athenahealth

Service Description Spring 2025 Release Edition

athenaOne® Medical Coding

for ambulatory clients

Published: March 19, 2025

Contents

Introduction 3
Change Summary 3
1 Onboarding 5
1.1 Onboarding 5
1.2 Go-Live Date 5
1.3 Setting Changes 5
2 Medical Coding 6
2.1 Practice Directive 6
2.2 Fee Schedule Setup 6
2.3 Routing Visits for Medical Coding 6
2.4 Backlog 7
2.5 Medical Coding of Visits 7
2.6 Visit and Documentation Review 7
2.7 Claim Creation and Submission 8
2.8 Post-Submission Claim Denial 8
3 Medical Coding Accuracy Rate 8
4 Termination 8
Appendix 1: Glossary 9

Introduction

This document describes athenaOne® Medical Coding ("Medical Coding") provided by athenahealth® to ambulatory practices, including the division of responsibilities between you and athenahealth. This Service Description applies only to clients who sign an athenahealth services agreement for Medical Coding.

To use Medical Coding, you must be an ambulatory practice using athenaOne® Base or athenaCollector® and athenaClinicals®; Medical Coding is an optional add-on for such services. This document serves as an addition to the athenaOne Base Service Description or the athenaCollector and athenaClinicals Service Descriptions, as applicable, and does not replace those documents.

Change Summary

This document supersedes any earlier service descriptions for Medical Coding. This document will remain in effect until superseded by a subsequent version. Before relying on this document, please confirm with athenahealth that this is the most recently published version.

Spring 2025 Release

- **Section 1.3. "Setting Changes".**
    - Added that for each department or provider live with Medical Coding the settings page must indicate if auto-routing is enabled, if not enabled it is the practice responsibility to manually "Send to Coding" on missing slips.
    - Added that in order to route work to Medical Coding "Track Missing Slips" must be enabled for every active provider. If Missing Slips are not enabled, Medical Coding will have no knowledge of visits performed and claims must be manually created by the practice.
- **Section 2.1. "Practice Directive".**
    - Added that requests to update the Practice Directive can be made by submitting a case to Medical Coding.
- **Section 2.3. "Routing Visits for Medical Coding".**
    - Clarified that athenahealth will complete medical coding for Visits that the practice routes to us for coding via the "Send to Coding" button on the charge entry page, or as routed via Auto Routing functionality if enabled in the settings page.
    - Removed that coders may ask questions or request further information through a Query; all Queries must be closed out before coding can be completed. Updated guidance added throughout this Service Description as it applies to different stages of the workflow.
    - Added "Auto Routing of Visits" subsection.
- **Section 2.4. "Backlog".**
    - Clarified that all Visits categorized as "Missing Slips", whose Date of Service is less than 1 year from go-live date on Medical Coding in athenaOne at the time of Go-Live are considered backlog.

80 Guest Street, Boston, MA 02135 • 617.402.1000 • athenahealth.com

- Clarified that the practice must individually evaluate each Visit for accuracy and completeness prior to sending the Visit for medical coding unless a product request is made during onboarding to Auto Route a selection of visits.

- **Section 2.6. "Visit and Documentation Review".**
  - Clarified that if athenahealth has a question regarding the information in athenaOne, we will send the practice a Query, and the visit will be moved to a "Practice Input Needed for Medical Coding" status, accessible in the Workflow Dashboard and the Medical Coding Dashboard.
  - Added that the practice is responsible for resolving all requests within "Blocked for Coding" before athenahealth will proceed with claim creation for that visit.
- **Section 4. "Termination".**
  - Added that invoice billing will end as of the termination effective date.

Minor edits to wording or punctuation are not listed. For all changes prior to the publication of this service description, please see the "Complete Change Summary" posted at https://success.athenahealth.com/s/article/000013529.

The remainder of this document is referred to as a "Service Description" in the athenahealth services agreement and is legally binding on clients that sign an athenahealth services agreement that includes the Medical Coding Service. "We" and "our" refer to athenahealth. "You" and "yours" refers to the organization signing the athenahealth services agreement and its staff. Capitalized terms used but not defined in this document have the meanings assigned to them in your athenahealth services agreement.

athenahealth is in the process of rebranding the platforms used to provide our services from "athenaNet" to "athenaOne." All references to "athenaNet" in your athenahealth agreement are now replaced with a reference to "athenaOne." The suite of services consisting of athenaClinicals, athenaCollector, and athenaCommunicator (formerly known as "athenaOne") is now known as "athenaOne Base."

Co-sourcing. "Co-sourcing" is the division of labor between you and athenahealth that is embodied in Medical Coding. The parties will treat each other respectfully and professionally and shall not engage in discriminatory, harassing, threatening, or otherwise inappropriate conduct.

1 Onboarding

1.1 Onboarding

You must designate an onboarding lead who can serve as a point of contact for us during the onboarding process. During onboarding, your Onboarding Team will work with you to complete the practice intake form, which is required before turning on the service. Your Onboarding Team will provide practice workflow information regarding Medical Coding.

Please see the athenaOne Product Service Description for additional information about the onboarding process.

New athenahealth Clients. When you include Medical Coding in your athenahealth suite of services, it is added to the onboarding process for athenaOne Base or athenaCollector and athenaClinicals, as well as any other services you purchase.

Existing athenahealth Clients. When you add Medical Coding to your existing suite of athenahealth services, we will provide onboarding to help you get started with Medical Coding.

1.2 Go-Live Date

Your actual Go-Live Date will be set jointly by you and your Onboarding Team. In order to meet the scheduled Go-Live Date, you must work with us and follow our pre-Go-Live workflow documentation, including completion of the practice intake form. In the event that the Practice Directive is not complete at the time of your planned go-live date, Onboarding may alter your Go-Live date or Medical Coding may return work to your practice for completion until such time that the Practice Directive is completed.

1.3 Setting Changes

During your onboarding process your Onboarding Team will enable all Medical Coding settings and routing within your tablespace. These settings are required to enable the Medical Coding functionality. Once enabled, the settings will give you access to an updated workflow dashboard, the Medical Coding dashboard, as well as the ability to route Visits to be coded.

For each department or provider live with Medical Coding, the settings page must indicate if auto-routing is enabled, if not enabled it is the practice responsibility to manually “Send to Coding” on missing slips.

In order to route work to Medical Coding, “Track Missing Slips” must be enabled for every active provider. If Missing Slips are not enabled, Medical Coding will have no knowledge of visits performed and claims must be manually created by the practice.

2 Medical Coding

athenahealth will provide the supported procedure, evaluation and management and diagnosis coding along with the appropriate modifiers ("medical coding") for your Visits as described in this document. All medical coding is performed and/or reviewed by a team member holding an AAPC or AHIMA certification prior to claims being submitted to payers. Medical Coding excludes any specialized or non-standard coding, including coding related to MIPS, CPT II codes, customer-specific directives or requirements, or payer contracts.

2.1 Practice Directive

The Medical Coding practice directive represents athenahealth's efforts to understand your practice setup and billing configurations. It is required that your practice complete the Practice Directive with as much detail and completeness as possible, in order to provide athena with all relevant information. It is the responsibility of the practice to update the Practice Directive whenever changes to practice setup or billing occur by submitting a case to Medical Coding and requesting updates.

2.2 Fee Schedule Setup

If your fee schedule includes CPTII codes, that are non-reimbursable, they must be entered in the fee schedule with a value of no more than the payer required amounts. If your fee schedule has CPTII values over the known payer values athena Onboarding will alter the value of the codes to match payer requirements.

2.3 Routing Visits for Medical Coding

As set forth in your athenahealth services agreement, we will complete medical coding upon your Go-Live Date for Visits that you route to us for coding via the "Send to Coding" button on the charge entry page, or as routed via Auto Routing functionality if enabled in the settings page.

Prior to sending a Visit to us for coding, you must ensure that all information related to each Visit is accurately and completely documented in athenaOne, as described in our onboarding training and any documentation subsequently provided to you for Medical Coding. This includes but is not limited to, entering and verifying all visit details related to registration and the actual visit. We rely on you to verify the accuracy and completeness of all information documented in athenaOne, and we assume for Medical Coding purposes that all information has been verified as accurate and complete.

Manual Routing of visits: Once you have included all the necessary information and documents, you can send a Visit to us for coding by clicking "Send to Coding" on the Charge Entry screen in athenaOne. The Visit will then be routed to athena to complete medical coding. By selecting "Send to Coding" the Practice represents that all proper sign-off has been completed in athenaOne.

Auto Routing of Visits: If enabled for Auto Routing the practice is responsible for ensuring all visit information and documentation is complete and accurate. Once a visit meets all routing criteria it will be routed to Medical Coding.

The practice must: Ensure Provider Sign-Off, Encounter Close, Check “Billing Tab Review Complete”, complete patient check-in and check-out. If for any of these reasons a visit fails the auto routing criteria it will be moved to the “Unmet Criteria” bucket in the workflow dashboard. The Practice is responsible for resolving all items in “Unmet Criteria”, and no Coding work will be completed by athena until all “Unmet Criteria” are satisfied by the practice.

2.4 Backlog

All Visits categorized as “Missing Slips”, whose Date of Service is less than 1 year from go-live date on Medical Coding in athenaOne at the time of Go-Live are considered backlog. You may choose to route any Missing Slip or Visit that does not have a corresponding claim to Medical Coding for medical coding and claim creation. You must individually evaluate each Visit for accuracy and completeness prior to sending the Visit for medical coding unless a product request is made during onboarding to Auto Route a selection of visits.

2.5 Medical Coding of Visits

When a Visit is routed to us for coding, we will conduct a chart review of all relevant documentation. Provided there is sufficient information and documentation, we will assign medical codes consistent with the information and documentation in the applicable patient record in athenaOne. If we determine that additional information or documentation is needed, we will send you a message through a Query, (accessible through the workflow dashboard under “Practice Input Needed” and through the Medical Coding dashboard) and we will not complete medical coding until you send us the outstanding information or documentation in athenaOne. We will complete medical coding materially in accordance with the International Classification of Diseases and Related Health Problems, 10th revision, the American Medical Association's Current Procedural Terminology, and the Healthcare Common Procedure Coding System.

2.6 Visit and Documentation Review

For a Visit that you have agreed to send to us for medical coding, we will examine the information and documentation in athenaOne for the sole purpose of coding the applicable claim pursuant to Medical Coding. Our review in no way replaces or substitutes your professional judgment or skill or your responsibility to ensure the accuracy and completeness of all information and documentation entered. Prior to sending a Visit to us, you must ensure that all necessary information and documentation are in athenaOne, so that we may complete medical coding.

For a Visit that you have agreed to send to us for medical coding, we will complete medical coding based solely on the information in athenaOne. We will not support directives to place codes in any order or by default. If we have a question regarding the information in athenaOne, we will send you a Query, and the visit will be moved to a “Practice Input Needed for Medical Coding” status, accessible in the Workflow Dashboard and the Medical Coding Dashboard. The practice shall respond promptly within athenaOne, so that we may complete medical coding. Where we determine additional information or documentation is needed, we will not complete medical coding for any Visit until we receive that additional information or documentation from you. The practice is responsible for resolving all requests within “Blocked for Coding” before athenahealth will proceed with claim creation for that visit.

2.7 Claim Creation and Submission

For a Visit that you have agreed to send to us for medical coding (via manual or automated routing), we will select "Coding Complete" after we have completed all required fields within the Charge Entry screen, provided that you have included the necessary information and documentation. A claim will not be created until we select "Coding Complete." Once a claim is created, we will submit the claim to a payer or patient, provided that other activities or holds do not prevent the claim from being sent. See the athenaOne Base or athenaCollector Service Description, as applicable for details on claim creation and submission.

If a claim that we coded, has a documentation or coding-related hold, we will move that claim to a worklist to be reviewed by us. You will work with us to address the documentation or coding-related hold. You will promptly respond to any requests made through athenaOne for additional information or documents. We will not be alerted to and will not respond to any hold for a claim not coded by us.

2.8 Post-Submission Claim Denial

If a payer denies a claim that we coded for a coding-related reason, we will move that claim to a worklist to be reviewed by us. You will work with us to respond to the issue. You will promptly respond to any requests made through athenaOne for additional information or documents. We will not be alerted to and will not respond to any denial for a claim not coded by us.

3 Medical Coding Accuracy Rate

Medical Coding Accuracy Rate. We strive to avoid any coding errors, and as monitored and calculated by us in our sole discretion, we will use good faith efforts to achieve at least a 95% accuracy rate for medical coding completed in a calendar month ("Accuracy Rate") by employing reasonable industry standards, as determined solely by us. The Accuracy Rate may be calculated prior to creating a claim for the Visit and excludes any errors resulting from inaccurate or incomplete information, instructions, specifications, or other documentation. Notwithstanding the foregoing, you have no remedy or right if we do not achieve the Accuracy Rate, and we are not required to issue any credit or pay any penalty if the Accuracy Rate is not met. Our review of the medical coding in no way replaces your obligation to maintain your own compliance program related to Medical Coding.

4 Termination

Termination. Upon termination of Medical Coding, Visit routing will be disabled and you will no longer be able to assign Visits to us for coding. The athenaOne Medical Coding settings will be turned off ninety days after the termination effective date of Medical Coding, provided that athenahealth may in its discretion turn off such settings sooner. Keeping on the athenaOne Medical Coding settings following termination of Medical Coding will allow us to complete any in-transit Visits either assigned to or coded by our Medical Coding service. Invoice billing will end as of the termination effective date.

Appendix 1: Glossary

Go-Live Date: means the first day that you are able to utilize any services listed in this service description that are part of Medical Coding.

Onboarding Team: during onboarding, the athenahealth team who will guide you through adding Medical Coding to your workflow and completing the Medical Coding Intake Form.

Visit: a claim, or series of claims, created in athenaOne with a unique combination of (i) the same date of service, (ii) the same patient, and (iii) the same provider. For the avoidance of doubt, "Visit" includes any claims with a charge amount greater than $0.00 and claims with respect to which the Medical Coding Service is not used. The number of Visits per month will be determined by Athena based on the information in athenaOne. The definition of "Visit" in this document applies only to Medical Coding and only to the Medical Coding service fees.

Query: means the tool within athenaOne to communicate with us regarding Medical Coding.

80 Guest Street, Boston, MA 02135 • 617.402.1000 • athenahealth.com