

NDHIMA

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President's Message

Kim Thompson, MS, RHIA

NDHIMA President 2016-2017



"Inspire Big Thinking to Launch Our Future...."
This was the theme for the AHIMA Leadership Symposium held recently in Chicago and is also the theme for the upcoming 2016 National Convention in Baltimore, MD. This theme rings true in our roles as HIM professionals from small to large organizations. We are constantly tasked with thinking outside of the box to do more with less or finding creative ways to complete projects in areas that go beyond the traditional HIM role. When I started out in the profession, I never dreamed that my career would take me from working in a large teaching hospital, to traveling the country as an HIM consultant, to eventually working in a large county jail that housed a thousand inmates. I continue to be excited and passionate about our profession and look forward to serving as your president. As a board, we look forward to speaking with members to understand what we as an association can do to serve and meet your needs. Two areas of focus for the upcoming year are education and membership. How can we educate as many members possible at our annual conference and in what ways can association membership be increased? Some of you may have recently received a call from one of the board members asking about barriers to attending the annual conference and whether we can do anything different to increase attendance. We want to provide members with up to date information about topics relevant in

the industry and profession and are open to new ideas to help accomplish this.

Let's "think BIG" and launch our future together by attending the upcoming NDHIMA Annual Conference September 22-23, 2016 in Bismarck. Please visit our website using the link below for further details about the conference.

<http://www.ndhima.org/continuing-education/2016-fall-conference/>.

I look forward to seeing you there!

Kim Thompson, MS, RHIA

Past President's Message

Becky DeSautel, RHIT, CCS

NDHIMA Past President 2016-2017



Summer is going by way to fast! I want to take this time to thank everyone for an awesome year and the experience of a lifetime not once but twice serving as your association's president.

Reflecting on the past year it started in September with our first annual fall meeting. We hope that you enjoyed the 2 full-day conference. The decision to continue with two conferences per year or one annual conference was something that was talked about for many years and it finally happened. Another milestone this past year for our profession was the implementation of ICD10 on October 1. ICD10 will go down in history as a non-event, due to the tremendous amount of planning, testing, and sheer determination to succeed. We did it!

Kim Thompson your new association president will do an excellent job representing NDHIMA, leading the NDHIMA Board, and serving our members. Serving on the Board when I started my HIM career gave me the ability to network

and get to know other HIM professionals within our state and at a national level, which was an opportunity I may not have had if I had not said yes when Deb Boppre, the Past President at the time, asked if I would be willing to run for an open Board position.

I encourage you to get involved volunteer (don't wait to be asked) to lead projects at work, say yes when asked to serve on the NDHIMA Board, be a mentor and support our HIM students and colleagues. Our profession and NDHIMA will continue to grow with your help and dedication.

Best of luck to everyone personally and professionally!

Becky DeSautel

Leadership Symposium

News Report

Larissa Stein, RHIT, CCS, CCDS

NDHIMA President Elect 2016-2017

As President-Elect, I had the opportunity to attend the AHIMA Leadership Symposium in Chicago July 15th-16th. This is a two-day event filled with presentations and breakout sessions discussing AHIMA's strategic plan and initiatives, resources available to CSAs, and hot topics relevant to our profession. Highlights from the symposium are outlined below.

Day 1

The initiatives that continue to be focus areas are: Public Good, Innovation, Applied Informatics, Leadership Development and Information Governance.

- Public Good - work is still underway to help improve consumer access to medical information. The 2016 MyHealthID campaign raised awareness of an important issue and there will be more to come on this important topic.

- Innovation – New virtual exam prep workshop for CCS, CCS-P, CDIP, and CHDA. New ICD-10 Physician code book coming out soon.
- Applied Informatics – How can we use technology to help people? AHIMA is working on standards; including web based tools for health care reporting. Plan to launch beta exam in 4th quarter of 2016 for a new informatics credential and AHIMA is moving forward with an Information Governance credential.
- Leadership Development – Apprenticeships have been reported to be going well. We need more hands on experience for our graduates. AHIMA Leaders also discussed "Strategy 2017 and Beyond" by highlighting the strategic objectives of Information and Analytics, Information Governance, HIM Pathways and Consumer Engagement.
- Speakers from different hospitals presented their experiences with implementing an Information Governance (IG) program. A commonality noted among the group was that organizations can start small rather than trying to tackle everything at once. Suggestions were made by the CSA's to provide more examples of IG projects so the task of starting an IG plan isn't so overwhelming and is easier to understand. For more information about Information Governance, please see the link provided below in the references section.

Breakout Sessions in the afternoon included: Discussion on future strategies, HIM Awareness Campaign, Financial Planning 101, Architectural Designs to Build & Improve Your Meetings, and State Advocacy.

Day 2

Mary Byers spoke on "Association Renaissance in a Rapidly Changing Environment" with a simple but meaningful thought. "Stop doing what isn't working." Look at current processes closely and recognize that we are in a rapidly changing environment where individuals have very little time and are asked to do more with less. Take advantage of generational differences and embrace what the youth have to offer regarding technology and ideas. Make meetings fun and focus on specialization and consolidation efforts to minimize the burden and workload for others. Associations also need to acknowledge that technology is changing rapidly and the need to stay current is as important as ever.

Breakout Sessions included the following topics: Multi-state collaboration, Conflict of Interest and Fiduciary Responsibilities, Member Benefits Model, AHIMA support for the CSA's, Advanced Financial Questions, and HIM Reimagined: A framework for the transformation of the HIM profession.

Global initiatives are underway for IFHIMA, to work with schools, and government, on global curriculum to address HIM, health informatics and health information communications technology.

References:

American Health Information Management Association. (2016).

<http://www.igiq.org/>

<https://ifhima.org/>



Click here to [download AHIMA's Strategic Plan Poster](#)

State Advocacy Coordinator Update

Joy Krush, RHIT, CDIP, CCS, CCS-P
NDHIMA State Advocacy
Coordinator 2016-2017

Patti Kritzberger resigned her position as the State Advocacy Coordinator on August 18th. Patti has served 11+ years on the board and her leadership and expertise will be greatly missed. Kim would like to welcome Joy Krush, RHIT, CCS, CCS-P, CDIP as the newly appointed State Advocacy Coordinator. Joy is a Health Care Consulting Manager with Eide Bailly and has more than 25 years' experience in the health care industry with an emphasis in coding, health information management, compliance, and documentation improvement. Joy has served previously on the NDHIMA board in various positions. Please welcome Joy to the board!

April DVAC Meeting Summary:

DVAC Meeting
April 22, 2016 10 am – 2 pm
BCBS Building - Fargo

Members Present: Deb Selland, Michelle Coalwell, Cheryl Nelson, Julie Thrailkill, Laura Jassek, Irma Diegel

Members By Phone: Vicki Martel, Carrie Heinz

Members Absent: Sara Regner, Tina Simon

Meeting opened by Deb Selland.
Agenda reviewed by committee
Reviewed 1/15/16 minutes

New Business:

ICD-10 (standing item):

*Discussion was regarding a report in the ICD-10 Monitor on endovascular thrombectomy codes. These were inappropriately cross walked from ICD-9 to ICD-10 and are not a covered procedure in ICD-10. In the proposed rule this will be corrected.

*Discussion on the importance of coding the correct route/approach if not correct it will group to the incorrect DRG.

*No paid claims at the QIO since 10/1/16. Some hospital negotiated for a set monthly payment. Medicaid is processing claims and the system appears to be working.

*Verbiage of ICD-10-PCS has made it difficult to determine if the code is correct.

*Facilities are finding it difficult to find experienced coders to fill positions. They are utilizing the Virtual Job Interviews through AHIMA, the apprenticeship program through AHIMA, outsourcing, and training one on one for new coders.

RAC/MIC/BCBS/QHA updates: Who does the reviews for the audits? Varying employees appeal and work the audits from coders, coding managers, RAC team, and CDI does the clinical appeals. The medical necessity denials have been minimal. The coding denials for RAC have been busy with a wide range of codes and DRGs being reviewed.

AHIMA/NDHIMA (standing item): NDHIMA fall conference is in September. AAPC national conference is in April and Vicki is attending. HCPCRO CDI national conference is in May with Susan attending this in Atlanta.

Other:

i. Weakness with stroke – this would be monoplegia (education from Michelle).

ii. Bronchoscopy with washings – **Michelle has submitted this to Coding Clinic.**

Definition: washing – irrigation; extirpation-removal mucous plug; BAL-drainage.

iii. COPD exacerbation with pneumonia – **Michelle has submitted this to Coding Clinic** to get clear guidance on the correct sequencing.

iv. **Question** – where in writing does it say to go to the farthest location and therefore not coding every site?

v. Lucas device – tool for chest compression. Michelle submitted this to Coding Clinic for their advice. Per AAPC - code CPR with assistance then add the device code.

*Be cautious in coding this as it changes the DRG by assigning another code with the CPR.

vi. Grand multi-parity with cystic fibrosis carrier – The principal diagnosis would have to be a pregnancy code with the cystic fibrosis carrier as a secondary code. Even though no pregnancy complications were found and it was a normal delivery you cannot code O80.0 – this is the same as coding 650 in ICD-9 and would

not be appropriate to code when the patient has a condition that will be coded as a secondary diagnosis.

vii. HELLP syndrome – a preeclampsia variant and life-threatening complication. Postpartum condition unspecified trimester. Code guidance comes from the Faye Brown Handbook, Code O90.89 – other complication of pregnancy along with I15.8 – secondary hypertension.

viii. Sepsis due to RSV – **Michelle has submitted this to Coding Clinic.** How to code the RSV does it go to bacterial – A49 or viral – B25-B34?

ix. Sepsis grid diagram was shared by Susan.

x. Periprosthetic fracture and perioperative fracture- **Michelle assignment for the correct coding.**

xi. Septic shock and respiratory failure should be carried through and documented on the discharge summary for support in coding.
Lunch & Trivia

Old Business:

Membership: Members are encouraged to recruit new members.

*BCBS will now allow members on the committee who work for contracting companies as long as the contract is with local hospitals within the state of North Dakota.

*BCBS will no longer be reimbursing mileage for the DVAC committee members as this is in keeping in line with all the other committees sponsored by BCBS. This will go into effect for the July 2016 meeting.

*Julie Thrailkill renewed her membership for a 3 year term. Carrie Heintz resigned her membership. Kari Buchholtz from Wishek Hospital is a new member with a 2 year term.

How to Code: Smoker during part of pregnancy, how to code? Susan has submitted this question to Coding Clinic but has not

received a response yet. She will bring back to the committee once a response is received.

Quality Indicators: Julie reports on the FY 2018 Value-Based Purchasing Domain Weighting for Medicare and the CMS Hospital IQR Program Measure Comparison Tables for FY 2018. This information is attached in printouts for perusal.

*If you report accurately you don't lose money if you report inaccurately you will lose money.
– CMS Hospital ICR Program Measure Compare Table – FY 2018 (CY2016)

CARRY OVER

Sacroiliac ligaments are trunk: Sacral Ulcer debridement

oKBGoZZ- Excision, L, trunk muscle

oKBFoZZ – Excision, R, trunk muscle

Other ultrasound guided diagnostic and therapeutic paracentesis.

*Diagnostic should have the following documentation from the provider on the results – can code both but need to be supported.

Assignment – Deb Selland to find the definition of diagnostic versus therapeutic.

Sepsis, pneumonia, UTI due to catheter – what should be the PD? Either sepsis or UTI complication can be the principal diagnosis each potentially meet the definition if the documentation supports it.

BMI of 19.17 – code to 19 or less as it fits into the BMI of 19 and round down.

Sepsis due to E coli UTI but no blood culture of E coli – See CC 3rd QTR 2012- documented by the provider can you link as E coli sepsis? Can see both ways. **Michelle has submitted this question to Coding Clinic.**



Distinguished Member Award

We are very pleased to announce that the winner of this year's NDHIMA Distinguished Member Award is **Deb Selland!**

The following nomination letter was submitted: Deb has been a valued member of NDHIMA for many years. She served our organization as Education Director for several years and developed excellent policies and procedures for scheduling our meetings and obtaining speakers. She also served as President Elect and President of NDHIMA, and represented NDHIMA professionally at our meetings and AHIMA meetings. Deb has been involved in ICD-10 implementation for NDHIMA from the beginning, was instrumental in providing education to our members, and is a consistent valued resource for coding. She is always willing to help in any way she can. She has "battled" through legislative issues on behalf of NDHIMA, is always a voice of calm reason during discussions at the Board or Membership meetings, and is a true representative of our organization. I am proud to have served this organization alongside of her, and am even more proud to call her my friend. For all of these reasons and many more I am happy to nominate Deb Selland for the NDHIMA Distinguished Member award.

Congratulations Deb!

Education Co-Director's Message

Reanna Leier, RHIT Co-Education Director
Hope Friesen, RHIT Co-Education Director

The 2016 Annual Conference will take place on September 22-23, 2016 at the Radisson Hotel in downtown Bismarck, ND. The deadline for registration was September 1, 2016. Any registrations received after the due date is subject to a late fee of \$25 a day.

The site coordinators have been selected for the 2016 Annual Conference. We are still looking for door prizes. If anyone is interested in donating an item, please contact the Education Directors.

Membership Update

Sue Hanna, RHIT, CPC
Membership Director

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

205 Active Members
118 Certified Members
2 Emeritus Members
6 Graduate Members
78 Student Members

In comparison, the Fall of 2015 numbers were:

189 Active Members
112 Certified Members
3 Emeritus Members
5 Graduate Members
5 Student Members