Name of Policy: Coding Productivity/Quality Review Standards **Policy Number**: 3364-105-135 **Approving Officer**: Chief Medical Information Officer **Responsible Agent**: Administrative Director of Outcome Management **Scope**: University of Toledo Medical Center	UT UTOLEDO HEALTH **Effective date:** **Original effective date**: 6/2008

Key words: Coding, Productivity, Review, Health Information Management, Coding Guidelines

☐	New policy proposal	☐	Minor/technical revision of existing policy
☐	Major revision of existing policy	☒	Reaffirmation of existing policy

(A)   Policy statement

Productivity refers to the measurement between input and output. It reflects the amount of time required for the trained/qualified individual working at a normal rate to accomplish a given task. This standard level of productivity is expected regardless of the workload. In instances of reduced workload, the manager will assign other duties and that variance time should be logged accordingly.

All of the HIM departmental productivity standards have been established with consideration for routine interruptions encountered in the normal course of business.

The Health Information Management Department follows the Official Coding Guidelines and Definitions, as well as any third-party regulatory requirements for the selection and sequencing of codes. In addition, the coding is based on physician documentation in the medical record. The standard level of quality is expected on all patient types at all times.

(B)   Purpose of policy

In order to maintain the coding workflow at acceptable and adequate levels, each member of the coding team is expected to meet the established patient type hourly health record productivity standard on a monthly basis. The standards represent the projected time frames in which specific tasks are to be accomplished. Productivity standards have been developed using data collection through employee reporting, management observation, and computer-generated data. Productivity is generally perceived as the quantity of work performed.

The HIM Coding Quality Review Plan is designed to measure the accuracy and consistent assignment of ICD 10-CM/PCS, CPT codes, and discharge disposition on all coding jobs (inpatient and outpatient). Quality is generally perceived as the degree or grade of excellence of work performed.

(C)   Optional additional section (add as needed E, F, G, etc.)

1. Employee performance, both quantitatively and qualitatively, will be monitored monthly or on a more frequent basis when deemed appropriate by the manager.

2. The HIM coding staff, which consists of Inpatient and Outpatient coders, is expected to meet a monthly minimum of 95% coding accuracy on inpatient and outpatient coding. Outpatient coding consists of all coding performed for an outpatient encounter (outpatient surgery, emergency room, central treatment room, observation, ancillary, and clinic visits).

3. Productivity figures will be calculated by dividing the output by the amount of time taken to complete the task.

4. Productivity will be produced through Optum CAC Analytics reporting tool.

5. Based on these evaluations, employee performance will be assigned one of the following ratings:
    E = Exceeding standard
    M = Meeting standard
    U = Unacceptable; not meeting standard

6. The coding team will be expected to meet the following established productivity standards:

    6. Inpatient Coding (includes patient types: IA; IC; NIA; IP) 2 health records per hour (2/HR): production will vary based on the length of stay and complexity of the record.

    Outpatient Coding (includes the coding, abstracting, and charging for the patient types:
    Bedded Outpatient BOP~~BOP~~ — 15 health records per hour.
    Observation OBV — 3.5 health records per hour.
    Outpatient Surgery OPS — 4.5 health records per hour.
    Emergency Room Coding (includes the coding, abstracting, and charging for the patient types: ER; 10 ~~9~~ health records per hour ~~(9/HR)~~

    Outpatient Diagnostics Coding (includes patient types: ODX;
    SPC, Lab, Radiology) 35 health records per hour (35hr)

    Series Coding (includes patient types: Recurring RCR;
    ROC; RHO; RRO) 15 health records per hour (15/HR)

7. Productivity/Quality will be monitored on a monthly basis. If productivity/quality is not met monthly, the employee will be subject to disciplinary action per university guidelines. ~~and will be required to work on-site for at least a minimum of one month and will remain on site until the quality and productivity outlined above are meeting or exceeding expectations. The coder will be released back to work from home remotely once quality and productivity scores are meeting and/or are above standards outlined in this policy.~~

8. A coder will not be eligible to train on a new coding job until productivity and quality standards have been consistently met on the current coding job.

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9. The established productivity standards will be re-evaluated at least semi-annually and revised appropriately in accordance with the above-described process.

Approved by:	**Policies Superseded by This Policy:** • *8-01*
_____ Ryan Sadeghian, MD Chief Medical Information Officer	Initial effective date: 6/2008
_____ Date	All Review/Revision Dates: 11/1/2008 3/2/2009
_____ Angela Ackerman Administrative Director of Outcome Management	9/1/2012 7/1/2013 5/1/2016 5/1/2019
_____ Date	
Review/Revision Completed by: *Administrative Director of Outcome* *Management*	Next review date: