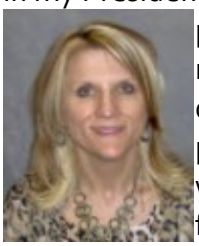
NDHIMA

Prairie Record News

June 2016

President's Message

Becky DeSautel, RHIT, CCS
NDHIMA President 2015-2016



As I have been thinking about what to write in my President's message and the HIM profession one word came to mind "Resilient". The definition of resilient for a person is a) able to withstand or recover quickly from difficult conditions. b) tending to recover from or adjust easily to misfortune or change. To me this describes the HIM profession, me personally, and probably for several of our members (you) perfectly. What a year this has been and a milestone for our profession… ICD10 finally happened and this was pretty much a non-event. It is also that time of year to identify and honor outstanding members of NDHIMA for their loyalty to our association and the HIM profession. Please take the time to recognize and honor our outstanding members by nominating them for the Distinguished Member Award. To be eligible nominees must be in good standing of both the AHIMA and NDHIMA and must be an active member of NDHIMA for at least 5 years. Nomination forms are on the NDHIMA website under the NDHIMA News section or you can contact me and I will send you a form. Please submit nominations to me by July 1st.

Nominations will be reviewed by the Board at the June summer change-over meeting.

The NDHIMA Board serves and represents the members of NDHIMA. Please let any of the NDHIMA Board members know if you have suggestions or ideas on how we can better serve our members.

Past President's Message

Tracey Regimbal, RHIT
NDHIMA 2015-2016 Past President

It is June already and that means that my term on the NDHIMA Board is winding down and I will turn the reigns over.

It is hard to believe that three years have gone by since I began my role as President Elect. I had the pleasure of serving on our Board during the exciting time of our transition to ICD-10 and am happy to say that we all survived! We also made the decision to go to an annual meeting rather than our previous spring and fall meetings. These were all progressive changes and I am glad that I was able to be a part of them along with all of our members. I look forward to seeing what continues to evolve with NDHIMA!

One of the primary duties of the Past President is to Chair the Nominating Committee. The Nominating Committee for 2016-2017 included: Ashley Brusseau and Carol Arthaud.

Ashley has been a member of NDHIMA for 12 years and previously served as membership director for the NDHIMA Board. She currently works for North Dakota State College of Science as an instructor in the Health Information Department teaching Health Information and Medical Coding for those seeking the HIT degree. She works remotely from her home in Emerado, ND which is about 15 miles west of Grand Forks, ND. She is currently working on her Bachelor's degree

in Health Information Administration from Dakota State University, Madison SD.

Carol has been a member of NDHIMA for 6 years. She is presently employed at Sanford Health as a coding specialist. She is a home coder and specializes in General Surgery procedural coding. She lives in Fargo, ND with her husband of 40 years. She has 3 wonderful grandchildren and loves spending time with them.

Our committee successfully recruited candidates for all vacant positions. Our election ran for 2 weeks in May. The following individuals were elected for the term beginning in July 2016:

Secretary – Christel Welch
Education Co-Director (1 year term) – Hope Friesen
State Advocacy Coordinator – Patti Kritzberger
President Elect – Larissa Stein

We are excited to have them on our board and look forward to their leadership of NDHIMA!

State Advocacy Coordinator Update

Patti Kritzberger, RHIT, CHPS
State Advocacy Coordinator

AHIMA Leadership Symposium and Hill Day was held in Washington, DC on April 4-5, 2016. On April 4, we got to hear our AHIMA President, Melissa Martin, talk to us about out role in leadership. Pam Lane then led a discussion on Advocacy as Leadership: How, Where and When.

We need to be advocating for our profession everywhere! It is all about developing relationships with not only our Congressional Delegates, but also our employers, our peers, stakeholders and others we want to impact.
One way we can do this in ND is actually ask to address the House and the Senate committees. We need to tell them who we are and how we are here to help them with anything related to Health Information Management, Privacy & Security, Information Governance, coding, billing and all of the other expertise we have. We need to tell our story and make it real.

We also discussed the 3 "Vs" of advocacy: 1) Vote – it is our right and always remember that people have died so we can have that right; 2) Visit – go to the websites of our Legislators to see what they are up to and also to see when they are in the district offices and go visit them there; and, 3) Voice – we are the voices of our profession and we are here to tell our own personal stories, as well as those of patients.

Later in the morning, Deven McGraw from OCR and Lucia Savage from ONC talked to us about what is currently being done in privacy policy and enforcement and identifying opportunities for HIM advocacy. It has been found that patients actually want access and control of their records, along with data about them. Patients are adults and can make decisions about their

healthcare so they should not be patronized in the healthcare world. Some want complete control, others don't; some want more transparent data practices. There is a diversity in literacy, though.

These ladies also talked about compliance with the HIPAA Privacy & Security rules and how that is not the end of the conversation. How can facilities do better with this? Phase 2 of the audits are now underway and we were told that more than 200 (but less than 250) will be desk audits and they will be looking at policies and procedures related to specific areas and covered entities will be first, followed by business associates. The audit protocol is on OCR website and it shows the full spectrum of what you need to be a compliant organization but keep in mind the size of the organization!

Robert Anthony from CMS addressed the group and talked about MACRA/MIPS and how MACRA is part of a broader push toward value and quality in healthcare. It streamlines the Physician Quality Reporting
System (PQRS), Value-Based Purchasing Modifier and Meaningful Use into one program.

At the end of the day, we talked about the issues we were there advocating for: patient matching and telehealth.

Patient Matching:
In 1996, HIPAA mandated a Unique Patient Identifier for healthcare purposes. Because of privacy concerns, in 1999, the Onmibus Appropriations Act prohibited the use of appropriated funds by the US Department of Health & Human Services to "promulgate or adopt any standard for a unique health identifier until legislation is enacted specifically approving the standard." What this did is actually prohibit conversations with the private sector in solving this problem.

AHIMA asked that this language be omitted in FY17 Appropriations legislation to allow HHS to work with industry on initiatives to improve patient matching.

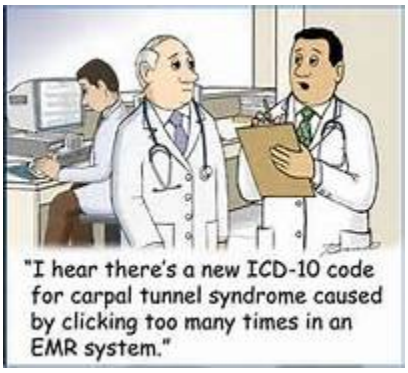
In ND, Essentia Health in Fargo has 1 full-time analyst who merged 5,345 records in the first quarter of 2016. Trinity in Minot has 2 FTEs in this capacity. During Trinity's EHR conversion, there were approximately 50,000 records identified as having possible patient matching issues. The CAHs don't have the level of issues the larger entities have but they do spend several hours per month addressing it.

Telehealth:
Telehealth is certainly a buzzword in healthcare these days, both as a source of health information and as an innovative business model. HIMSS issued a 2015 survey that indicated 65% adoption for hospitals and 34% for physician practices. This is going to keep growing as alternative payment models and population health continues to advance.

AHIMA asked Congress to ensure that telehealth record requirements are consistent with other health record documentation requirements. We also need to work in our congressional districts and states to make sure HIM professionals are included in any discussions on telehealth expansion.

Locally, what I am currently working on is getting the words "Accredited Record

Technician" and "Registered Record Technician" updated in the ND Century Code and Administrative Rules. I am also continuing to work on our Legislative Manual. There is nothing in committee hearings that involve us that I can see at this time. I will keep my eyes out and keep you informed.



January DVAC Meeting Summary:

Current Members: Deb Selland, Vicki Martel, Michelle Coalwell, Susan Weidler, Cheryl Nelson, Julie Thrailkill, Irma Diegel, Tina Simon, Sara Regner, Carrie Heinz, Laura Jassek

Membership: **Members were encouraged to recruit new members.** It was discussed if BCBSND would consider allowing consultants to apply. Currently the DVAC membership rules read that only participating hospital employees may apply. **Blue Cross management will be consulted to see if this is something that could be changed.**

Are both symptoms of the newborn and suspected conditions not found coded? Coding Clinic 3rd Quarter 2015 advises that only code P00.2 is assigned when the physician documents "suspected sepsis" in a newborn which is subsequently ruled out. This guidance is similar to ICD-9 guidance where only the V29.X code was assigned. Smoker during part of pregnancy, how to code? This has been submitted to Coding Clinic but no response received yet**. This will be brought back to the committee once a response is received.**
Quality Indicators: Carried over to next meeting. The following **will be reported at the next meeting: a current list of Quality Indicators, which ones affect reimbursement, and the timelines for implementation.**

New Business
ICD 10 (standing item): Discussion was held regarding Computer Assisted Coding that is being implemented at Trinity and how it assists with ICD 10 coding. Altru and Sanford already have Computer Assisted Coding in use for some time. Discussed integrating CDI programs with CAC.
RAC/MIC updates (standing item): Issues that facilities are seeing are sequencing of hyperkalemia, acute renal failure and end-stage renal failure; sequencing of malignant pleural effusions with neoplasms; sequencing of acute congestive heart failure due to aortic stenosis; sequencing of diabetes codes; short stays; sequencing when two conditions are present on admission; sequencing of pancreatitis and choledocholithiasis codes. It was mentioned that the September 2015 Medicaid Newsletter advises any stays under 24 hours should be billed outpatient. The Newsletter was forwarded to the membership for review.
AHIMA/NDHIMA (standing item): NDHIMA Fall Conference is in September. AAPC national conference is in April.

Other

Coding alcohol dependence with withdrawal: Follow the coding hierarchy the coding guidelines provide. Trinity has converted the DSM language to the ICD-10 guidelines for ease in coding.

Debridement of sacral ulcer**: Members will review page 13 operative note and assign PCS code(s).** We will discuss next meeting what we came up with. At question is how to code when right/left is not specified.

Staph septicemia: Can that term be coded to Staph sepsis? It was advised the AHIMA Journal (Sept. 2015) advises for ICD-10 coding, septicemia means sepsis and both terms default to A41.9. If it is stated as staph septicemia it would code to A41.2 following the Journal guidance.

Excludes 1 notes: **Members will start documenting excludes 1 notes that appear incorrect and bring to the DVAC meetings to share with other members.** The codebook will not be updated until next October.

Parainfluenza 4 URI: After discussion group agreed to assign a code for the URI (J06.9) first followed by the code for the parainfluenza virus (B97.89).

Coding angiograms in ICD-10: The group was asked if others were coding all angiograms. These codes can become quite overwhelming for coders. Some facilities are coding angiograms.

E. coli. Bacteremia: If coding the condition of bacteremia the codebook sends the coder to a single code R78.81. There is no instructional note (as there was in ICD-9) to assign an additional code for the type of bacteria. If code to E. coli. Then the bacteremia code is lost. The group consensus was it seemed more appropriate to assign the bacteremia code until further guidance is provided.

Traumatic rotator cuff tears: It was advised the ICD-10 diagnosis coding is not as specific as ICD-9 was for identifying the location of the rotator cuff tear (i.e. supraspinatous, labrium).

EGD with banding of esophageal varices. It was reported the code assignment seems incorrect because it codes to "percutaneous" endoscopic. 4th Quarter 2013 Coding Clinic advises it is OK to assign that code until future codes are developed. It was advised this would be correct since the EGD portion is endoscopic and the banding is done on the varices which would be the percutaneous part of the procedure.

Duodenal ulcer: Coding Clinic 4th Quarter 2014 sends the coder to "repair".

Sepsis vs Bacteremia flyer: Reviewed

Diabetic PVD: Following the diabetes sequencing coding guidelines the group agreed to code the diabetic ulcer first followed by the diabetic PVD code. Still at question was if the documentation clearly supported this was a diabetic ulcer.

Endoscopic ultrasound of duodenum: Discussion of using one code (ultrasound) or two codes. Determined that if the intent was to obtain imaging, then the endoscope would not be coded since it was the route used to obtain the pictures. If another procedure was performed through the scope such as a biopsy then the group felt it would be appropriate to assign an additional code.

Acute respiratory failure vs. ARDS: If trying to enter both codes, they exclude each other. It appears ARDS in ICD-10 no longer represents a postoperative or posttraumatic process but describes a respiratory disease such as adult hyaline membrane disease. The group reviewed codes J96.01 and suggested using that code if linked to a postoperative

complication and use code J95.821 if not linked to a postoperative condition.
Encephalopathy in other disease: It was noted the Excludes 1 note under the encephalopathy category that sends the coder out of that area when it occurs in diseases classified elsewhere.
Diverticulitis with micro-perforation: By going to perforation, intestine the ICD-10 codebook directs the coder back to the diverticulitis codes when with diverticular disease. An additional code would not be assigned. The condition would also need to meet UHDDS guidelines for reporting before assigning a code.

Education Co-Director's Message

Reanna Leier, RHIT Co-Education Director
Jackie Molfino, RHIT Co-Education Director

The 2016 Fall Conference will take place on September 22-23, 2016 at the Radisson Hotel in downtown Bismarck, ND. A block of rooms will be reserved for you to call and make reservations. More information will be available as the date approaches.
Based on last conference's evaluation forms, here are some of the topics we are looking to hear about at our next conference:

- Document Imaging
- Release of Information
- Voice Recognition
- NDHIN
- APR-DRGs-BCBSND
- ACO Impact of Coding on reimbursement
- I-10 workshop to discuss how it's going-engage idea
- Cardiologist-CHF and Diastolic and Systolic
- Physician perspective on coding
- Career Enrichment-short educational courses, descriptions of careers, etc.
- Data Integrity
- Revenue Cycle Enhancement
- Denial Management
- Distance Learning/E-training, Remote Employees

If you would be interested in sharing your knowledge and experience on any of these topics or know of anyone who would be a great speaker on these subjects, please contact the Education Directors.

The Education Directors will be looking for 2 individuals interested in being site coordinators at the 2016 Fall Conference. These individuals will help with set up/ take down of the conference room(s), arrange for door prizes and draw for them during conference, help prepare conference packets, and run the registration table before the conference. The site coordinators will be chosen at least 2 months prior to the conference. The site coordinators get free admission to the conference. If you have interest in being a site coordinator for the

2016 Fall Conference, please contact the Education Directors.

Membership Update

Sue Hanna, RHIT, CPC
Membership Director

As of June 1, 2016 the Membership numbers for NDHIMA are:

202 Active Members
115 Certified Members
2 Emeritus Members
11 Graduate Members
62 Student Members

It is great that we have an increased number of student members, however, even after extending the deadline, we did not have anyone apply for the NDHIMA Scholarship this year. The Board has voted to work with North Dakota Dollars for Scholars next year as they will match scholarship dollars. This will allow us to award two $1500 scholarships for the price of one. The website will be updated soon with the new application process. If you or anyone you know is currently a student in an approved HIT program, please be sure to check out the scholarship information on the NDHIMA website at www.ndhima.org.