Academic centers improve coding with help of network

Leaders of a pediatric network hope a coding education program they created can serve as a model of how practice management can be incorporated into academic primary care.

Pediatricians at the Children’s National Health Network (CNHN) in the Washington, D.C., area have found that developing a partnership between academic training and practice management through a pediatric network can lead to more accurate coding, improved documentation and increased reimbursement.

CNHN was formed in 1995 to align independent pediatric practices with the faculty and programs of Children’s National Medical Center (CNMC)— D.C.'s children’s hospital. More than 120 practices and 400 community-based pediatricians in the District of Columbia, Maryland and Virginia are CNHN members.


Several AAP chapter leaders, including Charles J.A. Schulte, M.D., FAAP; and Thomas J. Sullivan, M.D., FAAP, are members of the CNHC board and were instrumental in developing the coding and practice management seminars, Dr. Weissman said.

In spring 2002, Dr. Weissman stepped in as division chief of general pediatrics and community health at CNMC, which includes the faculty and resident primary care practices at the hospital and four community-based health centers. A faculty development seminar series was established to hone business skills, including financial management, accounting, quality improvement and coding. Coding training was provided first, after a survey of faculty coding for primary care services showed that services related to evaluation and management were consistently undercoded, meaning the reported codes did not reflect the level of services provided and documented.

In addition to primary care reimbursement challenges, the centers faced a potential budget crisis because local Medicaid plans were scheduled to shift from capitation to fee-for-service reimbursement. Based on historic practice utilization and coding, an additional shortfall of more than $500,000 was projected for the fiscal year 2003 faculty practice budget.

“We just didn’t know much about coding,” Dr. Weissman said. “We needed to act quickly. Our community network (CNHN) coding education programs provided the expert resource that helped us successfully manage the transition.”

Primary care coding lessons gleaned from CNHN community network pediatrician/office manager seminars as well as coding seminars at national AAP meetings translated into a coding education program for all primary care faculty and each resident continuity clinic. “Academic pediatricians can learn from our community pediatrician partners, particularly the business of successful coding and practice management,” Dr. Weissman said. “We’ve taken coding presentations and tips developed by our community network practices and used them to improve coding and reimbursement for our hospital-based academic (faculty and resident) primary care practices.”

Within three months after the training began, there was a dramatic increase in proper codes as well as charges per visit.

“Through improved coding, our charges and revenue exceeded annual budget targets,” Dr. Weissman said. “That’s pretty amazing for academic primary care, especially given that primary care visits were less than predicted this past budget year.”

As a result of the coding education, faculty and residents are more attuned to the significance of proper coding and documentation and the impact it has on medical records, claims processing and reimbursement.

“The post-coding training data clearly documents an improvement in accuracy of coding. Our health center leadership is much more actively engaged in the financial management of our operations,” said Denice Cora Bramble, M.D., M.B.A., FAAP executive director of the Goldberg Center for Community Pediatric Health at CNMC.

Residents also have found the program to be very valuable. Third-year resident Heather Kaplan, M.D., found the training to be helpful not only in the coding basics but also in the finer points of coding for additional services and modifiers. Dr. Kaplan reported that due to the coding training, she is more attuned to proper coding “to make sure the clinic is reimbursed for all of the time we spend with the patients.”

This type of networking also illustrates the efforts academic centers need to pursue to meet Pediatric Residency Program requirements as outlined by the Accreditation Council for Graduate Medical Education. Pediatric residency programs should provide training in health care organization financing and practice management, including office practice organization and financing such as personnel and business management, scheduling, billing and coding.

The coding education implemented by the Washington, D.C., pediatric network can be viewed as a model of how practice management can be incorporated into residency training and continuing medical education for pediatricians. The focus on coding was significant given that proper coding and documentation ensure appropriate reimbursement by reducing claim denials, avoiding duplicate billing, and facilitating timely claims processing and payment.

Dr. Cora Bramble said she feels such a program is well worth the investment, noting that “both faculty and trainees are being taught the business side of pediatrics.”

Dr. Kaplan concurred, saying that as a resident, it is helpful to hear from the attending physicians in clinic who review the documentation and billing to see if she should have coded at a higher level or added a modifier to accurately reflect the services provided.

Dr. Weissman hopes to work with the Academy and other academic centers to replicate this training. He said academic centers and practices can work together to benchmark other key academic practice management data beyond coding and can help academic practices be more efficient and successful in achieving their academic and community missions.