The Work of a Coder
Survey and Data Aggregation Methodology

The American Academy of Professional Coders (AAPC) in January 2008 invited medical coders to partake in a survey of the work they do. Medical coders were informed of the survey through three email invitations to AAPC members; an invitation posted on the public home page of the AAPC Website; and through press releases distributed to numerous magazines and websites with coder audiences. The survey, made available online through a weblink, was open to responses for six weeks. It garnered 12,068 respondents, of which 93.5 percent were professional coders certified through AAPC. The survey collected demographic information regarding work environment and credentials, and included 40 questions specific to work and working relationships. Completing the exam were 8975 coders, or 74.4 percent of participants. The data aggregation engine for the survey was provided by SurveyMonkey.com.

Data presented within the body of this report represent total responses, unless otherwise noted. For questions regarding physician activities, "not applicable" was an available response for coders who work outside clinical practice, perhaps for payers or as students. For these physician-oriented questions, found in Section III of the survey results, "N/A" response were removed from the calculation of totals and percentiles, so that only those responses from respondents in clinical environments were tallied for clinical questions. To see results with N/A responses included, review the PDF document entitled, "I Work of A Coder Survey Results."

The largest body of AAPC members consists of physician coders employed in clinical practices. Even so, AAPC recognizes that a significant number of its members are coders who are not employed within clinical practices, and that their workday responsibilities were not addressed in The Work of a Coder. Future AAPC sponsored surveys will address their markets more specifically.

The Work of a Coder Survey Results

The American Academy of Professional Coders (AAPC) in January invited medical coders to partake in a survey of the work they do. The survey, made available online, garnered 12,068 respondents, of which 93.5 percent were certified professional coders through AAPC.

Part I: Respondent demographics

The first section of the AAPC survey gathers basic information on the workplace and certifications of the respondents, to provide a context for the second section of the survey. It concludes that the typical respondent to this survey can be profiled as a professional coder with a CPC working within a physician's office that may be large or small.

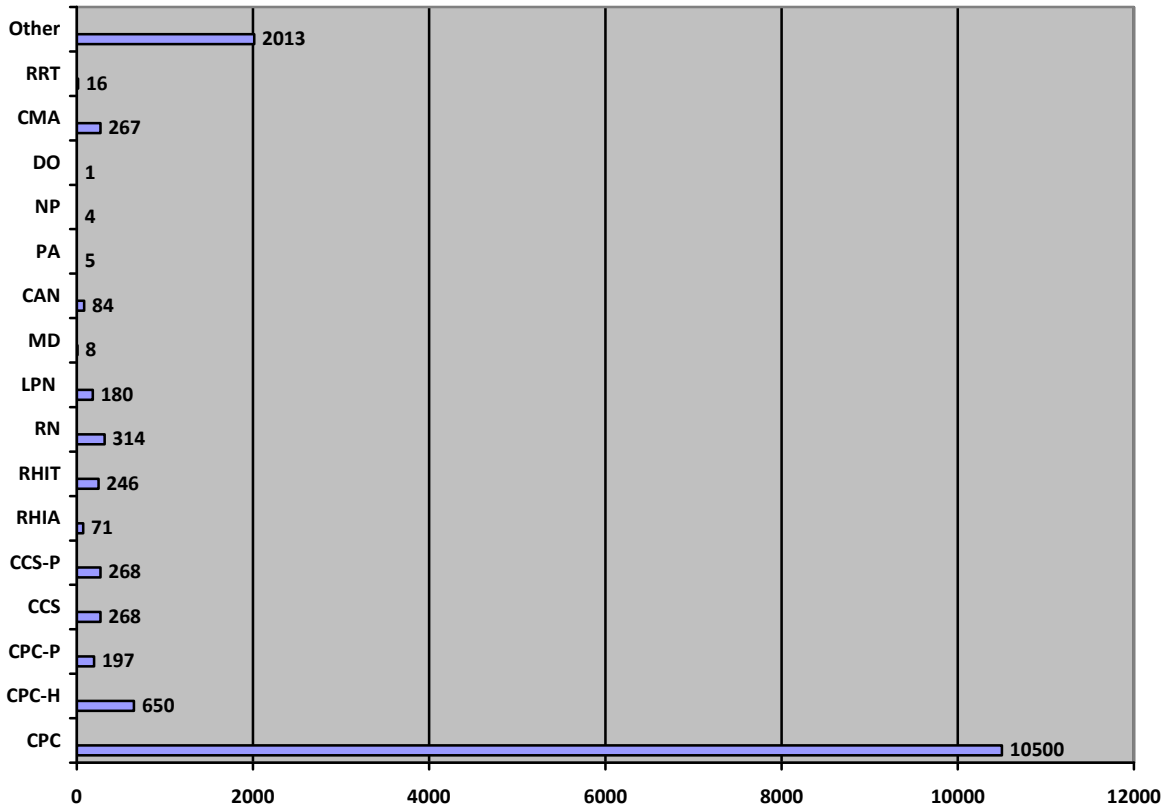**Which statement best describes your work environment?**
11,999 respondents
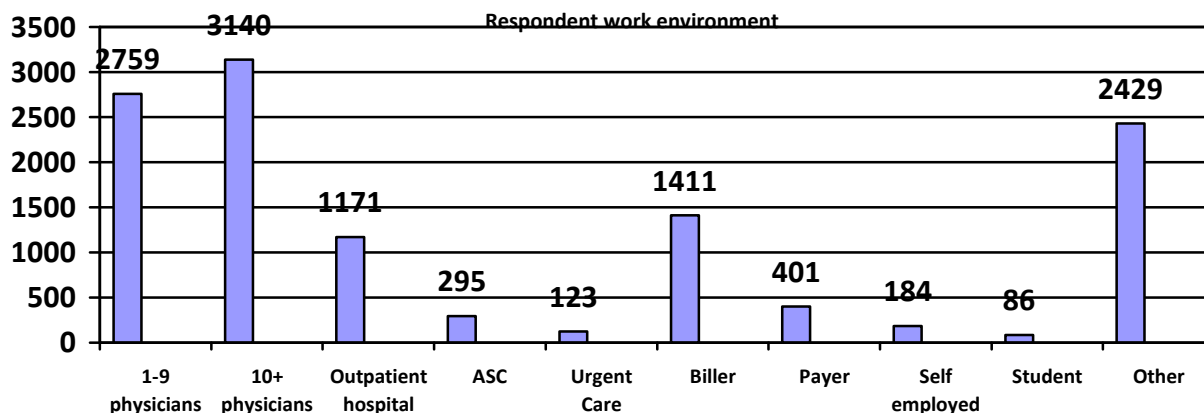
Of the 11,999 respondents to this question, 49.2 percent work in physician practices. Billing company employees comprise 11.8 percent of responses, and outpatient hospital employees, 9.8 percent. The weight of the numbers in physician practices is reflective of AAPC membership.

- "I work in a small third party payer company. The owner is very receptive to paying for all my CEUs and to remaining compliant. I have not seen this in larger companies."

- "I code for ASC centers across the nation for a billing company. Recently my company has downsized in employees to cut cost, but has increased the productivity goals for the day. This concerns me greatly."

- "I am the billing manager in a specialty practice for 24 years and I love it very much. It is a joy to code, bill, and then see the reimbursements coming in. It is a challenge to protest denied claims, and to see the denials (which are far and few) reversed and paid after working on them with the expertise and knowledge of so many years of experience. I love billing and coding."

- "I work for the managed care department of the hospital and use my coding background mainly to help pull utilization reports for outpatient services.

- "I am a full-time coder/consultant and I am employed by a fortune 500 company. They match me with facilites in need of coders. I travel and code onsite, and perform whatever the assignment requires. My current position is contracting with a company that employs 1600 physicians across the country-I am working in the HIM department of the corporate office. This assignment gives me broad experience in so many specialties. The docs I work on have failed two previous inhouse audits."

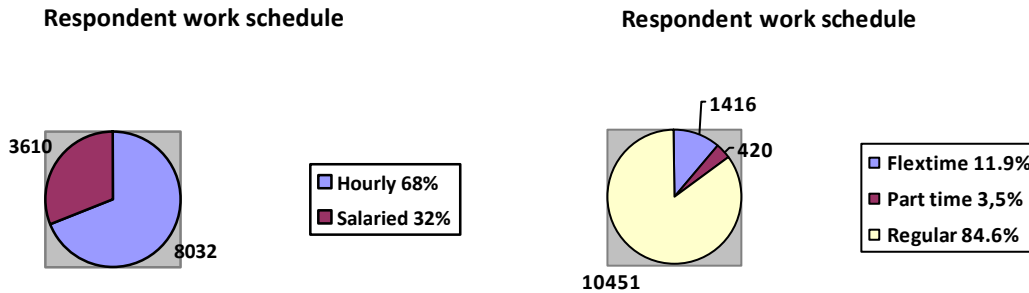## Which of the following certifications do you hold? Check all that apply.

11684 respondents

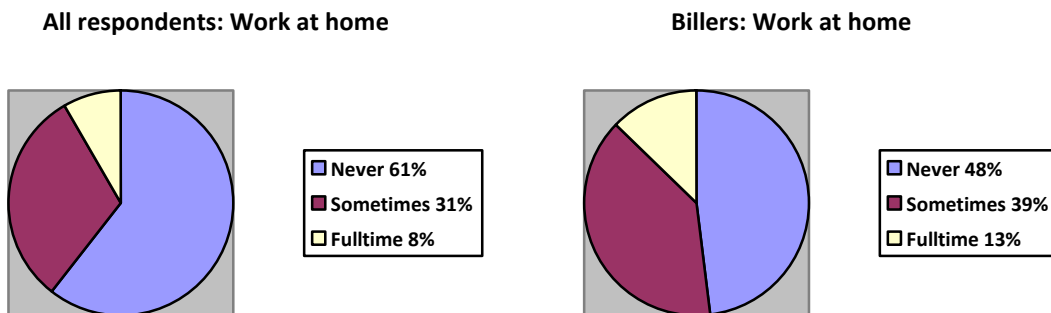| Certification	Value
Other	2013
RRT	16
CMA	267
DO	1
NP	4
PA	5
CAN	84
MD	8
LPN	180
RN	314
RHIT	246
RHIA	71
CCS-P	268
CCS	268
CPC-P	197
CPC-H	650
CPC	10500

T

AAPC professional certifications are held by 93.5 percent of total respondents, and of those, 89.9 percent are CPCs. Many respondents hold multiple certifications. Less than 8 percent hold AHIMA credentials, and nearly all of those respondents also hold AAPC credentials. Of the 17.2 percent who cite "other" as a certification, more than 10 percent are CPC-A (apprentices with less than two years on the job). Specialty and compliance credentials were among the other most common "other" responses.

Please describe your employment situation. Check all that apply.

Respondent work schedule

3610

8032

☐ Hourly 68%
☐ Salaried 32%

Respondent work schedule

1416

420

10451

☐ Flextime 11.9%
☐ Part time 3,5%
☐ Regular 84.6%

The majority of respondents) are paid an hourly wage and work in an office environment. There seemed to be little correlation among benefits of flextime or work-at-home schedules according to credentials. Clinicians, certified coders, and others fell within a 5 percent margin on the total response statistics. The only exception was found among billers, who have the highest percentage of work-at-home jobs, with 48 percent saying they never work at home; 39 percent saying they work at home some of the time; and 13 percent working at home all of the time.

All respondents: Work at home

☐ Never 61%
☐ Sometimes 31%
☐ Fulltime 8%

Billers: Work at home

☐ Never 48%
☐ Sometimes 39%
☐ Fulltime 13%

A significant number of survey comments came from telecommuters who reported how much they loved working from home, or from office workers lamenting that they are not permitted to work from home.

- "Pay is OK. Benefits are not good. Love working from home."

- "I desire a position where I can do coding and billing from my home and will continue to search for a position like this until I find one."

- "Oh, I would give my teeth to code from home! I haven't been able to convince the powers that be of the wisdom in offering that option. I give

them articles and I bring up the subject whenever I can, but so far I'm getting brushed aside."

- "I telecommute and enjoy every minute of it. I get a lot more done and my hours are from 6:00 am to 2:30 pm."

- "My work environment is great! My employer allows me to work at home."

- "My dream job would be to work at home on coding and auditing but it would have to be a job with benefits."

- "I work at home, but had previously worked in the office for this same employer. I find the home environment much more fitting for this type of work. There are no distractions (telephones ringing, constant disruptions) and my productivity is higher."

Part II: Coder Work and Environment

Please identify what percentage of your work time, on average, you spend in the following categories.

8620 respondents

Overall, 58 percent of respondents said that they were engaged in activities requiring medical codes from 80 percent to 100 percent of their time. But 23 percent of respondents said coding comprised only 50 percent to 79 percent of their time, while 19 percent of respondents said they were coding less than 50 percent of the time. In all, 42 percent of survey respondents are spending less than 80 percent of their day performing tasks related to coding.

The survey characterized coding tasks as including claim processing, auditing, billing, educating physicians, reviewing EOBs, appealing claims, speaking with payers, handling compliance issues. Administrative tasks were characterized as handling phones, front desk activcities, managing personnel, filing or pulling charts, or performing data entry. Clinical tasks were characterized as anything with clinical responsibility, whether the patient is licensed as a clinician or not (for example, weight and blood pressure measurements).

Since there is a growing trend of clinicians becoming certified coders, the numbers were recalculated excluding their results (CMAs, CNAs, DOs, LPNs, MDs, NPs , PAs, RNs, and RRTs), to evaluate whether clinicians were dividing their time differently than coders. There was less than a single percentile change in any number when the recalculation was performed, likely because

the number of clinician responses is heavily weighted with nursing and medical assisting credentials, and these professions are often seen moving into coding from clinical practice.

- "On a daily basis I code anesthesia and pain clinic records, post payments, appeal denied claims, report daily cases and aged A/R to the executive board, answer phones and mail and any other tasks needed to keep the office running smoothly. There are 6 full time and 1 part time employees supporting 23 anesthesiologists (and 1 resident) at a community hospital as well as a cosmetic surgeon's office and an eye surgery center. Each of us has to act in several supporting roles in order for everything to get done. There are 3 certified coders, including the office manager, and one student coder."

- "Most of us are cross-trained to cover other positions within the business office. I am the only certified coder and the only other person allowed to code is our manager. However, I am also responsible for depleting charts as I code them, help manage the medical record room, cover front desk and scheduling as needed, answer patient billing phone calls, submit claims electronically and on paper. I am currently responsible for coordinating the credentialing of physicians at our facility, although I hope to be relieved of this shortly - we have been open 3 years now and our case load and number of doctors privileged here is increasing so I don't have time to code and credential. I have asked that when this happens that I become more involved in appeals, posting EOBs, etc. I love my job and my workplace."

- "As well as coding for multiple physicians, we are required to answer an incoming physician referral telephone line. All of these calls are simply transferred to another location in the practice. We are simply instructed to answer them promptly and send them on their way. It can be quite difficult to code something specific that requires intense thought when you are interrupted to simply transfer a phone call."

Subjective views on relationships and coding effectiveness and processes
8907 total respondents

In this section, respondents read statements and determine their degree of agreement or disagreement with each. All told, 8,907 coders participate in this segment of the survey. Because some of the questions in this segment are specific to clinical settings and respondents may be employed by or be students, an N/A response is built into survey response options. For the purposes of this written report, the N/A responses are removed from the

calculations and charts. An unabridged accounting of responses can be found in The Work of A Coder Responses III.

The relationship between my practice and payers is positive.
7,073 responses

Strongly agree: 1408 20%	Agree: 5068 72%	Disagree: 518 7%	Strongly disagree: 59 1%
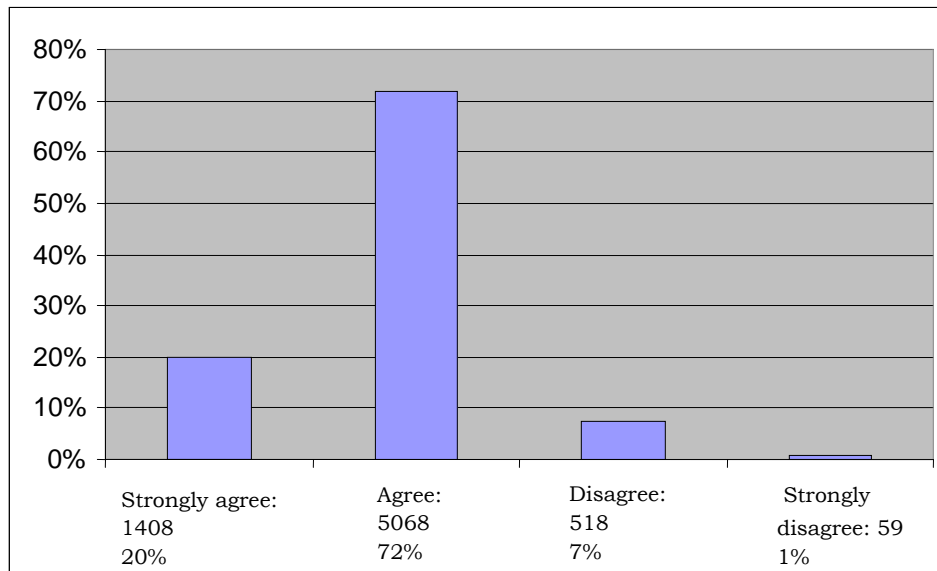
While anecdotally much is heard about the difficulties between providers and payers, when polled, 92 percent of respondents agreed or strongly agreed that the relationships built between their practice and their insurers are positive.

- "Coding accuracy is only as good as the payers adjudicating the claim. There are many payer errors, typos, payer guidelines and processing that lead to unnecessary denials."

- "I wish it was easier and more payers were required to put policies in writing. I know most people dislike Medicare, but I enjoy them since they have policies in black and white."

- "The most frustrating part of performing my assigned duties is dealing with Medicaid, Peach State and Well Care, United Health Care, and PPO networks and their ability to disregard common coding practices and make up their own rules as they go."

- "I think the job of a coder has become more stressful somewhat due to the productivity expectations, but also with the challenge of keeping up with payer's rules which seem to be more varied than ever before."

- "I really enjoy coding. It is like going on a scavenger hunt. You have the doctor's notes and reports as clues and it is up to you to find the right code. It is also a very valuable part of the medical field. Without coders things would run very slowly in a doctor's office. Payments would not get made and the doctors would not get paid as quickly as they do."

The relationship between coders and physicians in my practice is positive.

7836 responses

| Strongly agree: 3207 41% | Agree: 3996 51% | Disagree: 520 7% | Strongly disagree: 113 1% |
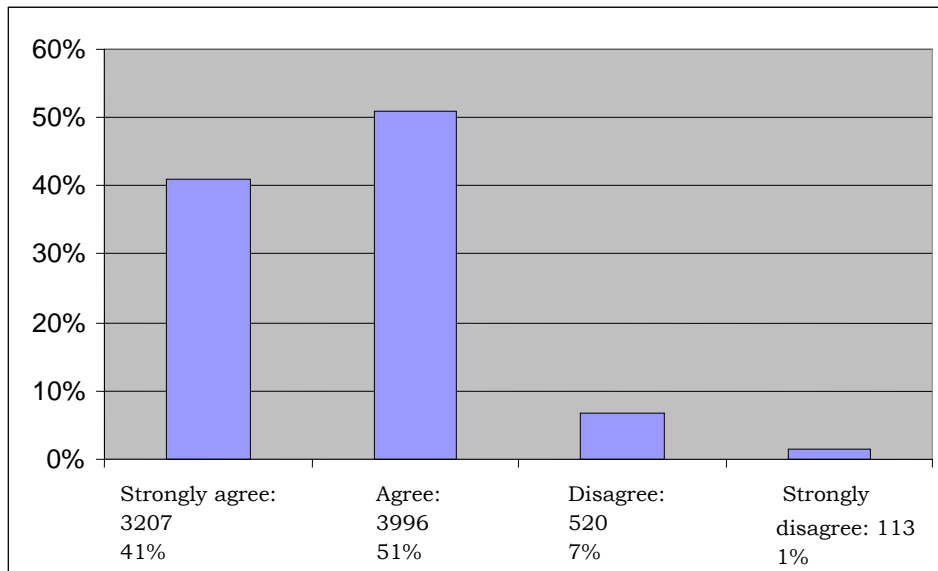
The coding staff and clinical staff have positive relationships, according to 92 percent of respondents.

- "Excellent work environment. We have buy-in from all 5 MDs and do it right, and we work extremely well as a team."

- "It is very rare that I can tell the doctor that he is wrong about something. He thinks he knows everything! He will argue over every detail…and I have to work with his wife and him both giving contradicting orders! I need a new job!"

- "I work for a practice that believes the more education we get, the better we serve our doctors."

- "I find that most of the physicians and management really do not understand all of the work involved…. I feel very overworked, underpaid, and not appreciated."

- "I consider myself very fortunate in that my five physicians understand the importance of and comply with coding guidelines. They listen when I bring changes to their attention. I am the only coder and have an assistant who posts for me. Between us, we handle putting in all charges. We have a billing person who posts payments and I handle all appeals. All in all--it works."

- "As a department we feel that the physicians and administration does not recognize or appreciate the work we do. We believe that we are overlooked as somewhat not necessary. We think it would be nice for them to understand what we do, what we can do, and how this benefits them. We just can't seem to get them to pay notice."

- "I am not clear as to what the expectations should be when coders don't have the support needed to encourage accuracy and are not valued as an important asset to the company. I often feel like the attitude of my employer is that "anyone can code" therefore we are not highly motivated to take on new task or to seek better ways of coding. In other words, not support system."

I am often expected to code outside my area of expertise.
7713 Responses

| Strongly agree: 733 10% | Agree: 1591 21% | Disagree: 4026 51% | Strongly disagree: 1363 18% |
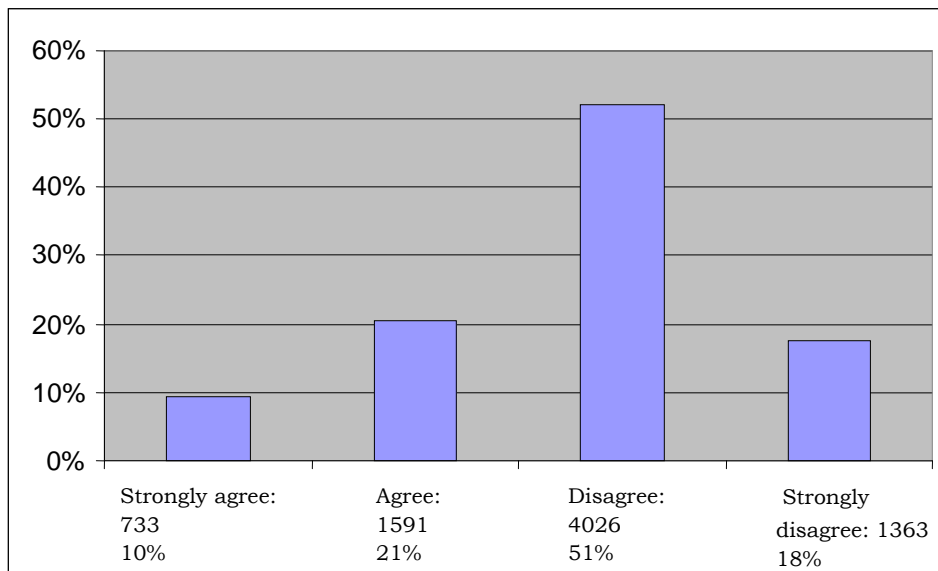
Nearly one in three coders, 31 percent, felt they were expected to work outside their area of expertise while coding. According to BLS:

- "I code everything except inpatient, so 'expertise' is more like I'm constantly learning how to code whatever I come across: cardiac caths, EMGs, fractures, any outpatient procedure or ER visit that doesn't result in admission."

- "It is hard when you are asked to work on something outside of your specialty. You are not as familiar with the guidelines that accompany that certain specialty. When you are out of your comfort zone you are bound to make mistakes, and in this business accuracy is everything."

**My manager would say that my value as a coder is based on my accuracy.**
7906 respondents

| Strongly agree: 3229 41% | Agree: 3949 50% | Disagree: 567 7% | Strongly disagree: 161 2% |
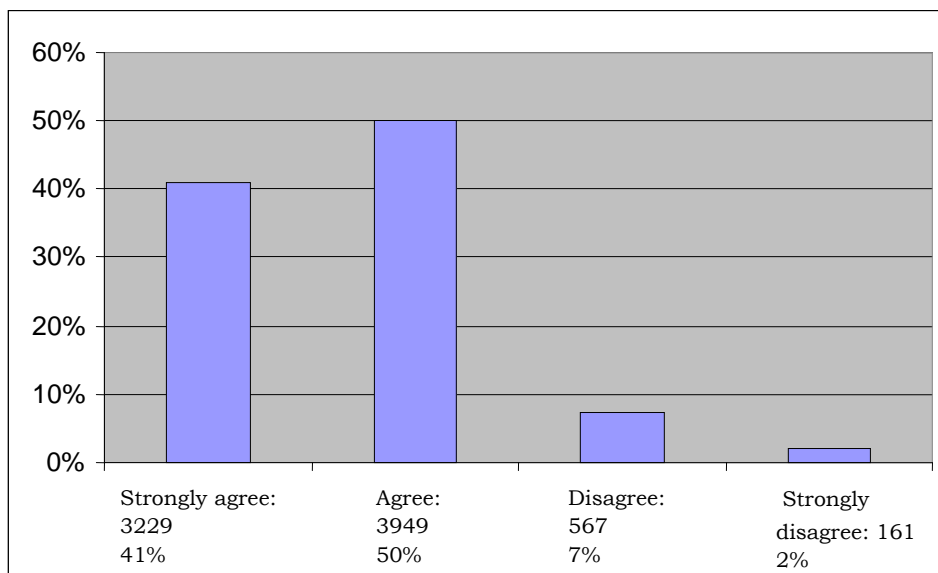
Ninety-one percent of respondents agreed or strongly agreed that accuracy was considered the prime directive by the manager.

My manager would say that my value as a coder is based on my productivity.
7898 respondents

Strongly agree: 2645 33%	Agree: 3835 49%	Disagree: 1178 15%	Strongly disagree: 240 3%
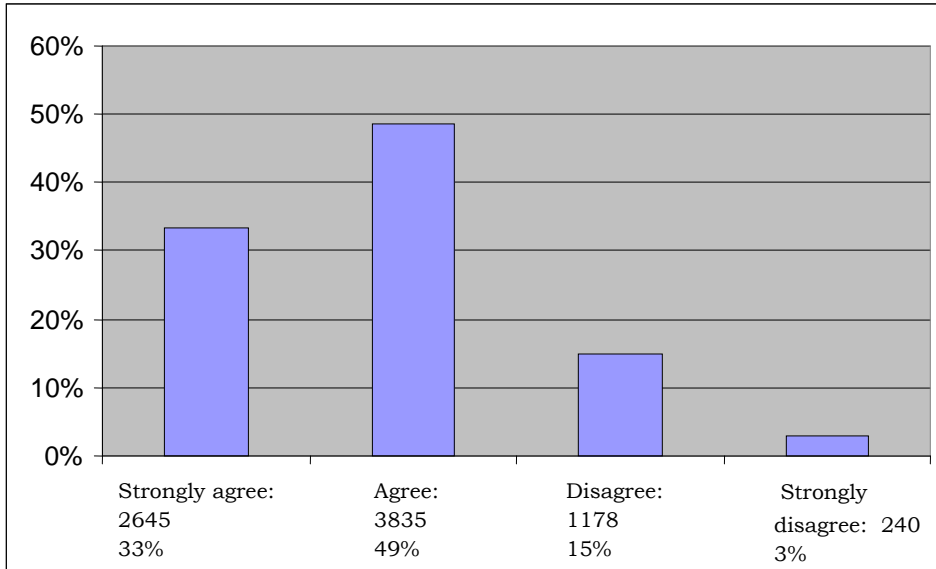
Productivity was considered less of a factor in value as perceived by the manager, with only 82 percent of respondents agreeing or strongly agreeing upon its importance.

Coders in my office have adequate time to research coding and compliance issues.

8183 respondents

Strongly agree: 2029 25%	Agree: 3810 47%	Disagree: 1896 23%	Strongly disagree: 448 5%
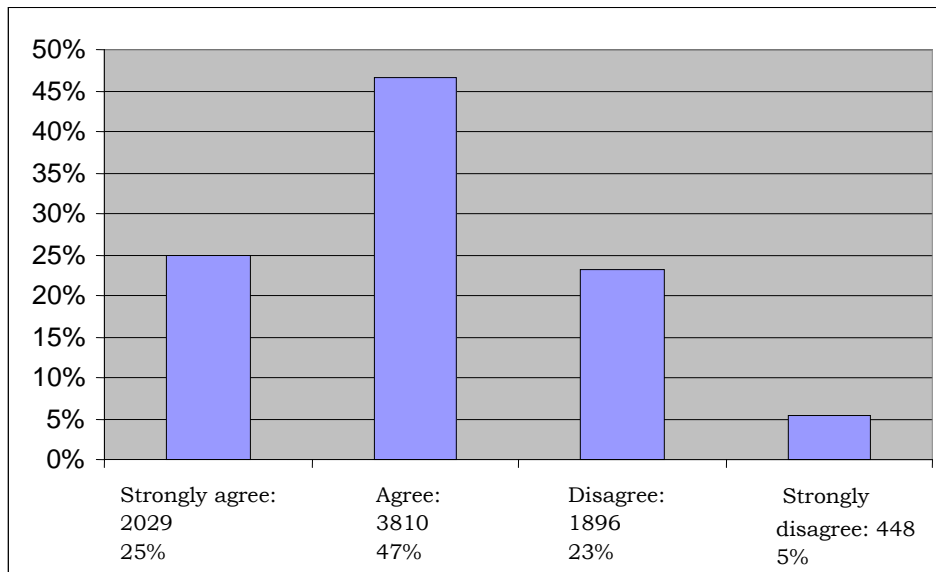
Twenty-eight percent of coders disagree or strongly disagree they have enough time to research coding and compliance issues; however, 62 percent agreed or strongly agreed that time was provided.

- "I love being busy, but I believe if I had more time to concentrate on billing and coding issues I could generate more revenue for our office. I believe the current staff is being stretched too thin."

- "I feel a lot of my time is spent researching compliance issues since we are a small office and we do not have a compliance officer. This makes coding productivity seem slower."

- My job is not only coding... You have to know so much more than coding when working in the medical field. Coding has now become so much more than it once was. You have to understand the entire "life" of a charge from the time a patient comes in to the office till the claim is paid. The most challenging part of my job is getting the physicians to understand and change the way they do things. Education for the doctors would be the most challenging thing that I face on a daily basis.

- I enjoy being a coder. I perform many different jobs in the office that I work for, like: check-in, check-out, answer phones, handle billing

questions, send appeals, deal with insurance denials, and research anything needed for my practice to be able to get reimbursed in a timely fashion. I also code office charges and hospital/anesthesia charges. Sometimes I do not know how I keep up with all that I do but if I did not like knowledge or my job, I am not sure what I would do.

- The time necessary for researching issues and educating myself is taking up a larger portion of my time each year.

- "I feel that there are a lot of other duties as assigned that sometimes take time away from being able to evaluate and research to apply the right codes to claims. It needs to be a separate position than just put in as a biller to do all other functions along with billing."

In my office, professional coders review EOBs and handle appeals.

7320 respondents

| Strongly agree: 1565 21% | Agree: 2216 30% | Disagree: 2214 30% | Strongly disagree: 1325 19% |
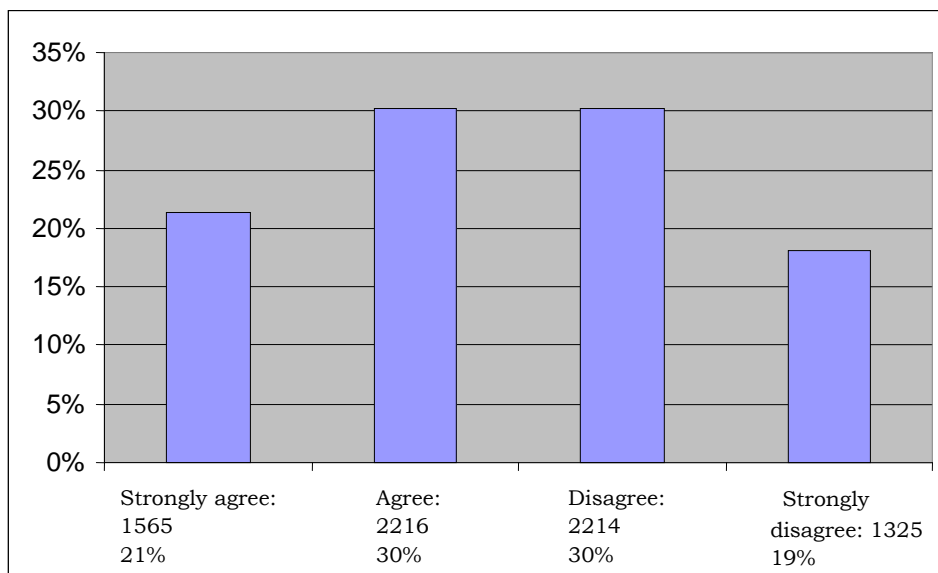
Respondents were evenly split on the issue of whether professional coders reviewed payments and handled appeals in their offices, with 51 agreeing that they did, and 49 percent disagreeing. The intent of the question was to determine if coders were engaged in appeals and claims review occurring in the business office and involving EOBs, COBs, or electronic remittance advice. Because these results were surprising, AAPC was concerned it may have erred in the language used in this question. However, coder comments within the survey show that "EOB" remains a common way to reference correspondence from payers regarding remittance advice, payments or adjustments to bills:

- "We have one person who does all the EOB postings and I do everything else. We are shorthanded but can't get the physicians to realize this."

- "Our Central Billing Office deals with the EOBs and payers but we work closely with them to try to make sure the claims are all clean before billed and we make any corrections that need to be done for reimbursement. I like my job!"

- "I am one of four coders that work for a small hospital. We have a clinic and four specialty clinics. We have one coder that does inpatient, and she helps with the rest of the coding. We have three billers, so they handle the EOBs, denials, etc."

- "I don't know the outcome of my coding through billing to EOBs."

- "We have contracts with several payers and therefore have different contract rates. I review all the EOBs/payments to make sure we are paid correctly. I handle appeals process including but not limited to requesting additional payment. The importance of being a CPC comes into play when I review the claims and just by looking at it, I will know why the claim got denied, like if CPT/ASA/DX is not related or the diagnosis does not support medical necessity or even the payment is incorrect because correct modifier is missing."

Why were these results surprising? EOBs report on the amount a payer agrees to pay from the filed claim. If the services were denied for any reason, the EOB provides that information. A claim may be denied for any number of reasons, including many that are specific to coding: medical necessity, lack of modifiers, unbundling, or outdated codes. An experienced biller is unlikely to know why an E/M code is downcoded by a payer, or understand the nuances of coding a procedure performed on the same day as a preventive medicine visit. If an expert in the codes doesn't audit remittances with the billing staff, , how can future coding errors be circumvented and current underpayments appealed? To protect its revenue flow, a practice would be wise to either employ certified professional coders as billers, or engage its coding staff in the review of EOBs/remittance advice.

Physician(s) in my office comply with coding documentation requirements.

7755 respondents

Strongly agree: 1753 22%
Agree: 4542 59%
Disagree: 1233 16%
Strongly disagree: 227 3%
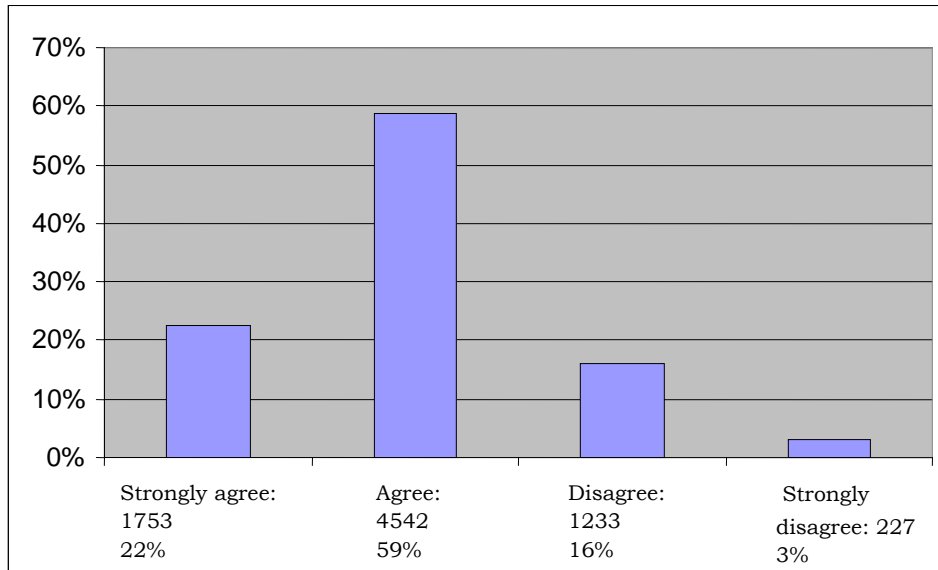
Fully 81 percent of respondents are satisfied that physicians provide the documentation required for code abstracting.

- A lot of the documentation I receive is incomplete and illegible and my manager is unwilling to send it back to the physician because it would delay money coming in.

Physician(s) in my office have a solid knowledge of coding and compliance rules.

7804 respondents

|	Strongly agree: 864	Agree: 3700	Disagree: 2814	Strongly disagree: 426
	11%	47%	37%	5%
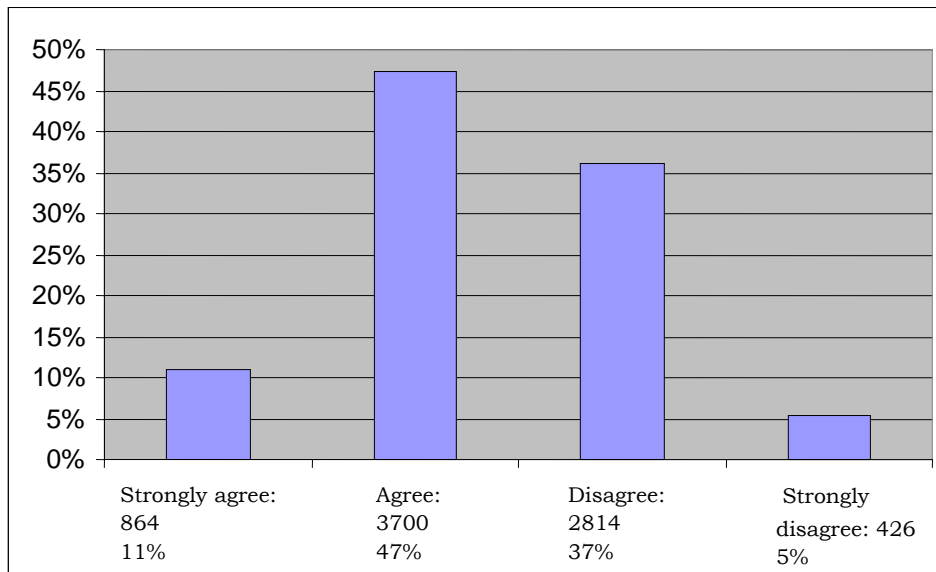
Coders were split on whether physician skill sets included coding and compliance. Fifty eight percent responding positively, and 42 percent responding negatively.

- "Although I have repeatedly tried to educate my physicians as a group, I have found that the only ones who tend to be receptive are the newer docs in the practice. The docs don't mind if I correct their coding (by auditing the visit) but they don't generally want to know about it or why it was changed. Several of my docs seem to spin a wheel to arrive at a code, while others only charge one level at all times. Very frustrating!"
- "While my doctors understand coding, their education may be outdated, due to code changes, procedural changes, etc."

- "As a Compliance Manager you see a variety of coding strategies in the academic environment. Both providers and coding specialist put forth an effort to comply with the federal guidelines. However providers (MD/NPP) become frustrated with the documentation and education requirements. However because of the limited number of experienced coding specialist to assume more of the coding responsibilities for the physicians, the physicians concentrate on their clinical obligations and coding."

Physician(s) in my office welcome discussions regarding their documentation shortcomings.

7643 respondents

| | Strongly agree: 1594 21% | Agree: 4086 54% | Disagree: 1642 21% | Strongly disagree: 321 4% |
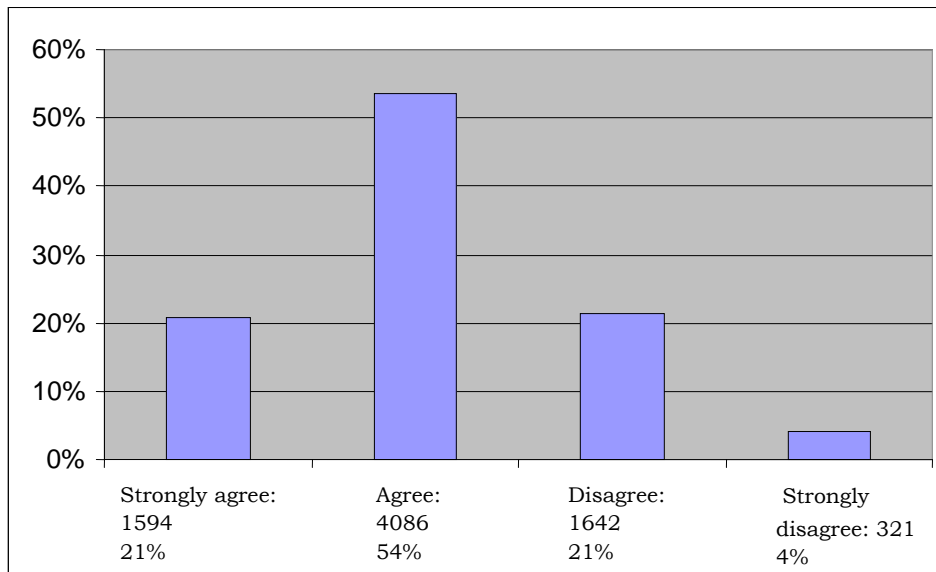
Three out of four coders say their physicians welcome discussions regarding documentation shortcomings.

- "I'm lucky. My physician is extremely appreciative of what I do and is very willing to listen to suggestions and make changes in forms and documentation to facilitate best documentation practices! From discussions with other professionals, I value this environment!!!"

- "I love the practice I am in. The doctors are all very accepting of constructive criticism and often check with the coding staff regarding correct coding for referrals and authorizations. Very busy work environment, which is fun and challenging."

- "After being certified for over 5 yrs as a CPC, I still have the problem with radiologists who transmit vague reports without sufficient documentation to bill claims for medical necessity. Radiologists still insist on billing certain services because it is their "protocol" to perform a CT of Abdomen & Pelvis when the Abdomen was the only service requested by the referring doctor. My billing manager and I have repeatedly talked with these doctors to keep them up to date with CPT/ICD-9 changes. These meetings help for awhile, however, the doctors seem to fall back to their

same old ways if we do not keep on top of it. Any suggestions on how to drive the point home to them?”

- “The documentation performed by most of my physicians is appalling. Furthermore, we have a poor EMR system and IT staff and have to make do with it.”

## We have a coding and compliance education program for physicians in my office.

7322 respondents

| Strongly agree:
1763
24% | Agree:
3037
41% | Disagree:
1938
26% | Strongly
disagree: 584
9% |
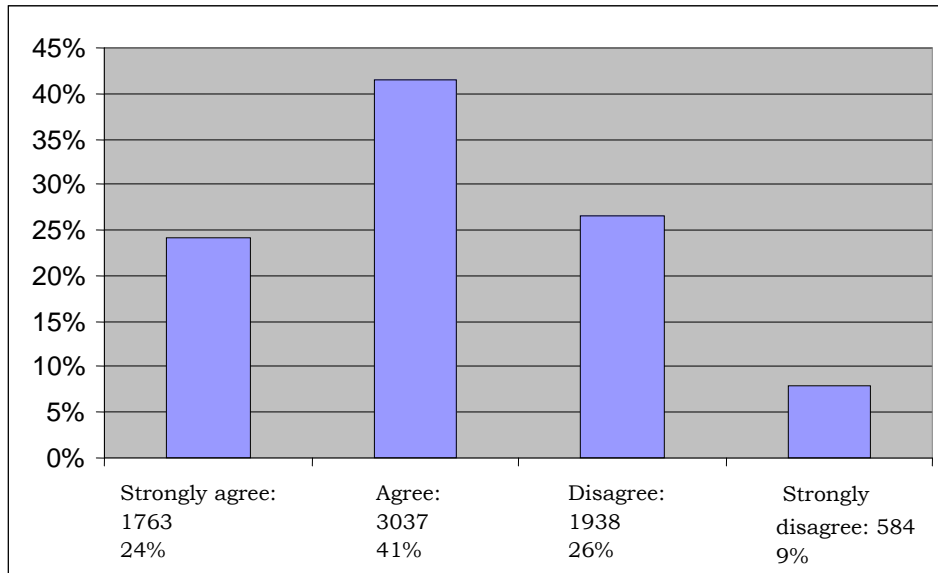
Sixty-five percent of respondents have coding and compliance education programs for their physicians. But for every two physicians who are participating in coding education programs, one goes without.

Surprisingly, among physicians who perform coding duties, the numbers are worse. Only 22 percent of this group has had formal coding and compliance training.

Formal coding education among physicians who code

210, 5%
1461, 33%
735, 17%
1992, 45%

- strong yes
- yes
- no
- stong no
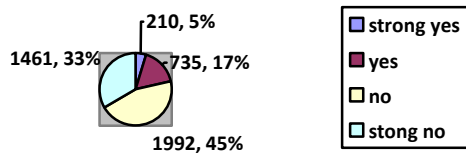
- On the issue of physician education- In the practice I work in, the physician wants the billers to clean it up. I feel that if the physicians learned more about coding they would better understand what we go through when the documentation is lacking and with that said it would help prevent errors and we could obtain quicker reimbursement.

- There is little to no training for providers. When do they have time? They learn by us dinging them. This makes them feel we take away their funding. If the providers are going to expected to code then it should be taught in med school.

The question of time is a practical one. Even salaried physicians are incentivized with productivity payments, and productivity remains a significant benchmark for physicians. Time spent in educational sessions or coding claims is time not spent in revenue-generating clinical visits.

**Most of the coders in my office are certified.**
8048 respondents

Strongly agree: 3484 43%	Agree: 2696 34%	Disagree: 1304 16%	Strongly disagree: 562 7%
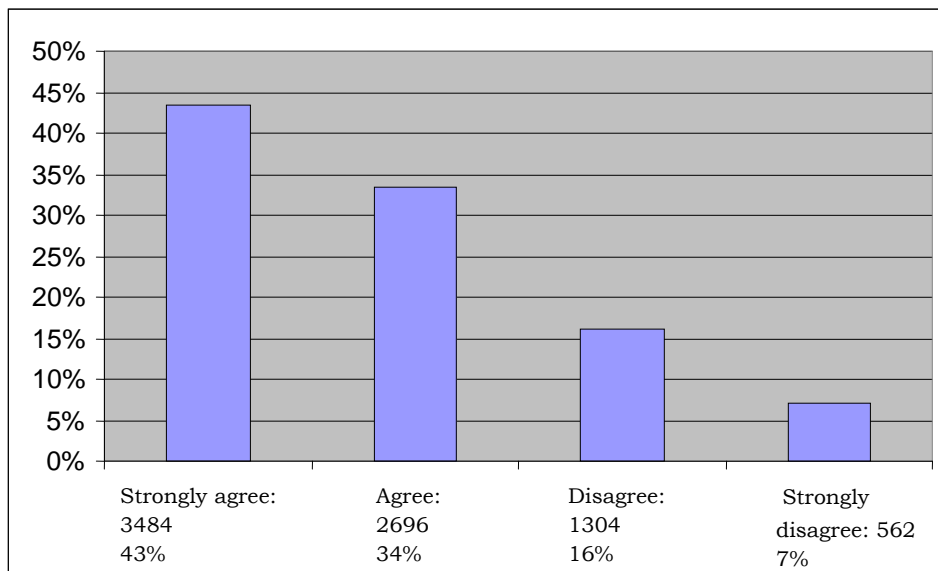
- "I mostly work doing medical office billing and coding consulting when the offices have big problems that need to be fixed. I get to charge quite a bit for this service and I am in total control of my hours and what I do, usually I end up just educating their current, untrained employees about the importance of correct coding and how to do coding in general. I also help them clean up the mess that they have

gotten themselves into. I feel that most physicians in my area do not place the necessary priority to having correctly trained staff until they find that there is a problem. It would make it better all the way around if physicians would hire the properly trained employees to begin with."

- I work for a large city based hospital in the central billing office for a hospital based practice (womens OB/GYN clinic). The front end billing is done by the front desk staff (no coding training, lowest pay scale) leaving a huge mess to clean up in my area (back end billing) with many coding errors, denials and lack of documentation. This seems backwards to me as I have been coding for many years and believe strongly in accuracy at the front end first. Send a clean claim and get paid the first time! I am not hired as a coder but as a biller but I must use my CPC knowledge to complete my job and I am not paid for that certification

Coding managers in my office are certified.

7358 respondents

Strongly agree: 3397 46%	Agree: 2173 30%	Disagree: 1034 14%	Strongly disagree: 754 10%
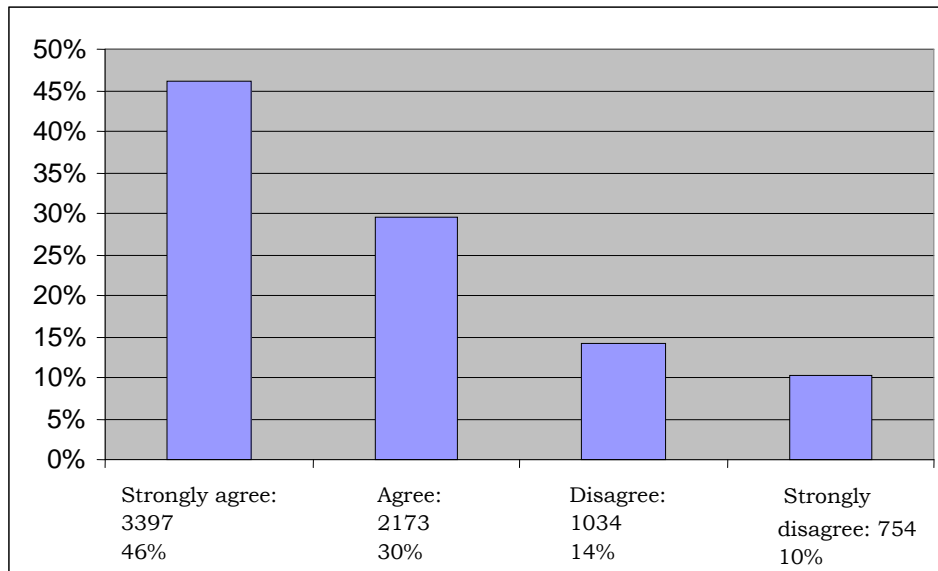
Three out of four respondents, or 76 percent, work at practices in which most the coding managers are certified.

My employer provides the resources necessary to do my job (current code books, software, etc.)

8546 respondents

Strongly agree: 4944 58%	Agree: 2992 35%	Disagree: 383 4%	Strongly disagree: 227 3%
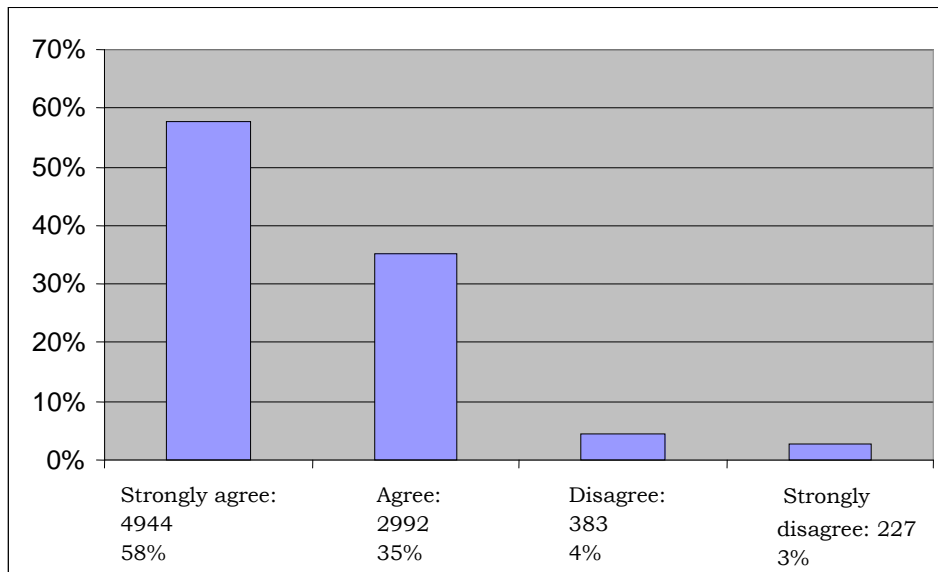
Only 7 percent of respondents aren't provided with the resources required for their coding responsibilities.

- "I am the only certified coder in this practice. But the office is far behind in technology. I purchase my own coding books and have to pull all updated information on medicare and other insurances coding policies on my computer at home. This office is not internet ready. I want to do so much more but the office manger does not like change."

- "They supply the coding books for us, but they don't have the cpt assistant or other materials that would be useful."

- "My management would like to do more software, books, etc, but the funds are being used for updating hardware and physical needs."

- "We have been allowed to purchase a Encoder Pro along with current CPT and ICD-9 books yearly. They pay for our dues and CEUs. We are using more on line resources, EdgeBlast and teleconferences now that they are available."

- "We are a small practice with one doctor and EMR. When I started here there were no coding books in the office. The coding information

was only available in the EMR and it is only as accurate as the information that is inputted by someone in our practice or by the software manager. As the office manager I brought the understanding of the importance of accurate coding and the ramifications to the practice."

- "On the whole my company is very supportive of the coders. They supply us with all the books we need for research and ask us for opinions on very coding software and new books."

My employer pays for CEUs to keep my knowledge current.
8414 respondents

	Strongly agree: 3465 41%	Agree 2504 30%	Disagree: 1190 14%	Strongly disagree: 1255 15%
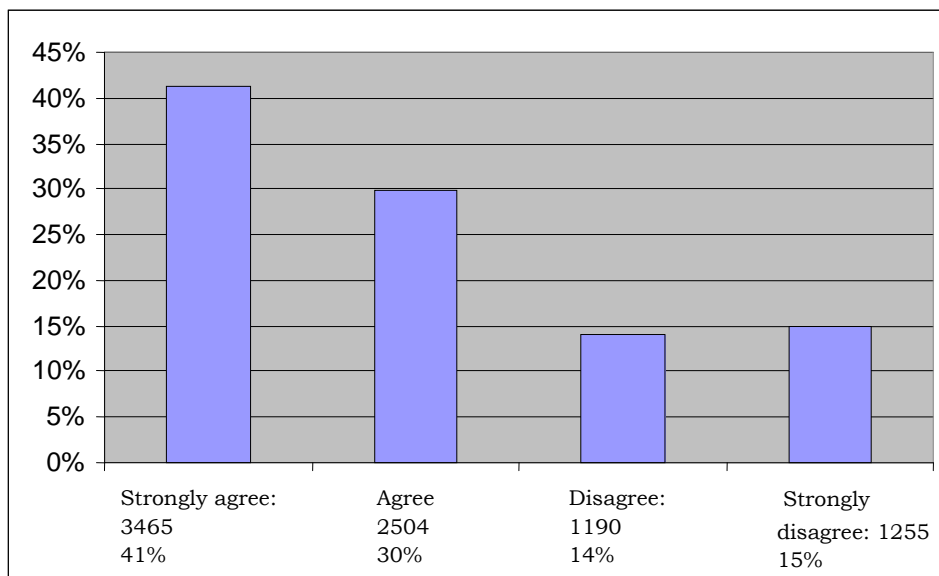
Twenty-nine percent of respondents are responsible for financing their CEUs to maintain their credentials.

- "My current work environment is a "coding mill" for an extremely large ER Physician Group on the East coast with multiple hospital sites. Although we have Policy & Procedures, on site management is more interested in production numbers than accuracy. It is a no win situation and surely an embarrassment to the profession. When the Coding Manager was asked about company reimbursement for CEU's, CPC Test, etc. her reply was that "it doesn't have anything to do with what we do here"!

- "My company does not assist with my dues or financing CEU opportunities. I really wish this company would realize how valuable my services are and use my knowledge to further the success of the entire company."

- "My Employer is very fair and caring. They pay for the corprate membership along with a CEU package for all of the coders. I work at the best place ever. All of the employees and Management are all very nice and truely care about you. Our owner refers to us as one big family.

- "It is very difficult with the level of pay we get to pay for CEU's that are so very expensive to get. Sure there are Free CEU's out there but they may not include the information you are truly interested in or really need."

- "My employer pays limited funds for CEUs as long as it's all instate and relatively inexpensive. National Conferences or the CPT Symposium are out of my pocket."

- My employer does not reimburse for any of my CEU's. What a shame. They require it but won't pay for it."

- "I would love it if my employer would pay more for CEUs but at this time I don't see it happening. We are lucky enough to get an audio conference here and there so that helps."

My employer pays the membership/testing costs associated with professional coding credentials.

8375 respondents

|			
Strongly agree: 3122 37%	Agree: 2088 25%	Disagree: 1433 17%	Strongly disagree: 1732 21%
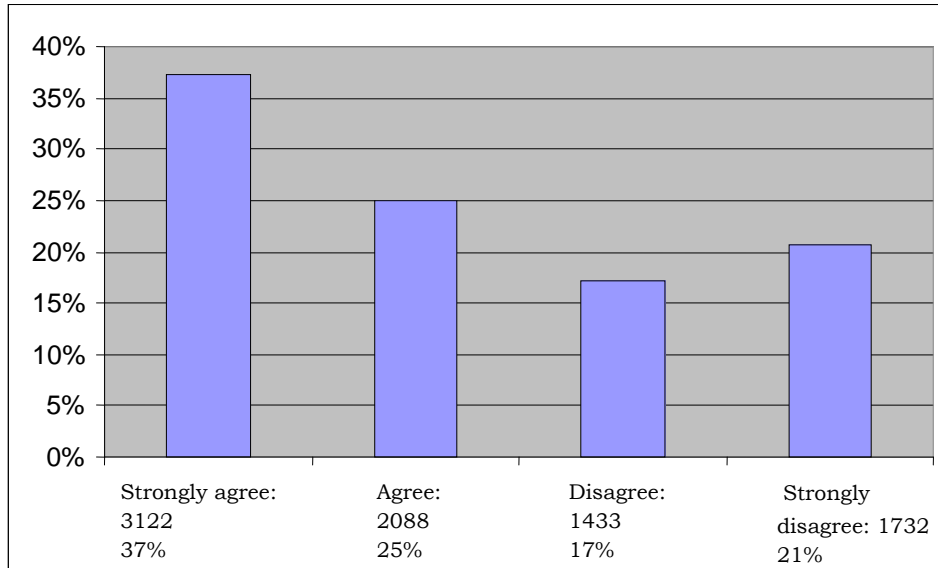
Fifty two percent of employees pay membership and testing costs associated with professional coding credentials.

- "My employer pays all renewal dues and pays for my continuing education."

- "Coders seem to be the "dumping ground" for things no one else wants to do, and we are not appreciated by most of our co-workers because they don't understand what we do. It costs way too much to become certified and for dues, so if your employer won't pay for CEUs and membership it is very expensive for the regular person especially if you want to have more than one certification."

- "It seems odd that they require coding certifications but will not pay for the yearly dues or any CEUs."

- "My company does not assist with my dues or financing CEU opportunities. I really wish this company would realize how valuable my services are and use my knowledge to further the success of the entire company."

- The practice paid for my CPC credentialing, including keeping my CEU's current. I have a great office manager who makes sure I have the necessary tools to my job correctly and efficiently.

- "Our providers have always paid for our CEUs and membership dues but they are becoming more and more frugal about it. They are expecting more from us CPCs here but are wanting us to find ways to get free CEUs. They want to reap the benefits but don't want to invest money into it."

My employer fosters support and encouragement for continuing education.
8544 respondents

|			
Strongly agree: 3541 41%	Agree: 3537 41%	Disagree: 918 11%	Strongly disagree: 548 7%

"
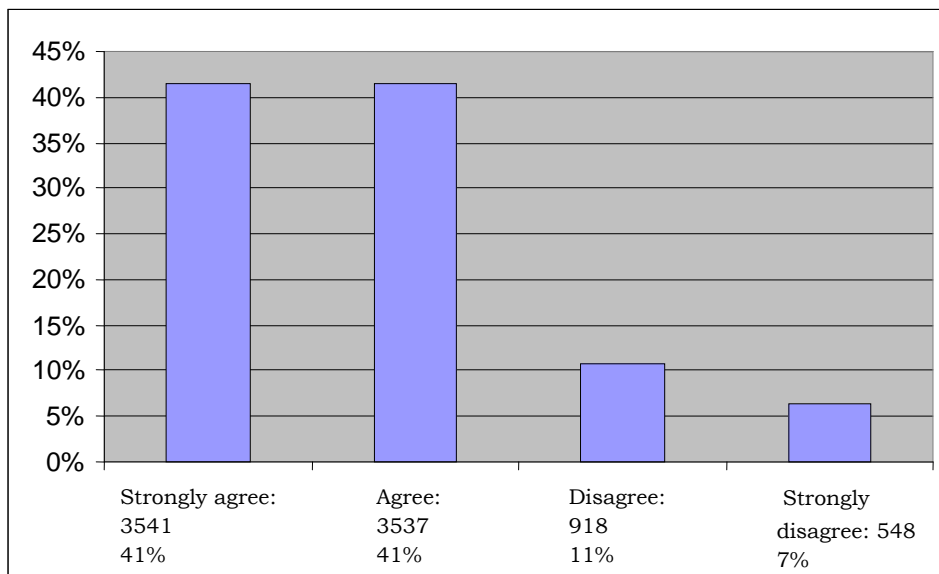
Eighty two percent of respondents strongly agree or agree that their employers support cont

- "Employer/CEO is very supportive of coding/billing staff and efforts toward compliance. Physicians (50 of them,) are very hard to educate and change."

- "The Administration and Providers in my office are extremely supportive of continuing education and are very receptive to feedback."

- "I work for the VA and have a very good supervisor and supportive environment but would like it better if they paid for some of the seminars the AAPC offered"

- I am greatly disappointed that continuing education in medical coding is not encouraged in terms of financial assistance and/or paid leave for attending workshops, seminars, on-line audio sessions, etc. by my current employer. However, I also realize that profits at a physician's office are decreasing due to decrease in payments from both private insurers and from government-supported (i.e. Medicare and Medicaid) insurance programs. Therefore, physician-owners are reluctant to increase expenses.

- "I have a great deal of respect for this nonprofit organization. My position did not exist a year and a half ago but was created as a means of providing ongoing coder education. Since they are a teaching facility we must insure that are coder are familiar with GME guidelines and must adhere to strict guidelines as prescribed by federal payers. My duties are to provide education to providers and coders alike. I perform work product reviews of our coders and identify areas of improvement. We provide monthly classes on ICD-9 coding guidelines, E/M leveling, as well as specialty coding. All new hires are assigned to an analyst for the first 90 days and undergo one on one session where the work product is reviewed and discussed with the coder. The coders are very grateful for the opportunity to have someone work with them personally and for "new coders" the experience is invaluable. As with any position challenges are presented but I take them in stride because I feel appreciated by our coding staff!"

- "The goal of our office is to file accurate claims in a timely fashion and to have accurate information to do so. They understand that continuing education and seminars, etc. are very important for coders and for proper coding and reimbursement and pay for me. They're really generous with benefits too!"

**My employer has a preference for hiring certified coders.**

7905 respondents

Strongly agree: 3002 38%	Agree: 2920 37%	Disagree: 1465 19%	Strongly disagree: 518 7%
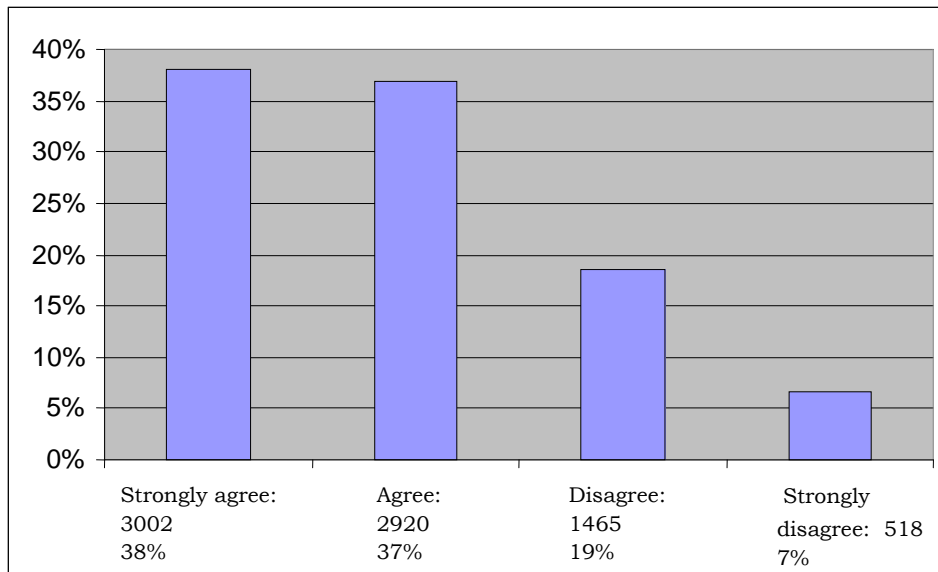
- "My Doctor is under a CIA therefore does not have a choice, he has to have a Certified Coder and someone that he trusts. Each provider marks the charge ticket and I check each encounter with the chart documentation to make sure the code is supported."

My employer has a preference for hiring experienced coders.

7969 respondents

Strongly agree: 2663 33%	Agree: 3583 45%	Disagree: 1329 17%	Strongly disagree: 394 5%
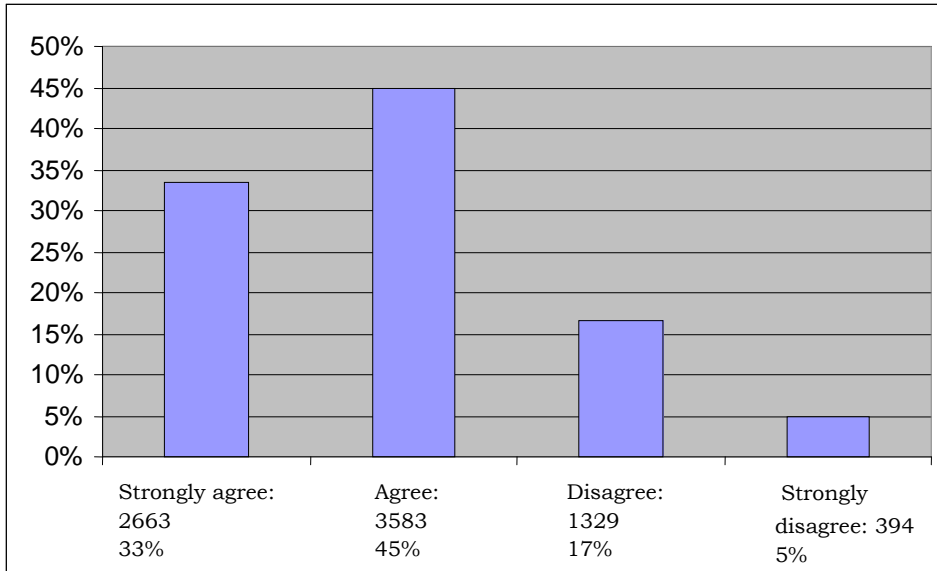
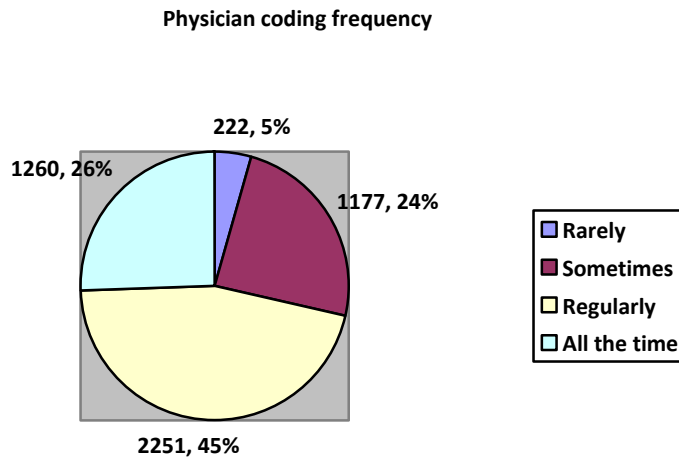# Part III: Physicians as Coders

The number of respondents in this section falls off considerably after the first, question, as 44.2 percent of participants said physicians in their practices did not perform coding duties.

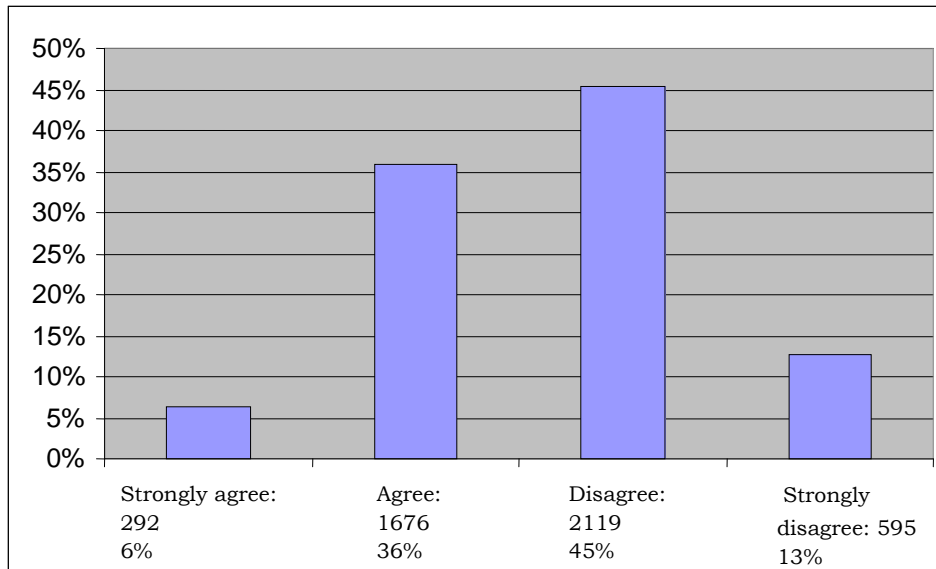**Do providers in your practice perform any coding duties?**

Providers who code

3833, 44%

4833, 56%

- Yes
- No
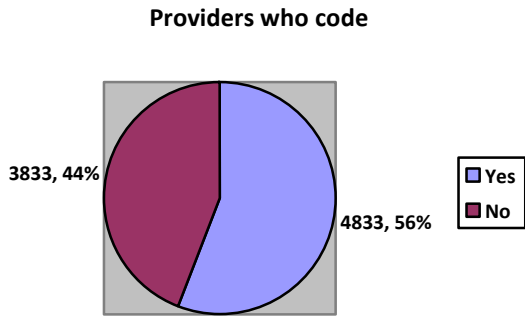
Fifty-six percent of respondents said their physicians perform coding duties in their practice. Of those physicians who code, 71 percent do so regularly or all the time.

How often do providers in your practice perform coding duties?

Physician coding frequency

222, 5%

1260, 26%

1177, 24%

2251, 45%

- Rarely
- Sometimes
- Regularly
- All the time

My provider has had formal coding education.

4682 respondents

| | Strongly agree: 292 6% | Agree: 1676 36% | Disagree: 2119 45% | Strongly disagree: 595 13% |

Fifty eight percent of respondents disagreed that their physicians and other providers had formal coding education.

- "We need to be staffed appropriately for the volume of patients and ensure that the documentation supports a good claim. Our issue is not enough documentation and not enough provider education programs."

- o "Because of the tremendous volume of visits, each encounter is reviewed quickly, with a trained eye for any physician errors (missing mod 25, appropriate dx for type of visit, medication quantities, etc.) All surgical and procedural coding (ASC) is done by a coder. Although each coder is knowledgeable and shares coding information with the providers, finding time to meet with them is their greatest challenge."

- o "It seems that we have very little time to educate the physicians. Sometimes when we do educate the physicians they do not make any changes or they change for awhile and then go back to the way they used to do things. Each coder does not have much interaction with the physicians. Mainly we have a coding educator and a coding manager who meet with the physician but they don't have a lot of times themselves to meet with all the physicians."

- o "I wish we had more time to spend on provider education and a way to make providers receptive to what we have to say."

Coding performed by my provider saves the coding staff time.

4827 respondents

Strongly agree: 458 9%
Agree: 2686 56%
Disagree: 1371 28%
Strongly disagree: 312 6%
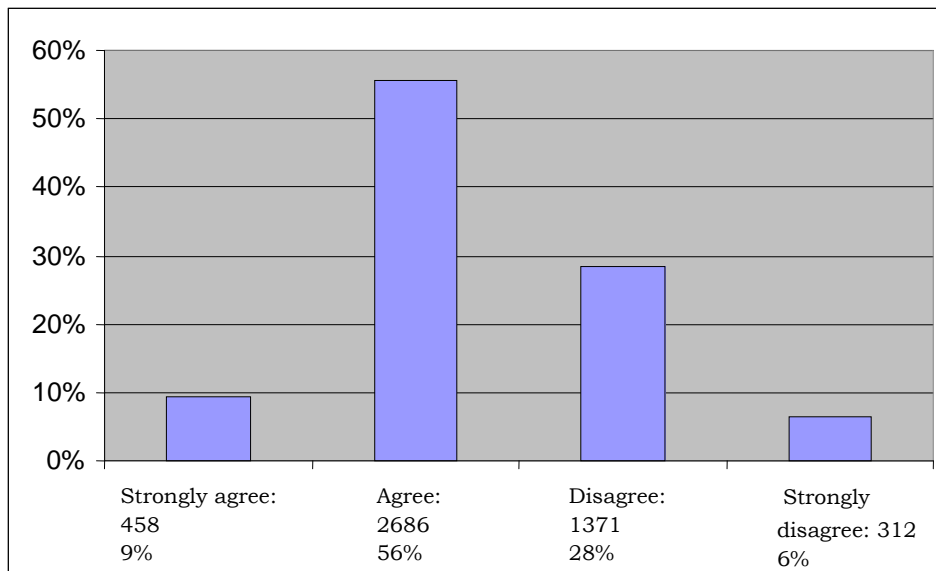
Sixty five percent of respondents agreed that coding performed by the physicians and other clinical staff saved coders time. But the preponderance of physician coders raises other questions too, as noted here:

- "We use an EMR where the providers have to code their diagnoses, procedures, E/M and then the coders are expected to audit as many as possible. Sometimes the providers cannot locate the diagnosis/procedure so the first diagnosis is entered, not always the most specific, but usually in the category. Also, the exclusion notes are not available in the electronic software. Coders always need to use the coding books!"

- "I work with the EHR and I need to review everything the providers enter. The EHR is fairly new to s and it is taking time for everyone involved to be on the same page. Some providers consistently downcode while others upcode. So I have to audit and notify the providers to choose the correct E/M codes, etc. We're learning and teaching each other too."

- Although physician coding doesn't always save the coders time, it does point us in the proper direction if we have problems understanding the documentation. Our physicians welcome

coders' qustions and use this as a way to educate coders as to what the procedure may involve.

- It is assumed by management that the physicians should automatically know their CPT coding, therefore we as coders are heard last, not first, much of the time, even though we correct much of the physician coding. I would like to have a more positive influential role in coding in my office; however no one wants to "give up the reins", therefore coding tends to be a stagnant field in my office. Outside educational opportunities are all but banned; definitely not encouraged.
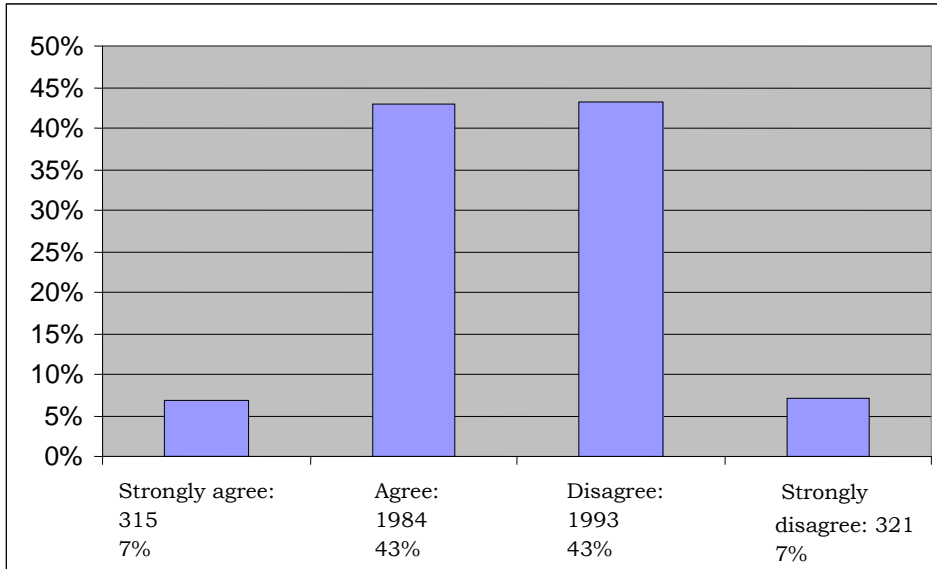
Coding performed by my provider enhances clinical accuracy of codes reported.

4829 respondents

| Strongly agree: 470 10% | Agree: 2544 53% | Disagree: 1521 31% | Strongly disagree: 294 6% |
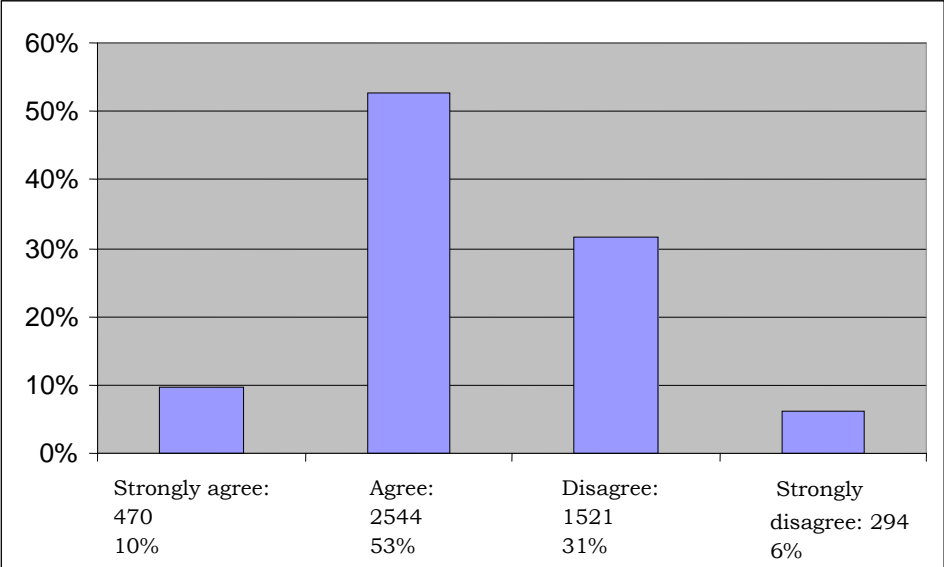
Coding performed by my provider enhances reimbursement.

4613 respondents

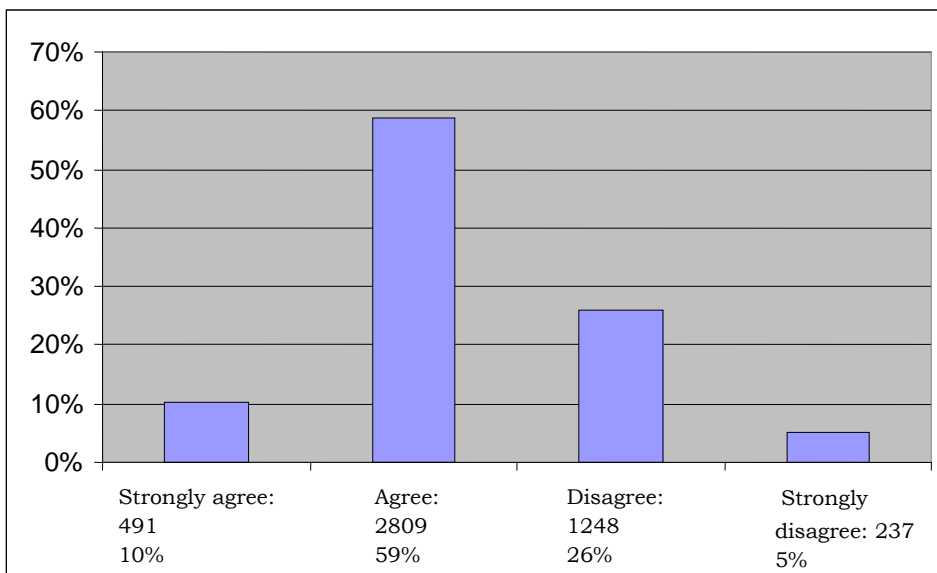| Strongly agree: 315 7% | Agree: 1984 43% | Disagree: 1993 43% | Strongly disagree: 321 7% |

Respondents broke evenly over the question of whether coding performed by their physicians enhances reimbursement.

Coding performed by my provider meets compliance requirements.
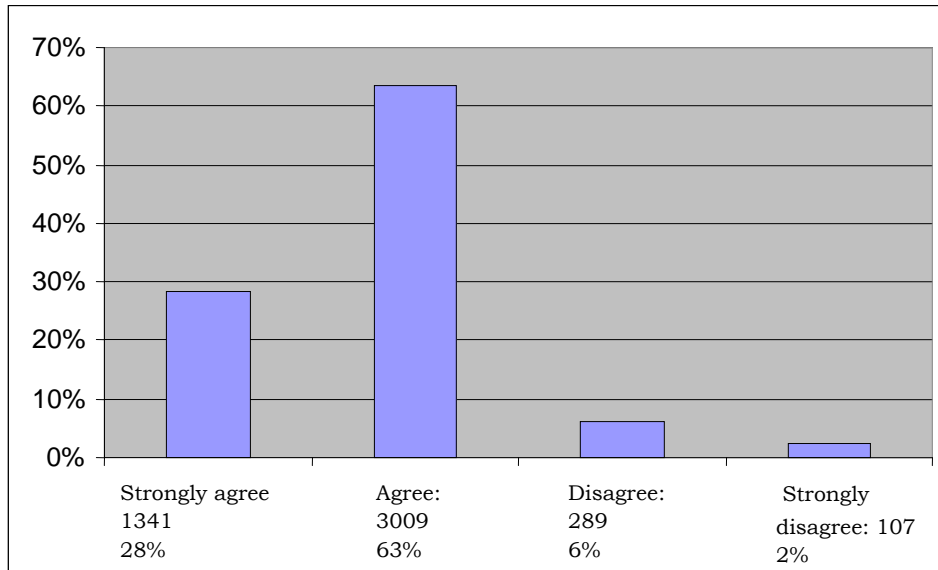4785 respondents

| Strongly agree: 491 10% | Agree: 2809 59% | Disagree: 1248 26% | Strongly disagree: 237 5% |

- "We are on an EMR system and the coding choices picked by Drs have gone down in
- "I work in an Army Hospital, the providers do not want to code and they do not care i

back to them to help them understand the requirements for coding accuracy but they

- "Physicians will work with us when they understand how important it is that we have
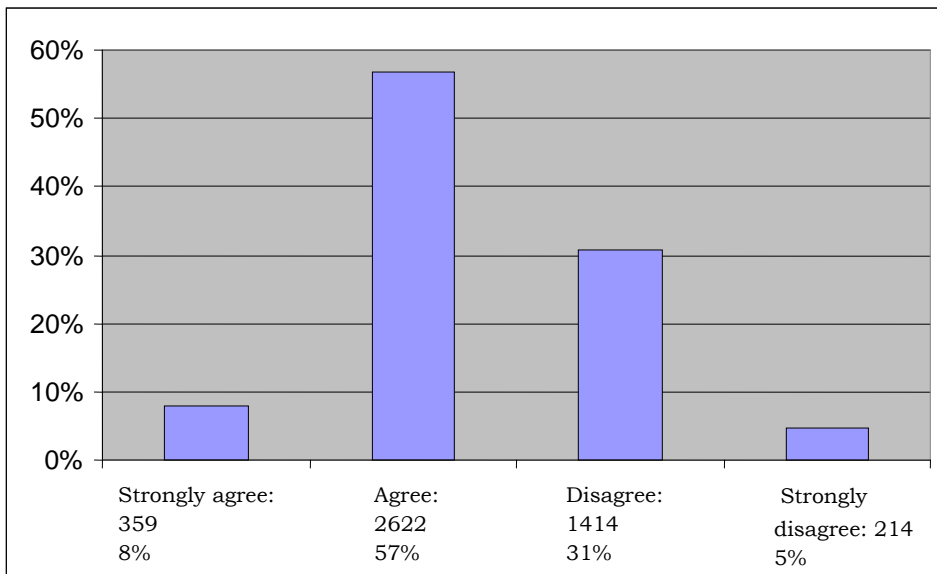 stay in compliance."

My provider does E/M coding for his/her services.

4746 respondents

Strongly agree 1341 28%	Agree: 3009 63%	Disagree: 289 6%	Strongly disagree: 107 2%

The E/M coding done by my provider is accurate.
4609 respondents

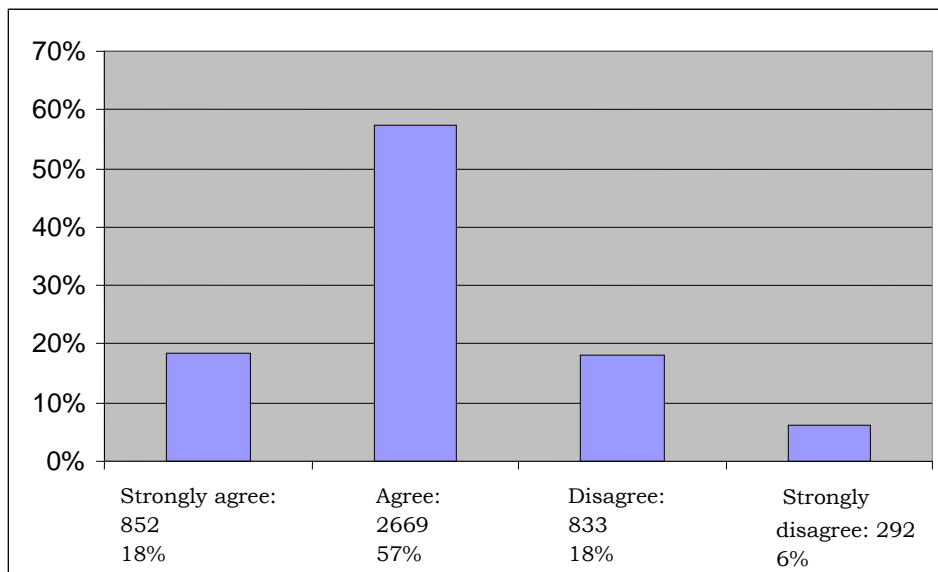|			
Strongly agree: 359 8%	Agree: 2622 57%	Disagree: 1414 31%	Strongly disagree: 214 5%

- "I love E/M auditing! I did an audit last year on two cardiothoracic surgeons. You found on their E/M coding. I had an 85 percent error rates."

**My provider selects CPT codes from a pick-list or cheat sheet.**
4646 respondents

Strongly agree: 852 18%	Agree: 2669 57%	Disagree: 833 18%	Strongly disagree: 292 6%

- "The doctor does help by checking a superbill list of E/M, CPT and HCPCS codes but does not accurately choose codes."

- "In the office or in the hospital, the doctors use a "cheat sheet" for E/M. For other procedures, they are coded by the documentation from the doctors' dictation."

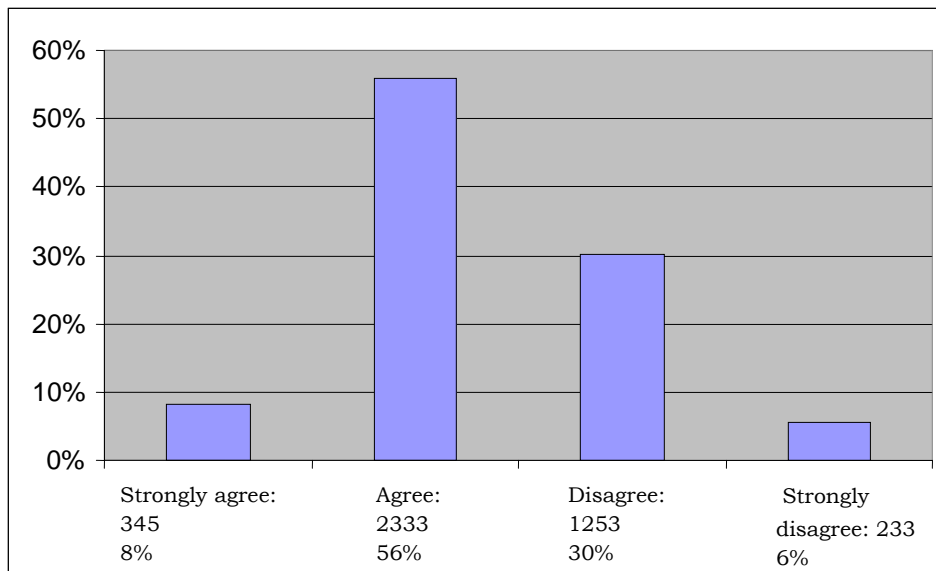**My provider does ICD-9-CM coding for his/her services.**
4758 respondents

Strongly agree: 717 15%	Agree: 2687 56%	Disagree: 956 20%	Strongly disagree: 398 8%
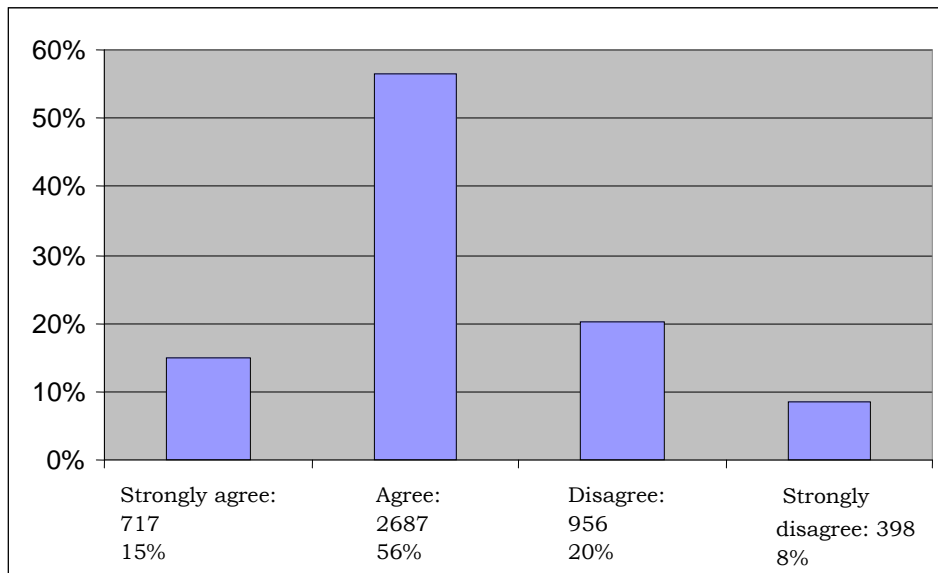
- Of the doctors do any ICD-9 coding they just write the diag and I do the coding.

The ICD-9-CM coding done by my provider is accurate.

4164 respondents

| | Strongly agree: 345 8% | Agree: 2333 56% | Disagree: 1253 30% | Strongly disagree: 233 6% |

- All of our 100+ providers select their own CPT/HCPCS codes the majority do not sele
  that accuracy in diagnosis codes is higher and reimbursement prompter when the ph

- My billing manager and I have repeatedly talked with these doctors to keep them up t
  These meetings help for a while, however, the doctors seem to fall back to their same
  it. Any suggestions on how to drive the point home to them?

- My physicians generally provide their own ICD-9 and procedure codes. Where they ar
  three physicians are receptive to my advice to them when I perform random audits. T
  criticize, but to help them with compliance issues and to obtain maximum reimburse

- When the checkout staff has problems with ICD-9 codes they come to me and I use m
  code to the highest degree of specificity. The doctors (2 internists and 1 cardiologist) u

My provider selects ICD-9-CM codes from a pick-list or cheat sheet.

4243 respondents

|			
Strongly agree: 696 16%	Agree: 2399 57%	Disagree: 826 19%	Strongly Disagree: 322 8%
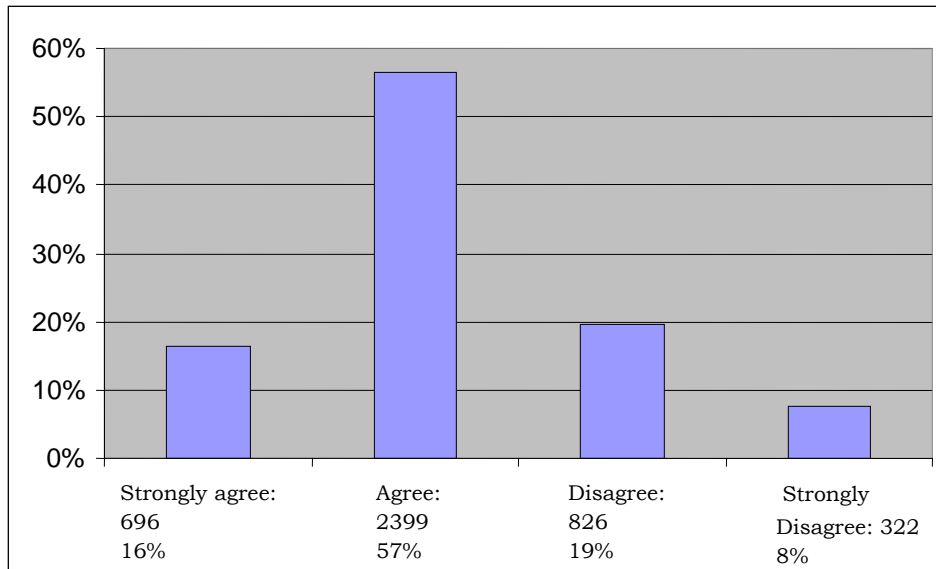
- "Our doctors use EMR, adding their own CPT and ICD-9 codes in most cases. My job is to check their coding for accuracy and enter the charges. I also do the payment entry from EOBs and follow-up with patients and insurance companies."

- "As I work for a large coding/billing dept which is responsible for overseeing the coding of over 200 providers, answering question #5 is virtually impossible. We see all levels of accuracy from our providers. Also, some use cheat sheets, others don't; some had formal education, others didn't; etc, etc. Their accurracy, expectations, etc are all over the map."

- "I have witnessed, through my experience, that most physicians I have worked with do not have the time to devote to coding specificity. Even those who are interested in learning coding usually fall back into old habits and prefer "cheat sheets" especially for E&M coding. Old habits often include using the same codes over & over again, and basing visit levels on "time." Diagnosis codes are usually repeated as well, such as 250.00 even though the patient may be uncontrolled or have manifestations of the disease."

Providers expect the coding staff to always review and correct their coding as necessary.

4901 respondents

| | Strongly agree: 2101 43% | Agree: 2048 42% | Disagree: 610 12% | Strongly disagree: 142 3% |
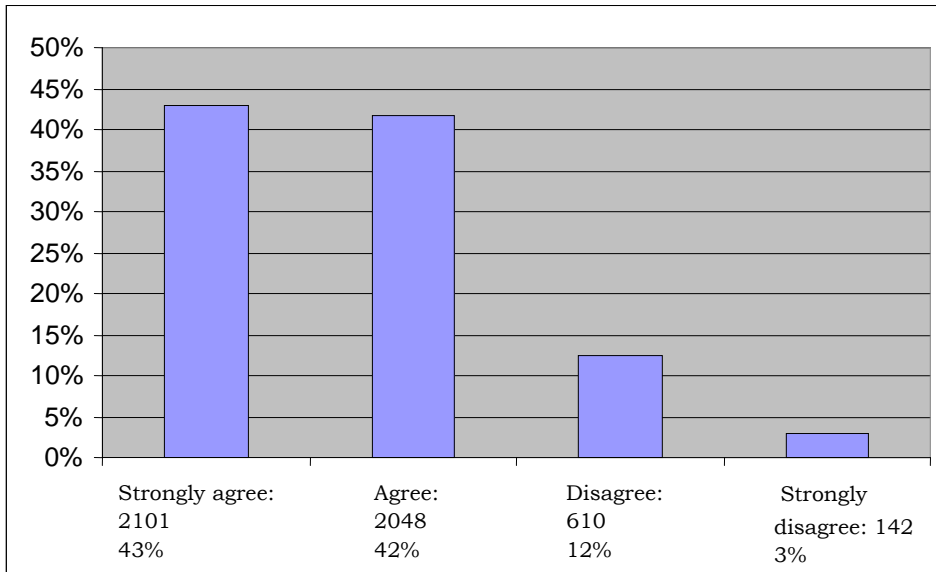
Eighty-five percent of respondents said providers expect them to review physician-coded claims, and 72 percent said providers understand when codes are changed.

Providers understand when their code selections are changed by coders.

4804 respondents

| Strongly agree: 1503 31% | Agree: 2431 51% | Disagree: 691 14% | Strongly disagree: 179 4% |
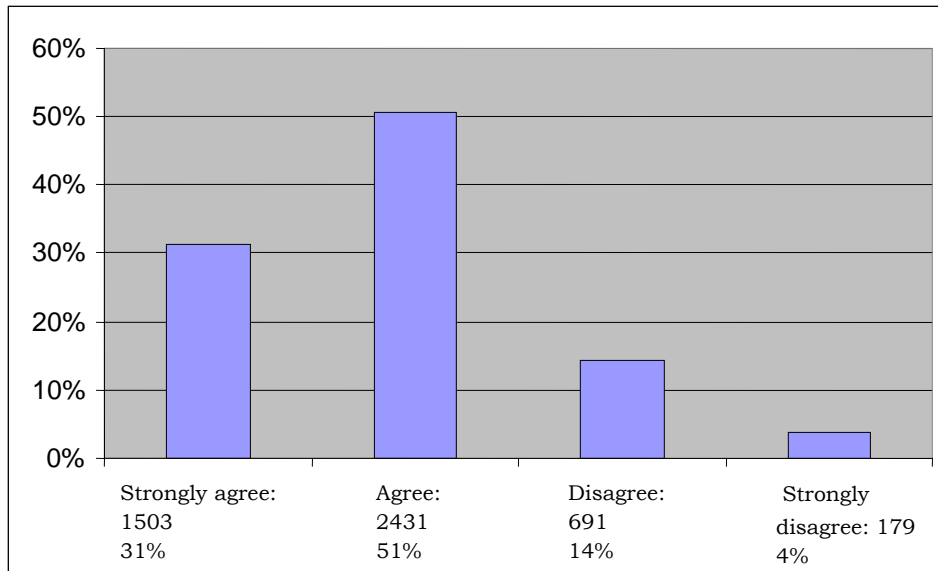
Eighty two percent of respondents said that their providers were understanding when their

- "We are on an electronic medical records even though the providers do code their da coding staff. That feedback of incorrect coding is provided to the provider then."

- "In response to the review and correcting of ICD9 codes or CPT codes, it is my respon corrections are needed it is discussed with the physician and the correction is directe

How much do you spend out-of-pocket for the purchase of CEUs, coding resources, and professional membership/credentialing each year?

8675 respondents

Annual out-of-pocket expenses for coders
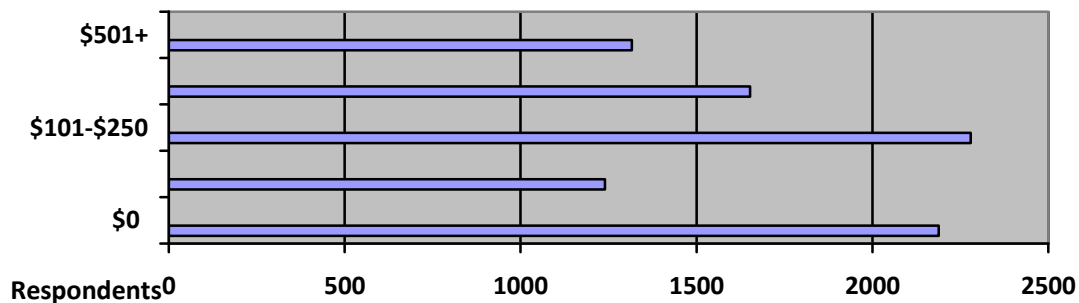
- Coding resources and related information are not easily accessible and they come very expensive in the market. AAPC can do a lot about this.

- I only wish practices would recognize salary requirements which experienced coders would like to be compensated for and reimbursed dues and CEU out of pocket expenses.

- My employer pays for all my expenses with my coding certification. I am the only coder in my practice and there is very little extra time for spending on keeping p with all the new updates for everything. But compliance is very important to me and I always try to do the best I can. Sometimes my physician and CRNAs get tired of me confronting them on documentation issues but it is my job as a coder to do my best to get it right, and they always don't see it that way. But we carry on.

- Sometimes it is very difficult to attend conferences and/or seminars since it is an out of pocket expense that is not reimbursed. Airfare, hotel and conference add up to alot. One or two day seminars are much easier, especially if you can travel back and forth each day. Coding books are not always supplied by the employer and therefore we either go without or have to purchase on our own. Local Chapter is wonderful.

Rank the following in order of importance: how coding contributes to your practice

8500 respondents

Importance ranking to practice

Legend: somewhat | important | Very | Extremely