

A Day in the Life of a Coder

It's 4:30 am and my alarm is softly playing. My cat is purring, nudging, asking politely for his breakfast. Forty minutes later, cat fed, I am on my way to work. I have a forty minute commute on a good day, but there is very little traffic this early in the morning. I mentally plan my day, the parts that can be planned, as I drive.

I am an inpatient coder and second-level reviewer for a well-respected local hospital. I have been a coder since 2002, actually one semester prior to my graduation from the College of Lake County's RHIT program. It has been an enormously wonderful opportunity. I have not been bored; I have been challenged and stretched, and I have grown into this wonderful position that I still find exciting.

So, what exactly is a coder anyway? I read and study patient medical records and translate all of the diagnoses, conditions, and procedures into diagnostic and procedural code numbers. Those code numbers can then be appropriately grouped so that third party payers (insurance companies) can properly reimburse the hospital for that patient's care. It is critical that the codes are assigned following laws and guidelines to ensure that no record is over coded, which would mean that the facility would be paid more than is ethical, or under coded, which would mean that the facility would not be paid all of the money that is due them.

After I swipe in and log on to my computer, I go collect my day's work. Today I am performing the second-level review of my peer's work from the previous two days. I look at the pile and hope that I can work quickly and expertly enough to complete the entire pile of charts. We are still working from a hybrid medical record; our inpatient charts are a mix of handwritten progress notes and dictated reports. Some of my peers see this as an obstacle, but I see it as a gentle transition to a totally electronic medical record. I work quickly through several charts when our Director of Case Management brings a chart to me. This record has been previously coded and the bill had dropped five months ago. She brings me the chart along with a letter of rejection from one of major third party payers (insurance companies) of inpatient healthcare. She needs me to reread the chart, recheck the code assignment, and be prepared to participate in a conference call in three short hours to defend our code assignment and receive full payment for the claim. I read the letter and realize that the person that has reviewed this record is a registered nurse, but has no coding credential. I point this out to our case manager; we both gain confidence that we will be ready for the call.

After I have read the chart, checked the code assignment, highlighted all of the pertinent areas that prove our code assignment to be correct, I dig back into the pile of charts waiting for second-level review. As I find issues, I add them to a list of areas of concern for our next coding roundtable. I look up all of the supporting documentation from the *Coding Clinics* as well as any supporting examples from Faye Brown, an expert and author of coding issues and examples. After I print out the documentation needed, I clip them together with the areas of confusion and set them aside. At a later date, my manager will sift through these and pick several for discussion by all of our coders as a

group.

Time for the conference call. We dial the number and listen to elevator music. Our call is answered and we are transferred to the appropriate party. She does not see the documentation that we see. It is very clearly documented in our record, and she is supposed to have an exact copy of our record. We walk her through the chart, page by page, until she sees what we have seen and correctly coded. She complains that her copy is illegible and that the record is not in correct order, but in the end she is done and we have won. It is exhilarating. We will be paid correctly for this record. The case management director and I thank each other; we are both grateful that the DRG assignment program that was put in place three years previously is working so well for both the coding department as well as the case management department. DRG is the acronym for Diagnosis Related Group, which is the process by which inpatient claims are paid by third party payers. Diagnosis and procedure codes are assigned via an encoder, which groups the codes and shows the coder the potential reimbursement to be expected.

It's almost time for lunch. I am fortunate to work with a wonderful mix of seasoned professionals with more than twenty years of experience as well as new graduates that require significant mentoring as they learn this wonderful career. Most of the coders dine together before returning to work.

I have two short hours left of my work day. I have been keeping track of my productivity, or how many records I have been able to review as well as how many total days of stay those records were comprised of. It is important to me to be able to meet the productivity standard that has been set; it is wonderful to surpass it. As I finish my day, I realize that tomorrow I will be coding and one of my peers will be reviewing my records. It is exciting to be performing the second-level review; it is not always exciting to be reviewed. It does develop strong critical thinking skills and forces you to question yourself about the appropriateness of each and every code, but in the end, it creates a deep and rewarding sense of confidence and expertise.

It's time to leave and I cannot believe how quickly the day has passed. I am happy to leave, but I am happy to know that I am returning here tomorrow. As I leave, I see my manager and she thanks me for the extra time the conference call has taken from my day. She wishes me a good night and I know she means it. I am fortunate to work for such a professional and kind manager. She has mentored me generously and she allows me to do the same for the new coders that we hire.

I have that same forty minute commute home. I am tired, but I am deeply satisfied with the career choice that I have made with the guidance of the RHIT program staff at the College of Lake County. I love the challenge, the research, the discussion of hammering out why one code is more appropriate than another. I enjoy the continuing education and the community of professional peers and personal friends that I have been blessed with along the way. I enjoy being able to mentor new staff members and the sense of adding to the professional community of coders.