Effectively Leveraging Coding to Improve Revenue Cycle Performance

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CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS



With You Today

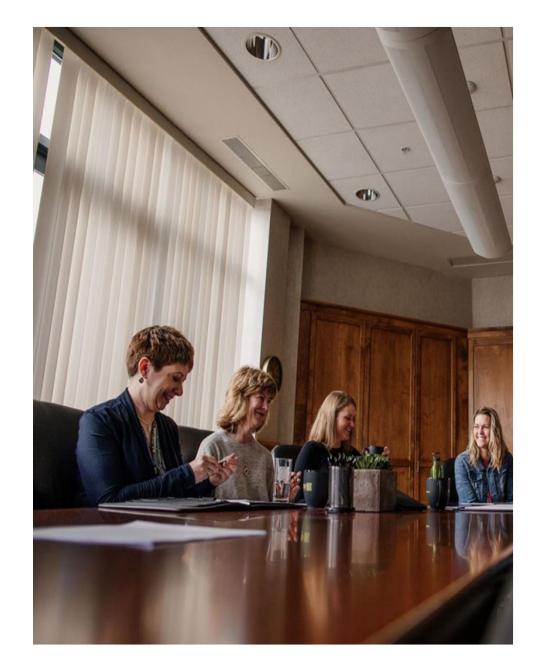


Julie A. Hardy, MSA, CRCE, RHIA, CCS, CCS-P
Partner

810-853-6171

Julie.Hardy@rubinbrown.com





Talking Points

- Coding introduction
- Coding challenges
- Strategies to improve coding accuracy and efficiency
- Specific coding tips
- Success stories



Understanding Coding and Its Impact



Definition of Medical Coding



®AARC HCPCS

LEVEL II

2021

- London's Bills of Mortality
- ICD-10-PCS
- ICD-10-CM
- CPT
- HCPCS
- SNOMED-CT
- ICD-11 (!!!)



Importance of Accurate Coding



Timely reimbursement



Appropriate reimbursement



Compliance



Accurate reporting



Patient care

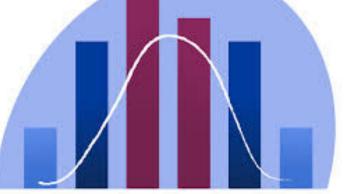


Public health research



KPI's Impacted by Coding

Denial rate Clean claim rate Days in A/R Charge capture lag time **DNFB** CMI





Coding Challenges in Hospitals



Complex Coding Rules and Regulations



High volume of codes



Bundled payments



Multiple diagnoses and procedures per patient



Payor-specific rules



Frequent updates/changes



Lack of Consistency in Documentation

Incomplete or inaccurate documentation

- Documenting in the wrong patient's record
- Missing surgical approach

Subjective terms

- Mild, moderate, severe
- Stressed, fatigued
- Numb, tingling

Templates and macros in EHR

- Selecting incorrect option from drop down menus
- Data quality issues



Coding Challenges in Physician Practices



Limited Coding Resources

Smaller staff

Less specialized expertise Payer specific rules

Budgetary constraints Lack of training and education



Technological Limitations



OUTDATED SYSTEMS



INTEGRATION ISSUES



CODING SOFTWARE



UPDATES AND MAINTENANCE



DOWNTIME



BREACHES



Strategies to Improve Coding Accuracy and Efficiency



Education and Training



Align education with coding updates



Certifications



Technology-based training



Mentoring



Regular meetings with coders and providers



Technology Solutions

RCM software

- Centralize billing
- Analytics and performance tracking

Charge capture and coding

- Reduce denials and errors
- Automated coding suggestions, compliance checks

Denial management software

- Identify denials proactively
- Automate appeals management and reporting

Artificial intelligence



Quality Assurance & Audits

Intent and purpose of audits

Cadence and timing

Internal validation

External assurance

Correcting errors and effectively leveraging the data

Reporting findings



Coding Tips for Hospitals



Inpatient Coding

Principal diagnosis

Secondary diagnoses

Procedures

Present on admission

Documentation guidelines

Query process



Outpatient Coding



Specialty specific coding



Clinical documentation improvement



National Correct Coding Initiative (NCCI)



LCDs and NCDs



Coding Tips for Physician Practices



E/M Coding

Updated guidelines

Other billable services

- Prolonged services
- 96127
- Care management

Separately billable services

Common procedures



Specialty-Specific Coding



Inpatient and outpatient services



Global period



Telehealth services



Coding certifications



Utilization of new medical technology



Success Stories



"Code It For Them"

- Assess which services are most challenging for providers to code on their own
 - Survey
 - OIG workplan
 - Coding expertise
- Design processes specific to each specialty
 - Assign specialty specific staff
 - Focus on documentation requirements
- Monitor and report
 - Compare pre- and post-implementation
 - Report publicly



Retraining Staff

- Identify staff whose jobs may be reduced or eliminated by technology or outsourcing
- Design or purchase a coding training program
- Audit and educate
- Assign coding work based on skill level and experience



Questions





Contact Information

Julie A. Hardy, MSA, CRCE, RHIA, CCS, CCS-P

810-853-6171

Julie.Hardy@rubinbrown.com

https://www.linkedin.com/in/julieahardy/

