

**MCMC 2021 CODING EPISODES BY SPECIALTY**

Description	Episodes
Clinics	15828
Surgery, Obstetrics, Pulmonary, Cardiology, Radiology, Ancillary, Pathology	
Outpatients	1052
ER	1084
DayCase	4400
MED_INPAT	80
OBS	260
OB_ER	92
NB	73
OB	92
TELEHEALTH	0
SNF	20

EMR	Currently Centriq, migrating to Cerner with go-live date Sept 2022
Coding Software	3M
In house Coders	MCMC has 1 in-house coder that codes ER episodes and IP admitted from ER. 2 coders/ chart auditor that review returned coded episodes, add charges and code complete for billing
Coding workflow process	A list of daily episodes will be sent daily to the contractor who is responsible to code with correct CPT, ICD-10 and PCS codes and return to MCMC within coding turnaround time specified in RFP. MCMC staff will be responsible for charge entry.
Coding turnaround time	Clinics: twenty-four (24) hours of receipt of medical record documentation. Outpatient: twenty-four (24) hours of receipt of medical record documentation. Inpatient: forty-eight (48) hours of receipt of medical record documentation. LOS over 5 days-five (5) business day of receipt of medical record documentation.

IP Charts	500-550	See highlighted
Emergency Coding	Both Facility and Physician	
Charge Entry	MCMC enters charges	
Coding Converge days	Business Days . Average 21 days/month. M-F	
Coding Backlog	Currently no backlog. Currently using Centriq and are actively migrating to Cerner system with go live date anticipated in Sept. 2022	
Professional/Facility Service coding	Bid requires coding for both	

Coding requirements	Continuous/ongoing coding work	
Coding turnaround	actual clock hours	
What % of MCMC coding volume is outsources	75%	
	Validation of E?M levels, ICD-10-CM and CPT codes and actual code assignment	
Are E/M levels required for Inpatient	Yes	
Cost for coding	Cost based on individual episodes coded	
Will code need to code hours and I&I in OBS accounts	Yes	
Physician query process	Contractor provides form, MCMC staff will deliver	
Coding Challenges	Getting Providers to complete documentation timely; late charges	
Level of support	Enough to support volume listed above	
Would MCMC like a Coding Operational Assessment	Yes	
Would MCMC need ongoing p physician coding education updates	Yes	
will claims edit coding be required	Yes	
Currently CDI program	No	
How will work be assigned to coders	Work queue set up	

Will MCMC provide on site point of contact	Yes
Who is responsible for post discharge/prebill cases that need queried	Coders

