

## CODING: TEACHING OLD DOCS NEW TRICKS

**Lead Author:** Lisa Owens, D.O.

**Contributing Authors:** Barbara Berard, Anne Debuyserie, Bheru Gandhi

**Category:** Improvement Science

### Background

Post graduate curriculums rarely include comprehensive training in billing and coding methodology. Once out of training, this gap in knowledge may lead to missing charges and potentially decreased revenue. The average cost of one missing charge in the Neonatal Intensive Care Unit (NICU) is \$744. Historically, our institution provided physicians with a generic procedural billing code (Proc 99) then certified coders submitted the professional charge based on physician documentation. However, this method was inefficient and time consuming, and the decision was made to implement universal direct physician billing.

### Objectives

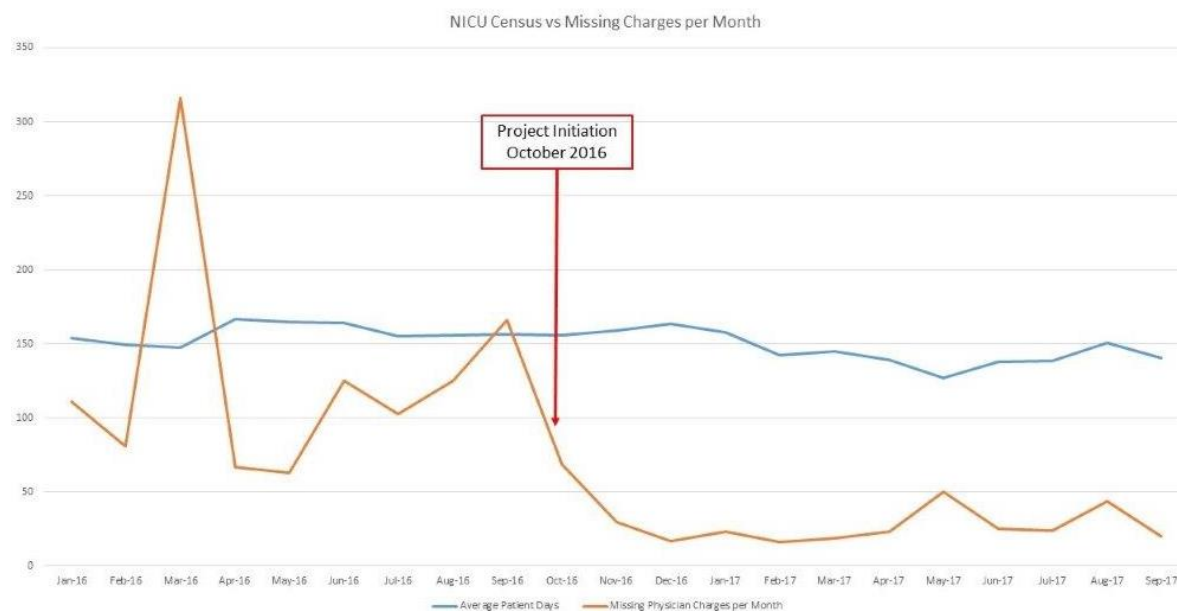
The objectives of this project were to: provide physician education and feedback regarding coding and documentation with the goal of a reduction in missing charges by 75% in 6 months, eliminate the routine use of Proc 99, and ensure accuracy of physician coding.

### Methods

Beginning in September 2016, a multi-phase educational plan was devised. The project was divided into 3 epochs. Epoch #1 was an educational program prior to go-live using a variety of methods including faculty presentations and the development of instructional videos. Epoch #2 was implemented at go-live in October 2016, and included at the elbow support, weekly billing quizzes with feedback, and other visual aids. Epoch #3 is ongoing using reports for targeted education, physician feedback and monitoring. A report of NICU census and bed space utilization, evidence a physician note was completed and a charge entered was prepared daily. A monthly report was created to track the total number of entered charges as well as their accuracy. Based on this data, physician education was targeted to address common billing errors. Pre- and post- project data were collected.

### Results

The rate of missing charges pre-intervention was 2% (166/month). The post-intervention rate of missing charges was 0.3% (20/month) which was an 88% improvement. Proc 99 usage went from 50% to 0%, and unchanged physician-designated CPT codes went from 57% to 7%.



### Discussion

Billing and coding frequency and accuracy can be improved with targeted education, feedback and monitoring, thus improving revenue stream.