



Proper and Accurate Coding Policy

Date Drafted: 6-3-16	Revision Date: August 25, 2016	Board of Directors Approval: August 25, 2016	Board of Health Approval: 2016.08.116
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Maintenance Steward: CFO, CEO **History:** New Revised Archived

Organizational Scope:
 Full Agency Administration Community Services Environmental Health Health Services

Frequency of Review:
 Annually Biennially 5 Years As Needed Other:

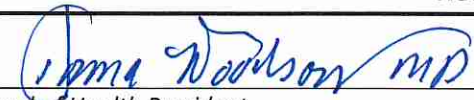

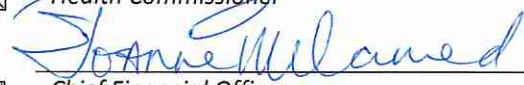
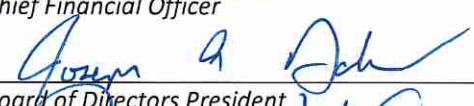

Location: → Users → Common → Policies & Procedures

Website: www.lucascountyhealth.com/employee-login/

Hardcopy: TLCHD Policies & Procedures Manual, HR Office

Archived Version(s):

Requisite Signatures

<input checked="" type="checkbox"/>	 _____ Board of Health President	<u>8.25.2016</u> Date
<input checked="" type="checkbox"/>	 _____ Health Commissioner	<u>0825-16</u> Date
<input checked="" type="checkbox"/>	 _____ Chief Financial Officer	<u>8/25/16</u> Date
<input checked="" type="checkbox"/>	 _____ Board of Directors President	<u>8/25/16</u> Date
<input checked="" type="checkbox"/>	 _____ Chief Executive Officer	<u>8/25/16</u> Date



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PURPOSE:

The purpose of this policy is to ensure proper coding of patient services of the Toledo Lucas County Health Center (TLCHC). TLCHC is committed to confirming that coding and billing practices are in compliance with all federal and state regulations and requirements and that staff are properly educated and trained on the requirements as they relate to billing and coding compliance.

PROCEDURE:

1. Appropriateness of services and/or coverage issues shall be identified before the services are rendered.
2. Ancillary services shall only be ordered by Providers for those services which are believed to be medically necessary for the diagnosis and treatment of patients.
3. Billing and coding staff shall be educated and knowledgeable of medical necessity guidelines among payors.
4. Information documented in the electronic health records and signed off by Provider(s). Diagnosis, procedure code, etc., shall be consistent with billing codes assigned.
5. ICD-10 code lists shall be updated on a yearly basis to ensure codes are current.
6. Staff responsible for performing, supervising or monitoring coding shall be trained on proper coding techniques.
7. Coding reference materials shall be made available to all personnel involved in coding.
8. Coding requirements by payer shall be maintained on file and the staff should be made aware of those requirements.
9. Coding reviews shall be performed by either an external vendor or the internal certified coder on a regular basis for quality assurance.



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Record of Change

(Required for all policies)

Date of Change	Changes Made By	Changes Made/Notes	Approved By