coder receives the required coding education per calendar year.
   a. The education file must be reviewed semi-annually by the entity's and/or coder's direct supervisor/area manager to evaluate individual coding education needs.
   b. The education file must minimally contain:
      • Copies of credential certification (where applicable),
      • Copies of CE forms from educational workshops,
      • Copies of the HealthStream Learning Center (HLC) transcript,
      • Copies of attendance forms from exit conferences, and
      • Acknowledgment of annual review of all Company policies and procedures.

3. The coder's direct supervisor must track education pursuant to policy using:
   a. The Company's HealthStream Learning Center.

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    b.   The coder's direct supervisor will be responsible for providing specific information related to coding continuation education compliance to the entity ECO or Corporate Responsible Executive, whichever is applicable.

4.   Any coder who does not meet the designated time frame in obtaining the required hours of coding training (new hires as well as annual requirements) must be reported to the ECO by the person's direct supervisor. The ECO must report the coder's name and supervisor's name to the Division or Market President.

    The ECO must also include in his/her report, confirmation that an action plan has been developed for the person to complete the required training immediately.

5.   The entity must be able to prove compliance with this policy when requested.

6. **Formal Coding Education**
    a.   The direct supervisor will assign time for each individual participating in the coding process to attend the required hours of formal coding education per calendar year.
    b.   Attendance at formal education sessions must be pre-approved by the manager.
    c.   Examples of formal education include: AHIMA and/or AAPC educational seminars, coding audio conferences, AHIMA and/or AAPC annual meetings, exit conferences with Company coding consultants, or other coding reviews, annual review of coding policies and procedures, college courses related to coding such as medical terminology, anatomy and physiology, etc., independent study courses, Company provided educational sessions, physician presentations, local coding meetings, and state association meetings.

7. **Informal Coding Education**
    a.   The direct supervisor will assign appropriate time for each coder to complete the review of resources and publications based on the needs of the department. All current coders should review these materials within 30 days of receipt to receive appropriate CE credit. Newly hired coders may receive CE credit for reading previously published materials, as applicable, at the discretion of the immediate supervisor.
    b.   Examples of informal education include: Regs communications, review of coding newsletters, contractor bulletins/transmittals/memorandums related to coding, *AAPC Healthcare Business Monthly Magazine*, *Journal of AHIMA*, *AHA Coding Handbook*, *AHA Coding Clinic, CPT Assistant, etc.*

8.   The direct supervisor must maintain all of the routed publications in an accessible location either hardcopy or electronically.

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9. Non-Hospital Billing and Coding Compliance, *i.e.*, Internal Audit, Regs, operations, will monitor the education transcripts files.

10. The entity's Ethics and Compliance Officer is responsible for implementation of this policy.

REFERENCES:
1. The American Health Information Management Association (AHIMA) CEU requirements are based on specific credentials or combination of credentials available at https://secure.ahima.org/myahima/Default.aspx.
2. The American Academy of Professional Coders (AAPC) CEU Policy is based on specific credentials available at http://www.aapc.com/education/medical-coding-ceu-policy.aspx
3. OIG Compliance Program for Individual and Small Group Physician Practices (2000)
4. OIG Model Compliance Plan for Third Party Billing Companies (1999)
5. Coding Orientation and Training for Outpatient Services Group Entities, REGS.OSG.005
6. Billing Continuing Education Requirements Policy, REGS.GEN.007