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Perspectives *Online*

Official Publication of the New York Health Information Management Association

Volume XVI Issue 7 October2014

FROM THE PRESIDENT: DATA GOVERNANCE AND SPARCS

Your NYHIMA Delegates recently returned from their trip to the AHIMA convention in San Diego, California. Of course the biggest issue of note is the continuing effort to ensure ICD-10 implementation. One of the other big topics is data governance. Organizations across multiple industries recognize the need to control their information, and nowhere does this make more sense than in healthcare. We are long overdue for the healthcare eco-system to adopt governance of information. Trust in health information depends on it. What should you be doing? AHIMA suggests beginning by assessing your existing policies and procedures. By doing, so you can assist executive leadership in identifying new areas of opportunity for information governance in your organizations. Many information governance programs stem from HIM pain points, such as developing an enterprise master patient index or getting involved in a health information exchange.

New York State's own Statewide Planning and Research Cooperative System (SPARCS) bureau recently released a data governance policy and procedure manual. SPARCS and NYHIMA have worked together over the years to help ensure excellent healthcare data quality in New York state.

Click HERE to view the full article.

Submitted by: Sandra Macica, MS, RHIA, CCS

ICD-10-CM/PCS

Changes to the 2015 ICD-10-CM Guidelines for Coding and Reporting

The 2015 coding guideline changes were recently released. Among the most notable changes are:

- Added examples of sequela
- Changes to the coding of sepsis when with a postprocedural infection and postprocedural septic shock. Now states a code for the systemic infection should also be assigned. A paragraph about sequencing of codes was added.

- Provides further description of examples of the use of the 7th character A for active treatment of traumatic and pathologic fractures. The 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time. For complication codes, active treatment refers to treatment for the condition described by the code, even though it may be related to an earlier precipitating problem. Active treatment is further defined as "…continuing(ongoing) treatment bythe sameor different physician."
- Provides an additional paragraph regarding the use of the external cause code for length of treatment similar to the application of the 7th character A for fractures. States that while the patient may be seen by a new or different provider over the course of treatment for an injury or condition, assignment of the 7th character for external cause should match the 7th character of the code assigned for the associated injury or condition for the encounter.
- Allows the use of a second place of occurrence code in the rare instance that a new injury occurs during hospitalization.

For specific changes visit the Centers for Disease Control and Prevention (CDC) website at:
www.cdc.gov/nchs/icd/icd10cm.htm

Submitted by: Sandy Macica, MS, RHIA, CCS

Tracking the West Africa Ebola Outbreak
Currently, in ICD-9-CM there is no specific code for Ebola. Since Ebola is defined as Ebola Virus Disease by the CDC, it is assigned to code 078.89. This is located in the tabular index of ICD-9 under Disease, viral NEC. In ICD-10 under the tabular index of Ebola Virus Disease, diagnosis code A98.4 would be assigned.

Click on the links below to learn more.

http://www.cdc.gov/ebola
http://www.who.int/ebola
https://coalitionforicd10.files.wordpress.com/2014/10/ebola-infographic-10-14-web2.jpg

Source: Coalition for ICD-10, October 2014 and CDC website
Submitted by: Darlene McKendrick, RHIT, CCS

NYHIMA NEWS◆NOTES

Save the Date for NYHIMA's 2015 Annual Conference
June 7-10, 2015 · Syracuse, New York

2015 Annual Conference Update

The 2015 Conference planning is well underway! Sandy Macica, Angie McGrath, Cindy Alsheimer, and Jeffery Youngs visited the Crowne Plaza and the OnCenter - both facilities are absolutely beautiful and we are very excited about these locations. Our educators are filling up our agenda very quick; and we are very excited to say that we have several new presenters this year! If you would like to volunteer, share ideas, suggestions, etc., please email cnyhima@aol.com. We hope to see you all in Syracuse!

Submitted by: Jeffery Youngs, RHIT

Education Update

NYHIMA has been hard at work planning a variety of educational programs for our members and is excited to announce that its first educational session, held on October 10th at the Crouse Hospital School of Nursing, was co-sponsored by Central New York HIMA and attended by nearly 100 people! This informative program included a full day of presentations worth 5 CEUs on Release of Information and Patient Access and Disclosure presented by by Alison Nicklas, MJ, RHIA, CCS and Laurel Baum, Esq. During this program, NYHIMA was also happy to present a check to the Crouse Hospital Foundation at the request of Laurel Baum in lieu of payment for her services.

Pictured left to right: Angie McGrath, Frances Scott, Jeffery Youngs, Carrie Berse, Virginia Neuman, Toni Cornell

Upcoming Events and Programs

ICD-10-CM and ICD-10-PCS Lunch and Learn Webinar Series
This fast paced coding series which started on October 22nd will address problem specific areas related to the particular body systems and any related relevant procedures when applicable in its monthly webinar worth a total of 5 CEUs. Anyone with basic knowledge of ICD-10-CM/PCS coding who wants to learn more about the specific coding conventions and guidelines should attend! All webinars will be recorded and available for viewing at a later time. The next session is scheduled for November 19th on the topic of coding: Neoplasms, Diseases of the Blood, and Mental and Behavioral Disorders.

Click HERE for more information or to register.

OPPS and CPT Update
Understanding the new CPT 2015 codes is crucial to obtaining the proper reimbursement for your services. Learn about the changes that will affect you the most at NYHIMA's OPPS and CPT Update webinar on December 15th. Anyone interested in CPT coding and outpatient reimbursement issues should attend.

Click HERE for more information or to register.

Interested in Co-Sponsoring an Event with NYHIMA?
If your association is interested in doing a co-sponsored program with NYHIMA, we want to hear from you. Please let us know, and we would be more than happy to work together on a program in your local area!

Share Your Events
Share your events with us! Please notify NYHIMA of your upcoming events so we can add them to our events calendar. We would like to do our part to help you get the information to your members.

Submitted by: Jeffery Youngs, RHIT

NYHIMA Board Update

The NYHIMA Board recently held their monthly conference call on October 1st. Discussion included:

- Finalized the fall education calendar with both in-person and webinar events. In March the group is planning to co-sponsor an all-day session with the Massachusetts HIMA. Discussion of the 2015 Annual Conference in Syracuse and upcoming sites for 2016 and beyond
- Reviewing the 2014-15 budget and other financial obligations
- Launching of the new FaceBook page and creation of a social media policy and procedure
- A dues mailing to all potential members of NYHIMA by mail. Also planning a promotion to students and emeritus members.
- Plans for the launch of the new NYHIMA website
- Report from the AHIMA House of Delegates in San Diego
- Review of NYHIMA's current legislative efforts for ICD-10
- NYHIMA would also like to thank Karen Fabrizio, RHIA for her work on the 2015 Annual Conference Committee. Karen has resigned as chair of the committee due to a recent job change and other pressing commitments. Jeffery Youngs, RHIT, Cindy Alsheimer and Chris Hoskins, RHIA will act as co-chairs for arrangements and program for this exciting event hosted by the Central New York HIMA.

Submitted by: Sandra Macica, MS, RHIA, CCS

Local Associations News

AdHIMA

AdHIMA has been very busy since the first Board meeting in July. We established the following three goals for 2014-2015: increasing membership, improving communication to membership, and the sponsoring of HIM-related educational programs monthly from September through May. We communicated these goals to membership via e-mail as well as posting to Facebook.

We also asked membership for help in designing a new logo for AdHIMA by participating in the Logo for a Polo contest. The contest winner will receive one free admission (up to $250.00) to an upcoming NYHIMA event of their choice.

Click HERE to view the full update.

Submitted by: Teresa Springsteen, RHIA

CNYHIMA

SUNY IT News
SUNYIT located in Utica has merged with the College of Nanoscale Science and Engineering (CNSE). CNSE was formerly part of the University at Albany, State University of New York. The new institution is now known as SUNY Polytechnic Institute (SUNY Poly) and it will have campuses in both Utica and Albany.

The baccalaureate-level, CAHIIM-accredited health information management program is now part of the SUNY Poly College of Health Sciences and Management which is located on the Utica campus.

Submitted by: Cindy Alsheimer, RHIT

SUNY IT NEWS: AHIMA Convention E-Poster Winners!
SUNY IT Associate Professor, Dr. Jerome Niyirora, worked with some students to submit posters to AHIMA for the annual convention in San Diego. Two of the student posters were accepted! Those students were Yusuf Hadian and Andriana Tkachuk.

The AHIMA Foundation peer review group completed their blind grading and selected Yusuf Hadain's e-Poster titled *Information Measure: Mapping from I-9 to I-10* and AndrianaTkachuk'se-Poster titled *The Analytics of Emergency Department Services using CPT* to be presented and displayed at the 86th AHIMA Convention and Exhibit in San Diego.

Click HERE to view the full update.

Submitted by: Cindy Alsheimer, RHIT

IN THE SPOTLIGHT

Celebrating Our Past, Present, and Future: Donna Rugg, RHIT, CCS

In recognition of NYHIMA's 80th anniversary we want to acknowledge some HIM professionals that helped NYHIMA get to be where it is today….In 2005 NYHIMA's Distinguished Member was **Donna J. Rugg, RHIT, CCS**. Donna is also a Past President of NYHIMA.

Here is an excerpt from Donna's accomplishments noted in her award statement in 2005…."Donna's commitment to the profession has been demonstrated over the years by her service at the local, state and national level. Donna's efforts to promote the profession go above and beyond that of the average volunteer. Donna is an outstanding role model for her peers who projects a positive public image of the health information professional to all those with whom she comes in contact.

Click HERE to view the full article.

Submitted by: Sandy Macica, MS, RHIA, CCS

AHIMA NEWS◆NOTES

AHIMA Annual Convention-A Delegate's Experience
I've never been to an AHIMA Convention, so my first trip as one of New York's delegates to the House of Delegates was a memorable experience.

My favorite part was the *Twitter Action Item/Social Media*. Dana Clark and Margarita Valdez did a great job of talking about how to use social media to better advocate for the profession. I didn't even have the Twitter app on my phone, but was able to download, sign up and login. In addition to learning how to use Twitter for advocacy, I actually got to 'tweet' responses to poll questions that were generated from the breakout session discussions later in the day. AHIMA is continuing to have webinars on the use of social media, especially Twitter and Facebook.

So, if you haven't already, go the AHIMA's Engage site and find out about it. And the most popular 'tweet' for HIM right now is: #ICD10matters

Submitted by: Diane Skelton, RHIT, CTR

AHIMA House of Delegates Update – Information protection: Access, Disclosure, Archival, Privacy and Security Workgroup

On September 29, 2014, I attended the workgroup for Information protection at the 86th AHIMA Convention in San Diego as a delegate. Our charge was to identify if the following trends will be a major force in the future or just a phase.

- What will be the key factors when implementing a BYOD policy within your organization for staff, patients and visitors?
- How will we secure health data without stifling innovation?
- How significant will cloud security and protection of health information available and stored on wearable mobile devices be?
- How will HIM manage health data in a digital healthcare economy?
- What new roles will emerge for HIM professionals? I.e. Chief Mobile Device Security Officer?
- What is the role of HIM in how this area will be regulated by the Federal and State governments?

Click HERE to view the full article.

Submitted by Julie Brucker, RHIA, CCS

CAHIIM PROGRAMS NEWS◆NOTES

2014 HIM Faculty Development Institute / Assembly on Education Summer Symposium Summary

Once again I attended the annual Health Information Technology (HIT) Educators' Summer Symposium July 26-30, 2014, in Chicago, Illinois. . As the program director of the Health Information Technology program and the Program Director of the Coding & Reimbursement Specialist Program at Alfred State, these educators' conferences are critical to success in my position.

The FDI (Faculty Development Institute)/AOE (Assembly on Education) served nearly 500 faculty, AHIMA, and CAHIIM (Commission on Accreditation for Health Informatics & Information Management) staff members from across the United States. This was the largest FDI/AOE conference ever held.

Topics covered during the conference include: Course Development, Syllabus development, rubrics development and use, innovation in HIM, leadership and advocacy, the new 2014 HIM competencies/curriculum, writing measurable education objectives, research methods, teaching with emerging technology, an update to AHIMA's Reality 2016, the earthquake that delayed ICD-10-CM/PCS, and much, much more.

Click HERE to view the full article.

Submitted by: Tracy Locke, MS, RHIA

News Briefs

Lost in Translation
To the average person, dealing with medical bills and explanation of benefits (EOB) from health insurance companies on top of an illness, can be overwhelming to patients and their families. Long gone are the days of the $5 copay for an office visit where as a consumer, I didn't really care what the charges were or what was being paid by the insurance company. No translation of CPT code descriptions, allowed or billed amounts were needed.

Today, we have so many choices for health care coverage, whether through our employers, Health Insurance Exchanges (HIE) or government agencies. These choices may now include complicated high deductible health plans (HDHP) or coinsurance options. I have participated in a high deductible plan for the past two years and have generally been satisfied.

Of course, there are pros and cons to the HDHP. In general, preventative care is covered in full and is not applied to the deductible. Since I am paying my high deductible out of pocket (using my Health Services Account), I now pay closer attention to what I am being billed. This is a good thing as I have found two incidents of questionable billing. Having an HIM background has been beneficial in that I have a basic understanding of the EOB's and bills and know what questions to ask if something doesn't look right.

Click HERE to view the full article.

Submitted by Darlene McKendrick, RHIT, CCS

National Correct Coding Initiative
The CMS developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. The CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. The CMS annually updates the National Correct Coding Initiative Coding Policy Manual for Medicare Services (Coding Policy Manual). The Coding Policy Manual should be utilized by carriers and FIs as a general reference tool that explains the rationale for NCCI edits.

The guidelines provide many helpful instructions such as when reporting myringotomy (incision of eardrum) procedures (e.g., 69420 Myringotomy including aspiration and/or eustachian tube inflation and 69421 Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia, do not separately report cerumen (earwax) removal for the same ear.

Visit the website to download the manual:
www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html?redirect=/nationalcorrectcodinited

Submitted by Sandra Macica, MS, RHIA, CCS

PROFESSIONAL DEVELOPMENT

North Shore Health System
Here at North Shore Health System (NSHS) we are actively looking for students to enroll in our October coding class. This course is a unique opportunity for students who maybe have completed a medical

coding or billing course but have not been able to secure employment in that field with a hospital system.

As you know, typically hospitals do not hire new graduates. They look for experienced, credentialed coders to fill their coding vacancies due to the complex nature of our reimbursement system. So it's the proverbial catch 22: how do we find experienced coders if no one will give them the experience?

We, at NSHS, believe we have an innovative solution…… We want to provide a career path as follows allowing students to EARN WHILE THEY LEARN!!

Click HERE to view the full article.

Submitted by: Cyndi Thomas

My Career Reality

As a seasoned medical transcriptionist of 15-plus years in a hospital setting and experiencing lightening-speed technology advancement, it was no surprise to realize a few years ago that speech recognition would soon change the face of my career and absorb my transcription skills thus rendering me to the capacity of a "transcription editor." I hold a degree in Health Information Technology and while the coding world was of interest to me, my heart really belonged to documenting the patient story via physician dictation. Being as that was going to change dramatically, I had to face my career reality. Coding is a logical career path for a transcriptionist as they have knowledge of anatomy and physiology, medical terminology, pharmacology, disease process, researching/investigating, etc. So, I took the plunge and made the commitment to continue to invest in myself, especially with the transition to ICD-10 coming soon, as well as remain a valuable employee to my hospital where I had the pleasure of working for over 20 years total. After much research into educational options for coding, I enrolled in the Med-Line School's distance Medical Coding Bridge program designed for MTs of my experience level in April of 2013. I had no way of knowing at that time what was about to be in store for me and my journey to where I am now.

Click HERE to view the full article.

Submitted by Lois Drabick, RHIT, CCA

WHAT'S NEW IN WASHINGTON

Medicare Fraud Related to Partial Hospitalization

The Department of Justice recently announced that a Louisiana Psychiatrist was sentenced to serve more than seven years in prison for his role in $258 million Medicare fraud scheme. According to documents filed in the case, the physician involved, served as the medical director of a community mental health center. As part of the scheme, the physician admitted mentally ill patients to the involved facilities, some of whom were inappropriate for partial hospitalization, and then re-certified the patients' appropriateness for the program in an effort to continue to bill Medicare for services. To support the fraudulent Medicare billing, the physician and others falsified patient treatment records to reflect services on dates when no such services were provided.

The investigation resulted in 17 convictions of individuals employed by the facilities, including therapists, marketers, administrators, owners and the medical director. The companies billed Medicare for partial hospitalization program services for the mentally ill that were unnecessary or never provided. This practice took place over a period of approximately seven years. The companies, collectively, submitted more than $258 million in claims to Medicare during this period and Medicare paid approximately $43.5 million on those claims.

To learn more about the Health Care Fraud Prevention and Enforcement Team (HEAT), go to: www.stopmedicarefraud.gov.

Source: U.S. Department of Justice, Justice News Update, August 25, 2014.
Submitted by Sandra Macica, MS, RHIA, CCS