

## In This Issue...

1. [From the President](#)
2. [ICD-10-CM/PCS](#)
3. [NYHIMA NewsNotes](#)
4. [In the Spotlight](#)
5. [AHIMA NewsNotes](#)
6. [CAHIIM NewsNotes](#)
7. [Professional Development](#)

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## [Upcoming Events](#)

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## Invest in your Future:

[Join or Renew your NYHIMA Membership](#)

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## From the President



NYHIMA Members,

Happy holidays!

Can you believe another year has come and gone!? It seems like it was just yesterday that I was with all of you at the Annual Conference in Syracuse. Yet here we are 6 months later and hopefully as energized and excited for the future as we were in June!

The transition into the New Year often inspires us to evaluate ourselves and determine the ways in which we can improve. While there is always room for progress, I encourage each of you to spend just as much time focusing on your accomplishments from 2015 as you do focusing on your resolutions for improving in the coming year. We often get caught up in putting an emphasis on our own perceived short comings instead of celebrating our strengths and accomplishments. Self-reflection is key for growth but don't forget to give yourself a pat on the back as well- you deserve it!

As an organization, NYHIMA sets goals at the beginning of each membership year and while we still have a way to go in accomplishing all that we've set out to do, in the spirit of taking my own advice, I can truly say I am extremely proud of everything that we have accomplished thus far. In the first six months of this membership year NYHIMA has offered a number of educational programs with the opportunity to earn

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[The 2015 LTC Coding Guidelines are Available](#)

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**Call for Perspectives Articles:**

NYHIMA is currently accepting articles for the February 2016 issue of Perspectives. Please send any articles for consideration to: [Darlene McKendrick](#) by 1/25/15.

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[NYHIMA Job Bank](#)

44 CEUs and a full schedule of programs to come in 2016! We've continued our steady progress towards financial stability and put together a complete and timely ballot for the 2016-17 Board of Directors in order to continue our organizational success. Our bi-monthly newsletters continue to be relevant and informative and our input to AHIMA on behalf of our members remains consistent. I would like to thank the NYHIMA Board of Directors, members and staff for making all of this possible. I look forward to continuing our work to make NYHIMA great and give you kudos for your part in our success!

On February 19, 2016 I will be hosting a Town Hall style call for the entire NYHIMA membership to acknowledge our accomplishments as well as get input on ways we can continue to assist you in reaching your professional goals. Mark your calendars and keep an eye out for additional information in the beginning of January.

I hope you enjoy this issue of Perspectives as much as we enjoyed putting it together and wish you all a happy holiday season and fantastic New Year!

Sincerely,

Michele

**Submitted by: Michele Bohley, RHIA, CCS**

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**ICD-10-CM/PCS**

**Coding Issues and Rejections Begin to Appear: Pleading your Case**

I recently had the opportunity to use AHIMA's new Code Check product. The response states that: "The information provided by Code-Check™ is solely for general guidance on coding. Accordingly, information from Code-Check™ is provided with the understanding that Code-Check™ is not engaged in rendering official coding advice or services; nor is AHIMA the official source for coding advice. AHIMA strongly recommends contacting the official sources for coding advice: AHA Coding Clinic (ICD-9-CM, ICD-10-CM, ICD-10-PCS, and HCPCS) and CPT Assistant (CPT) for definitive answers to your questions. Reliance on information provided by AHIMA is solely at your own risk."

The process for filing a question was a little awkward but the response was within 24 hours as promised. Below is an example of how the information was returned.

The question submitted was: How is a sacral dimple reported on a newborn record? The area is palpated and then sometimes the physician orders an ultrasound of the area during the inpatient stay or as an outpatient looking for a potential spina bifida

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or other abnormality.

**Question Response:**

The code assignment is Q82.8, Other specified congenital malformations of skin.

**Rationale:**

The sacral dimple is considered a congenital condition; therefore the condition is reported in Chapter 17 Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99). The ICD-10-CM Index term is, Anomaly, skin (appendage) Q82.9. Based on the Tabular review, code Q82.8 is assigned to report the clinical documentation provides detail for which a specific code does not exist.

**References:**

FY16 ICD-10-CM Official Guidelines for Coding and Reporting

- Section IA9ab: Conventions, general coding guidelines and chapter specific guidelines, Other and Unspecified codes
- Section 1C17: Chapter 17: Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)

AHA Coding Clinic, First Quarter 2013 Page: 15 Effective with discharges: March 27, 2013

**Submitted by: Sandra Macica, MS, RHIA, CCS, Past President Director**

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**NYHIMA News Notes**

**NYHIMA Announces its 2016 Annual Conference & Vendor Opportunities!**

Take advantage of the opportunity to promote your goods and services to a niche and engaged audience at NYHIMA's 2016 Annual Conference! [Click here to view the many sponsor and exhibit opportunities NYHIMA has to offer.](#)

Sponsorship opportunities are also available for purchase online and can be accessed [by clicking here.](#)

**Submitted by: NYHIMA Central Office**

**Upcoming NYHIMA Programs & Events**

Don't miss out on NYHIMA's upcoming educational offerings. Click on the links below to find out more and to register.

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- **January 13, 2016**  
[Networking is a Contact Sport](#)
- **February 3, 2016**  
[How to Automate Core Measure Products](#)



**Submitted by: NYHIMA Central Office**

**Take Advantage of 2016 Annual Conference Registration Discounts: Renew your NYHIMA Membership Today!**

With the 2016 Annual Conference just around the corner, be sure to renew your NYHIMA membership to enjoy the significantly discounted membership registration rate!

NYHIMA membership more than pays for itself in Annual Conference savings and provides attendees access to cutting edge speakers presenting on relevant topics as well as networking opportunities to help advance your career.

With a full program covering topics such as data analytics, electronic health records, value based payments, ICD-10, information governance and regulatory issues, this is an event that you won't want to miss!

2016 Annual Conference programing and registration information will be available soon but in the meantime be sure to [reserve your overnight room at the Long Island Hilton by clicking here](#).

[Click here for more membership information and to renew or join NYHIMA today!](#)

**Submitted by: NYHIMA Central Office**

**NYHIMA Nomination Committee Update**

The NYHIMA Nominating Committee would like to thank all our members who agreed to be nominated to run for positions on the 2016-2017 NYHIMA ballot. The

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Nominating Committee, together with all the volunteers, worked very well together to come up with a well balanced ballot with representation from all over the state.

This year you will be making selections for the following positions:

- President-Elect
- Secretary/Communications Director
- Legislative Director
- Delegate to AHIMA
- Awards Committee Members

The ballot will be released after the first of the year. Please take a few minutes to vote and let these generous members know how much you appreciate their efforts on behalf of NYHIMA.

**Submitted by: Sandra Macica, MS, RHIA, CCS,  
Chair of the NYHIMA Nominating Committee**

#### **Long Term Care Section Updates**

The New Year is upon us and like 2015 it will be a year of many changes and challenges in the healthcare community. We have all survived the conversion to ICD-10. Now we are in the fix all the issues phase and I am sure that this phase will continue for many months, if not years. The ICD-10-CM Long Term Care Coding guidelines are still available for purchase through NYHIMA.

Adding to the challenges of ICD-10 are the major changes that are affecting our reimbursement systems and healthcare in general. When a LTC HIM professional is faced with a health information challenge or question it is comforting to know that there is a network of other LTC professionals that are willing to give advice to a colleague.

NYHIMAs long term care section offers its members wonderful networking opportunities. If you have any connection to Long Term Care and you are currently not a member of the Long Term Care section please consider joining. We would love to add you to our professional network. Together we can help each other rise to the HIM challenges we face. As we join together to weather the winter, let us join together to weather all of the upcoming changes and challenges of our profession. Please consider joining the NYHIMA Long Term Care Section today!

The NYHIMA Long Term Care Section wishes you a safe and festive Holiday season. Take time for yourself, your family and friends to enjoy all the wonders the Holiday season has to offer.

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Happy Holidays!

**Submitted by: Becky Pittler, RHIA, LTC Section Chair**

#### **Local Association News**

##### **AdHIMA**

AdHIMA will hold its "Physician/Mid-Level Billing Session" worth up to 3 CEUs on January 7, 2016 at the Ellis Health Center Auditorium.

[Click here for full program details and registration information.](#)

**Submitted by: Jean Russell, MS, RHIT**

##### **CNYHIMA**

In the spirit of giving, CNYHIMA members rallied to give a donation to a fellow member (and former CNYHIMA and NYHIMA Board Member) who has been unable to work due to an illness. The membership was able to raise over \$1,300 and were happy to help her in her time of need. Virginia Neumann and Cindy Alsheimer recently presented her with a check on behalf of the membership. She was overwhelmed with the kindness and heartfelt wishes from all. She was so very appreciative! Thank you CNYHIMA Members!

The CNYHIMA Executive Board met in November to reflect on a successful 2015 program year and to discuss the spring calendar. Thank you to both the members and board.

CNYHIMA will be hosting their Annual Meeting on May 6, 2016 at a new venue; The Genesee Grande Hotel in Syracuse. There will be more information available at a later date on the program.

**Submitted by: Cindy Alsheimer, RHIT, CNYHIMA Communications Director**

##### **HIMAWNY**

The HIMAWNY held its annual Holiday Party on December 9, 2015 at the Eagle House. We had a great turnout of 38 members, including 6 students from our area colleges. We started with an educational session by Patty Graczyk on the topic of Mentoring and Coaching Skills Workshop. One of our Association goals this year is to connect more with the students and put together a mentoring program so our topic was right in line with this. We learned about the difference between mentoring and coaching, benefits of Peer Mentorship, learned about Feedforward followed by The World Café. Both the students and the professionals at the dinner all agreed it was a great presentation that helped break the ice with all in attendance.

The education session was followed by Happy Hour and dinner. Each of the students

in attendance were introduced to the group including Wendy Gee, Katie Giroux, Amanda Mancini, Gretchen Menifee, Samantha Santos and Anupa Valiyaparamibil. Special recognition also for the Program Directors in attendance, including Melva Visser who just took over the Medaille RHIA program and Deb Shelvay who just recently took over the Trocaire RHIT program. Jean Jurek was also in attendance who just recently retired from the Erie Community College RHIT program.

The HIMAWNY also took up a collection of gifts and gift cards for the pediatric patients at HighPointe, a local nursing home for severely ill children, most of them being hospitalized at HighPointe for the duration of their lives.

**Submitted by Kris Spada, RHIA  
Director, HIMAWNY**

#### **RRHIMA**

On November 12, 2015, RRHIMA hosted a compliance themed educational program (4 CEUs) at the Hilton Garden Inn in Pittsford.

Speakers included Lorri Lauze, RHIT, CHC, Director of Corporate Compliance Rochester Regional Health System, Corporate Compliance in a large Integrated Health System, Melissa Arena, RHIT, St. Ann's Home, HIM Manager / Corporate Compliance Officer, Compliance in Long Term Care, and Michele Bohley, RHIA, CCS, President of NYHIMA, who spoke on Compliance and also gave a NYHIMA President's Update.

The day was well attended with 30 people. Michele discussed volunteer opportunities and encouraged participation in the planning of the NYHIMA Annual Conference which will be in Rochester in 2017.

**Submitted by Mary Pasciak, RHIT  
RRHIMA Co-Director of Education**

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In the Spotlight

#### **NYHIMA Thanks its 2015-16 Soberano Fund Supporters**

During a time of thanksgiving and cheer, NYHIMA would like to take the time to acknowledge those who have generously contributed to the Soberano Fund.

In recognition and memory of Oscar Soberano's dedication to HIM students, The Soberano Fund supports NYHIMA scholarship activities as directed by the 1990 House of Delegates. Monies donated to the fund support the education of HIM students who apply and are awarded various NYHIMA scholarships.

Thank you to all of our 2015-16 Soberano Fund supporters!

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### **2015-16 Soberano Fund Donors**

Julia Alberino, RHIA  
Rachel Cloward, RHIT  
Dawn Sella Graney, RHIA  
Julia Kessler, MPA, RHIA  
Sandra Macica, MS, RHIA, CCS  
Terri Manno  
Michael Menschel, RHIT  
Anne Miller, RHIA  
Janet Mohlenhoff, MPA, RHIA, CCS  
NYHIMA Board of Directors: In Memory of Francesca Rosa Cohen  
Jean Russell, MS RHIT  
Charles Steiner, BS, RHIA  
Mary Sydor, RHIT  
Lynn Marie Wozniak, MS, RHIT

[Click here to donate to the Soberano Fund](#) which will assist HIM students working towards a degree in health information management and awarded various NYHIMA Scholarships.

**Submitted by: NYHIMA Central Office**

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### AHIMA News Notes

#### **CCHIIM Approves an Extension of the Deadline to Earn and Record ICD-10 CEUs**

CCHIIM re-evaluated the ICD-10 CEU Requirement and approved an extension of the deadline to **earn and record** ICD-10 CEUs. Prior to this extension, policy deadlines were both the last day an individual could earn ICD-10 CEUs in addition to having their credential(s) placed into inactive status. The new deadline to earn and record the required number of ICD-10 CEUs for RHIT, RHIA, CCS, CCA, CCS-P, and CHPS holders is **March 31, 2016**. As required by the current policy, holders of these credentials will be placed in an inactive status on their original deadline date of either December 31, 2015 or January 31, 2016, but will still be able to earn and report CEUs until March 31, 2016 in order to avoid the credentials being moved to a revoked status.

If you have any questions [please click here](#) to review the FAQ document and additional resources or [contact AHIMA](#).

**Submitted by: NYHIMA Central Office**

#### **AHIMA Benefit Reminder**

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Missed the webinars presented during AHIMA's 2015 Member Appreciation Week? Don't sweat it! Recordings of each of the webinars offered during the week are listed below for viewing at your own pace!

- [Data Quality in Patient Matching](#): This webinar explores federal initiatives, best practices, process changes, and tools necessary for optimal patient matching. After listening to the recording, [here is the link](#) to the 1 CEU the webinar was worth. This was the only Member Appreciation Week webinar worth a CEU.
- [Resume Building: Get Noticed and Get Hired](#): Hear from the experts on building and writing a resume that helps you stand out.
- [Member Benefits Webinar 2015](#): Learn more about AHIMA's top membership benefits from AHIMA staff!
- [Advocacy It's Your Super Power](#): Learn how you can become stronger and more powerful using the super power of advocacy.

**Submitted by: NYHIMA Central Office**

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#### **CAHIIM Programs News Notes**

##### **Alfred State HIT Program Reaccreditation Update**

The Alfred State Health Information Technology program just completed the CAHIIM site visit portion of the reaccreditation process.

They report that they did well with the exception of a few minor partially met standards that are being addressed.

**Submitted by Tracy Locke, MS, RHIA**

**Program Director, Health Information Technology Program and Coding & Reimbursement Specialist Program, Alfred State College**

##### **Monroe Community College to Implement New Curriculum Map**

Monroe Community College (MCC) is in the process of implementing a new Curriculum Map for the Associates Program. Their new Curriculum Map adds a Domain VII, to include the supporting knowledge to be applied to the HIT program, such as A&P, Med Term, and computer concepts. MCC chose to create this Domain in order to assign a number category to the tracking database.

The MCC program is in the process of Program Assessment. This internal process leads

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us to assess several aspects, including Program Mission, Program Operational Goals, Program Learning Outcomes, and Course Learning Outcomes.

There has been significant work done throughout 2015 to update all of the above to achieve reflection of currency and the verbiage used in the new Curriculum Map.

For the MCC Program Evaluation, we have chosen to assess/measure each of 9 Program Learning Outcomes, each in a selected course.

Beyond the MCC process, the Faculty Council has been, over the past two years, working to assess individual courses relative to the new Competencies. Specific focus is being directed to assuring, not only that content is included, but also that it is delivered and assessed at the appropriate Bloom's taxonomy level. To this end new/revised assignments/exams seek more critical thinking on the part of students (vs a recall of content).

This dynamic process proves challenging, but has truly led us to a comprehensive, measurable, and trackable process for curriculum evaluation.

**Submitted by: Brenda Embrey, MPA, RHIA, CHP**  
**Professor, Health Information Technology Program at Monroe Community College**

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## **Professional Development**

### **CPT Updates for 2016**

There are no changes to CPT or HCPCS Level II modifiers or the Anesthesia chapter for 2016 but there are more than 300 CPT changes being made for 2016:

- 140 new codes
- 90 deleted codes
- 130 revised codes
- Revised introductory guidelines, and new and revised parenthetical references

This includes a summary only. Refer to your CPT book and the official errata for a list of all the changes. There have already been a number of CPT errata published and revisions have taken place. The most recent changes were published December 17, 2015. [Click here](#) for the entire list of changes.

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[Click here for a summary of the 2016 CPT Updates.](#)

**Submitted by: Sandra Macica, MS, RHIA, CCS, Past President Director**

**Increased Medicaid Prescriptions for Preexposure Prophylaxis Against HIV Infection - New York**

Approximately 3,000 incident cases of human immunodeficiency virus (HIV) infection occur in New York State each year. Daily HIV preexposure prophylaxis (PrEP) with the oral antiretroviral medication Truvada is a key component of New York's plan to end HIV/acquired immunodeficiency syndrome (AIDS) as an epidemic in the state by 2020.

TRUVADA does not cure HIV-1 infection or AIDS. TRUVADA is a prescription medicine used in 2 different ways:

- To treat HIV-1 infection in adults and teenagers (12 and older). When used for the treatment of HIV-1 infection, TRUVADA is always used together with other HIV-1 medicines.
- To help reduce the risk of getting HIV-1 infection when used together with safer sex practices. This use is only for adults who are at a high risk of getting HIV-1. This includes HIV-negative men who have sex with men and who are at high risk of getting infected with HIV-1 through sex, and male-female sex partners when one partner has HIV-1 and the other does not.

[Click here to read more.](#)

**Submitted by: Sandra Macica, MS, RHIA, CCS, Past President Director**

Source: [Morbidity and Mortality Weekly Report \(MMWR\): Vital Signs: Increased Medicaid Prescriptions for Preexposure Prophylaxis Against HIV infection New York, 2012-2015. November 27, 2015 / 64\(46\):1296-1301.](#)

**Ebola Epidemic: What Have we Learned?**

Ebola is a rare and deadly contagious disease caused by infection with one of the Ebola virus species. The most common symptoms are; high fever, headache, fatigue, vomiting and diarrhea. It is most commonly spread through direct contact with bodily fluids. Symptoms can appear anywhere between 2 to 21 days after exposure with the average being 8 to 10 days.

The Ebola epidemic began in West Africa in March of 2014. This began the largest outbreak in history. Recent data reported by the Ministries of Health revealed a total of 28,638 suspected, probable and confirmed cases of Ebola during this outbreak. There were 15,249 laboratory confirmed cases and a staggering 11,315 deaths.

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The first diagnosed case in the United States came in September of 2014 in Dallas, Texas. There were several cases diagnosed in the United States in the ensuing weeks. What have we learned?

In response to the outbreak, the Centers for Disease Control (CDC) activated its Emergency Operations Center to work with other government agencies, World Health Organization (WHO) and other domestic and international partners. The CDC deployed teams of public health experts to West Africa to educate on improving response and implementing ongoing surveillance for Ebola. For the period during the outbreak, there were enhanced screening of people coming to the United States from West African countries (Guinea, Sierra Leone and Liberia).

Once the second Ebola case was diagnosed in the United States, there was a rigorous investigation by the CDC on how it spread even though all those in contact with the patient followed their appropriate infectious disease protocol. As a nation, we learned more about the virus and how to enhance precautionary protocol to protect those taking care of the patients. An investigational vaccine was brought forward and used to treat early onset cases with positive results.

As a result of this devastating epidemic, the United States was able to assist and educate other countries on the disease, enhance our hospital resources and protocols and are currently on the tail end of clinical trials for two vaccines. Not only are we farther as a country to be prepared for any further outbreaks but with the implementation of ICD-10 we are now be able to provide Ebola specific statistics.

**Submitted by Darlene McKendrick, RHIT, CCS**

**Abstracted from: [Center for Disease Control](#)**

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