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# Improved Accuracy of Surgical Pathology Accessioning, Coding, and Billing Practices after Self-Evaluation

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## INTRODUCTION

Accurate accessioning, coding, and billing of specimens are vital, but often disregarded, aspects of a surgical pathologist's job. This study had two aims related to those aspects. First, to evaluate the quality of our systems based practices in order to identify areas for improvement. Second, to assess if changes made based on our self-evaluation improved accuracy.

## METHODS

- 4,855 total surgical pathology specimens
- Two three-week time periods:
  - 12/28/11-1/20/12: 2432 total specimens
  - 6/27/12-7/20/12: 2423 total specimens
- Evaluated:
  - Requisition slip from operating room
  - Specimen accessioning codes
  - Final billing codes
- Used first time period as control group to investigate:
  - Accessioning errors
  - Coding errors in our part-type dictionary
  - Error-prone entries in our part-type dictionary
  - If coders corrected accessioning errors
- Intervention included:
  - Updated part-type dictionary
    - Corrected coding errors
    - Deleted error-prone entries
    - Added new, clarified entries
  - Training sessions for accessioning and billing support staff
  - Attempts to open lines of communication between support staff and physicians
- Then re-evaluated our accessioning, coding, and billing for errors

## RESULTS

Seven main educational points were emphasized to our accessioners:

	Pre-Intervention		Post-Intervention	
	not corrected	corrected	not corrected	corrected
Temporal lobe vs temporal artery	9	0	2	2
Humeral head vs femoral head	18	0	4	4
Uterus, indication for removal	8	1	2	2
Ovary, indication for removal	5	1	3	3
Bladder biopsy vs bladder chips	2	9	4	4
Stoma	3	0	2	0
Modified radical mastectomy	2	0	2	0
Radical laryngectomy	3	0	0	0
<b>Total</b>	<b>50</b>	<b>11</b>	<b>19</b>	<b>15</b>

We corrected coding errors in our part-type dictionary:

	Pre-Intervention		Post-Intervention	
	not corrected	corrected	not corrected	corrected
Acoustic neuroma	0	0	0	0
Bladder resection, partial/total	0	0	0	0
Gastric resection, subtotal/total, not tumor	1	1	1	5
Heart biopsy	13	0	0	0
Penis resection for tumor	0	0	0	0
Pericardium biopsy	0	0	0	0
Uvula	1	0	0	0
<b>Total</b>	<b>15</b>	<b>1</b>	<b>1</b>	<b>5</b>

We created new entries in our part-type dictionary:

	Pre-Intervention		Post-Intervention	
	not corrected	corrected	not corrected	corrected
Abscess	3	0	1	2
Liver explant	5	0	1	1
Lymph node biopsy, not lymphoma	13	0	11	0
Rectum	4	3	0	2
Scar, skin	3	3	2	0
Mass	24	4	13	20
Cyst	6	2	1	8
<b>Total</b>	<b>58</b>	<b>12</b>	<b>29</b>	<b>33</b>

## RESULTS, CONTINUED

With these interventions, we improved accuracy of both accessioning and billing:

	Pre-Intervention		Post-Intervention	
	not corrected	corrected	not corrected	corrected
Education	50	11	19	15
Coding Corrections	15	1	1	5
Part-type dictionary entry additions	58	12	29	33
Other	80	48	62	61
<b>Total</b>	<b>203</b>	<b>72</b>	<b>111</b>	<b>114</b>
Total accessioning errors	275		225	
Total errors at final billing	227		111	

## CONCLUSION

After completing our interventions, a statistically significant (p-value < 0.05) reduction in errors was found, both at accessioning, and at final billing. Before intervention, our error rate was 11.3% at accessioning and 9.3% at final billing. After intervention, our error rate was 9.3% at accessioning and 4.6% at final billing.

- Seven main educational points account for almost 20% of the accessioning errors made before our interventions.
- Minor updates to our part type dictionary accounted for another 32%.
- Opening the lines of communication between support staff and physicians allow our billing staff to more comfortably ask questions for clarification.

The surgical pathologist's job is demanding in many ways. Accessioning, coding, and especially billing for our work accurately can better define our value, and, of course, is required by law. This study shows that with minor changes to a part-type dictionary and educational reinforcement, accuracy was drastically improved.