When it comes to coding-related claims denials, bring in the coders!

By Jennifer Swindle, Vice President, Quality and Service Excellence

In a traditional healthcare organization, medical coding staff are often siloed in the Health Information Management Department and have little or no contact with the accounts receivable team in the central business office, even though the coding process is instrumental to revenue cycle success.

Salud's tactical work groups, which take advantage of strong automation capabilities with extensive algorithms, gain tremendous efficiencies in the accounts receivable process, but have learned the need for coders to be active, engaged members of the AR teams. Coding staff working denials based on coding issues and concerns allows timelier processing, as it removes the communication gaps and the need for queries to pass through departments.

There are often unintentional disconnects between AR and HIM, as coders focus on coding guidelines, medical necessity and supportive documentation, but may not be aware of specific written payer instructions, payer manuals or unique contracts. This not only can create unnecessary denials or improper code changes, it also can result in tensions between the two departments.

A synergy with cash implications

Pulling AR and coders together can have a tremendously positive effect on the timeliness of account resolution and the cash collected. Communication is eased. Coding denials can be worked by coding staff, as seems natural, but they can also review many other types of denials, such as:

- Does not meet medical necessity
- Invalid procedure or diagnosis codes
- Modifier not valid for procedure or place of service

A "one-touch" system, where the right people with the best skill set get the work on the first pass, is much more effective, and work does not have to be sent on to get additional input and guidance.

This also allows for management of trends that may be identified based on payers not recognizing certain modifiers or payers inappropriately denying for coding-related reasons, which leads to investigation and identification of the true root cause of the denial.

Immediate access to coding expertise

Our strong, U.S.-based, certified coders provide many other services to clients. Coding is often being outsourced or off-shored, due to inability for organizations to find and staff experienced coders to keep appropriate turn-around time. Metrics such as Discharged, Not Final Billed reports and Days in Accounts Receivable are often monitored and can be tremendously impacted by coding performance. Salud understands these needs and helps provide the resources that can strengthen an existing coding team on a permanent or as-needed basis when gaps in coverage occur.

Our comprehensive audit programs can help organizations identify any areas of opportunity or risk in current coding practices and strengthen internal compliance programs, but having a periodic third-party review to demonstrate compliance diligence is effective.

Salud's goal is to get the most meaningful work in front of the right staff, and that includes in many cases our certified coding team. We can help clients achieve the same result.