MaHiMA
The official newsletter of the Massachusetts Health Information Management Association

CONNECT

January 2011

Editor's Note

By: Clare Carvel, M.Ed., RHIA, CCS

It's going to be a great year to be an HIM professional! Whether you are a coder ready to embark on your ICD-10 journey, a manager dealing with challenging legal and regulatory issues or anyone using Electronic Health Record technology, your future looks bright!

MaHIMA is off to a good start in 2011, delivering Connect in a new format. This demonstrates a strong commitment of the Governing Board to strengthen existing communication among members and keep its technology up-to-date. The Communications Committee did an outstanding job by initiating the change and seeing it through to completion. And special thanks to Marc Avila at 3 Media Web Solutions who patiently worked with us through a number of iterations.

Also on the topic of "new", you will see new regular features in this issue; namely, REC Reports and RAC Updates. Yes, more alphabet soup! To learn about what's happening at the federal Regional Extension Center, read Heather Hedlund's informative article. Also, Linda Young, JD, RHIA, has volunteered to write editorials on the RAC and would like to know specific areas of interest you may have so she can focus on those in future articles. Colin Zick and Pat Rioux continue to submit insightful columns on current legal and technology topics, respectively, and many others provide updates on local activities.

Thanks to everyone who contributes to Connect!

As you begin this New Year, keep in mind how fortunate we are to be a part of a profession where there is a shortage of qualified people! And this year, please remember to give back to MaHIMA; it's the glue that holds our network together.

Design the Connect Logo

This issue of Connect comes to you with a fresh new look and feel, the result of work done by members of the newsletter redesign project team and Marc Avila of 3 Media Web Solutions, Inc. The team has worked to create a more contemporary and appealing newsletter and now needs your help to complete the project.

You may have noticed that the newsletter name "Connect" lacks an identity. This key design element has been left to you. Here is your chance to brand the newsletter with your creativity!

MaHIMA members are invited to submit a logo design idea. Logo submissions should be your own idea, not copied from other websites. If selected, your logo idea would become the Connect icon. Please submit your idea by January 31st to Karen O'Donnell at info@MaHIMA.org

Clare Carvel, Editor-in-chief, clarecarvel@comcast.net

President's Message

By: Elyse DiSciullo, RHIA

Dear Fellow HIM Professionals, I hope you all had a wonderful holiday season. It is hard to believe that this message marks the halfway point in my tenure as your president. It's true that time just flies by! In the meantime, MaHIMA had a very busy Fall season.

The delegates and I were in Orlando at the end of September to vote at AHIMA's House of Delegates. Voting on issues that may affect the future of our profession is an honor and a privilege.

An Affiliate of

AHIMA
American Health Information
Management Association®

Calendar of Events:

MaHIMA Winter Meeting & Coding Seminar; January 28, 2011; Dedham Holiday Inn, Dedham, MA

14th NE HIMA Annual Conference; May 1-3, 2011; Mohegan Sun, Uncasville, CT

Check it out:

Photos from the MaHIMA Dot Wagg Memorial Legislative Seminar November 9, 2010

Congratulations To:

MaHIMA Award Winners

Professional Achievement Award - Nancy Entwistle, MPA,RHIT, CCS, Emerson Hosital/Laboure College

Legislative Advocacy Award - Anuj Goel, Esq. & Karen Granoff, Massachusetts Hospital Association

Latest Postings in the MaHIMA Job Bank

It's great to be able to meet with other HIM professionals that are also Component State Association (CSA) leaders from all over the country. The networking and best practice sharing is invaluable! Hearing our national leaders speak about AHIMA's involvement in the political scene around ARRA and HITECH is priceless.

There are many MaHIMA initiatives currently taking place that I would like to highlight:

- Redesign of MaHIMA Connect;
- Assist the Regional Extension Center by advertising their educational opportunities on our website;
- Commission a Professional and Education Development Task Force to work with and support local colleges and universities that either have or are adding a HIM track or component to their curriculum;
- Organize our strategic planning meeting in order to revisit/add to our goals and objectives for the coming year;
- Hold the Dot Wagg Memorial Conference on 11/09/10 and the MAPAM meeting on 11/18/10;
- Continue to send e-surveys to our membership on pertinent health information topics;
- Plan for this year's New England HIM Meeting to be held at Mohegan Sun from May 1 – 3, 2011;
- Work with AHIMA on the 2010 Key Initiatives.

The Dot Wagg Memorial Conference was held on 11/9/10. This year it was extended to a full day to allow for all the topics; the agenda was excellent and the feedback very positive.

Recently, MaHIMA commissioned a task force on Professional and Education Development which will be chaired by Dick Logan. This task force will be comprised of MaHIMA members interested in working with HIM programs that are established or in the developmental stages. If you would like to be a part of this task force, contact Dick Logan at RLogan1042@aol.com.

As you can see, the Board and committees are working hard to ensure that we provide you, our members, with the most up-to-date information/education. If you would like to help by volunteering your time, please do not hesitate to contact me at 781-830-8764 or email me at elyse.disciullo@massmail.state.ma.us. The more members that volunteer the better!

**Elyse DiSciullo, President, MaHIMA,
Elyse.Disciullo@massmail.state.ma.us**

COMMITTEE CONNECTIONS:

Legislative Affairs

Dot Wagg Memorial Seminar - Full Day Event a Success
By: Karen Griffin, Director, Legislation/Advocacy

As Dot Wagg stated in July 1993, the need for change in the HIM profession was inevitable. Dot stated, *"We must relish our roles in the scheme of things. And we must over the next year as health reform rolls out, define ourselves and our value for our colleagues and for ourselves. What we do every day matters in a most profound way. And how we tell our own story matters to our survival as a profession."*

The Dot Wagg Memorial Seminar held its first full day educational seminar on Tuesday, November 9, 2010 at the Marlboro Holiday Inn. With 100+ in attendance, field experts presented relevant HIM topics of interest. A wide range of timely topics included proposed modifications of privacy, security, and the enforcement rules under the HITECH regulation; destruction of confidential information; general laws regarding the release of protected health information (PHI); electronic release of PHI; social networking policies; mitigating privacy and security breaches and a panel discussion on the State's HIT agenda.

The test of time has shown that Dot's futuristic vision of the profession was right on target as the HIM story continues to unfold.

Here are just a few comments from attendees:

- "This was one of the best MaHIMA meetings I have attended. The topics/speakers were well chosen and I

On behalf of the Legislative Affairs Committee, sincere thanks to all those who attended the seminar and a special thank you to the presenters for their willingness to share their time and expertise.

- Colin Zick, Esq: Foley Hoag, LLP
- Andrew Kelleher, Security Engineered Machinery
- Deborah Adair, MPH, MS, RHIA: Member, HIT Council, Massachusetts eHealth Institute
- Jackie Raymond, RHIA: Member, Privacy & Security Ad Hoc Workgroup, Massachusetts eHealth Institute
- Heather Hedlund, RHIA: Regional Extension Center, Massachusetts eHealth Institute
- Patricia A. Bass, Esq: Boston Medical Center
- Carolyn Grantham, Website Editor: Dana-Farber Cancer Institute
- Mark Haas, Associate Director, HIM: Massachusetts General Hospital
- Dianne J. Bourque, Esq: Mintz and Levin

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attended. The topics/speakers were well chosen and I
learned some things I was not aware of which is always
good."
- "Thank you!"
- "This seminar was extremely organized and the topics
  were excellent. Having it as a full day was a good idea."

Hold the Date! MaHIMA is going to the Hill again in 2011
By: Karen Griffin, Director, Legislation/Advocacy

Mark your calendar for the next upcoming Beacon Hill Day at the
State House in Boston on Thursday, May 12, 2011. The month of
May is a beautiful time of the year to visit historical Boston and a
wonderful opportunity to network with HIM professionals, learn
about important legislative issues, and conduct group visits to
legislative offices.

Learn more about how you can influence the legislative process
in Massachusetts and earn CEU's at the same time.

Watch for upcoming details. All of the MaHIMA Committees
depend on volunteers to get the work done, and Legislative
Affairs is no exception. Those who join our group do not have
specific tasks, but instead work together to prepare for the
annual Dot Wagg Memorial Seminar and Beacon Hill Day events.
Legislative Affairs has other tasks throughout the year; however,
the majority of our work focuses on these two events.

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Finance

Report for 1st Quarter (July - September, 2010)
By: Linda A. Hyde, RHIA, Finance Committee Chair

At the Fall Meeting, the FY 2011 budget was presented to the
membership. The projected budget for the year is $111,420.
First quarter income was $27,259 with expenses of $21,722. The
majority of income for the first quarter comes from our
proceeds from the New England Annual meeting. This
represented $17,745 with $292 of our silent auction proceeds
funding the certification scholarship program. An additional
income of $5960 came from partial income for the fall meeting.
The remaining income and final expenses for the fall meeting
will be included in the second

quarter budget summary. Expenses represent administrative
costs, AHIMA summer team talks/leadership meeting and
preparation of our income tax filing for the year.

As of the end of September, MaHIMA has $102,916 in assets
with 80% ($82,418) in the Merrill Lynch and Fidelity accounts for
reserves. This represents approximately 9 months of expenses,
in keeping with AHIMA recommendations.

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Awards

HIM Advocacy Award
By: Luisa DiIeso, RHIA

At the Dot Wagg Memorial Legislative Seminar on November 9,
2010, the HIM Advocacy Award was presented jointly to two
prominent staff members at the Massachusetts Hospital
Association (MHA); Anuj Goel, Esq., and Karen Granoff, Senior
Director of Managed Care Policy. Anuj and Karen were
recognized for their extraordinary and long term advocacy of the
HIM profession.

Anuj Goel was recognized for his involvement with a variety of
joint MHA/HIM initiatives, including the final passage of the record
retention bill and Senate Bill 2863 (administrative simplification
bill). Anuj has routinely solicited input from the HIM group for
other pertinent MHA/state wide activities including data quality
initiatives (Serious Reportable Events Data), HIPAA related
updates, Payer-Provider issues that impact reimbursement,
overall data quality, and RAC related updates and audit
activities.

Anuj is well aware of the challenges our profession faces in the
current health care climate and he is always willing to support
key HIM efforts and initiatives geared towards protecting the

rights of patients, preserving data quality, promoting positive
payer-provider relations, and educating hospitals in terms of
pertinent practice updates.

Karen Granoff has been instrumental in supporting HIM efforts
related to Senate Bill 2863 (administrative simplification bill) at
both the state level as well as the payer-provider level. Karen
routinely meets with payers to discuss and outline administrative
simplification efforts in a variety of areas and serves as the MHA
representative for the Division of Insurance workgroup that was
established as a result of Senate Bill 2863. Consistently, Karen
has worked to communicate payer provider coding issues that
arise and bring together the appropriate individuals (both
payer/provider) in an effort to resolve issues and preserve data
quality.

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Professional Achievement Award
By: Susan Pepple

Also at the Dot Wagg Memorial Seminar, the MaHIMA
Professional Achievement Award was presented to Nancy
Entwistle, MPA, RHIT, CCS, by Barry Libman, MS, RHIA, CCS,
CCS-P, CPC.

The Professional Achievement Award honors an individual whose
long-term and enthusiastic support of MaHIMA and the HIM
profession has advanced MaHIMA's capacity to achieve its
mission and advanced HIM practice. The following has been
paraphrased from Barry's presentation:

In her 22 years in the Health Information industry, many

to secure the future of students. In the workplace, Nancy
focuses on accuracy of coded data and efficiency in departmental
function. She has been an integral part of an innovative HIT
program at Labouré College where she first served as Adjunct
Faculty and then as Program Chairperson.

Nancy operates largely 'below the radar,' a committed
professional, an energetic and motivated hard worker, willing to
step in and get the job done. She meets industry and
professional challenges with an original approach. In so many
ways, Nancy exemplifies the ideals of Health Information
Management as a leader and innovator, as a committed

In her 22 years in the Health Information Industry, many individuals know Nancy for her abilities as an extraordinary professional. Those who have worked with her know that she has promoted the profession and, through her numerous AHIMA, CAHIIM and MaHIMA committee and board positions, has worked

Management as a leader and innovator, as a committed professional, as well as a gifted educator and mentor.

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LEGAL CONNECTIONS:

AMA Adopts Policy on "Professionalism in the Use of Social Media"
By: Colin J. Zick, JD
Foley Hoag LLP

The American Medical Association recently published a policy on "Professionalism in the Use of Social Media," in an apparent attempt to address growing concerns about patient confidentiality and privacy in various internet settings. While these considerations do not directly impact HIM professionals, these are prudent rules that HIM professionals should abide by too. Also, you should reach out to the physicians with whom you work to make sure they are aware of these issues, as this ultimately touches on the cornerstone issue of patient confidentiality.

While the AM policy mostly consists of "considerations" that physicians should "weigh" when maintaining an online presence (none of which are new or earth-shattering), there was one notable exception -- a snitch rule:

> "When physicians see content posted by colleagues that appears unprofessional, <u>they have a responsibility to bring that content to the attention of the individual so that he or she can remove it and/or take other appropriate actions</u>. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, <u>the physician should report the matter to appropriate authorities</u>."

The specific considerations in the AMA policy are as follows:

(a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.

(b) When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.

(c) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just, as they would in any other context.

(d) To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.

(e) When physicians see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.

(f) Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students), and can undermine public trust in the medical profession.

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TECHNOLOGY CONNECTIONS:

The Ins and Outs of Social Media: What's in it for Hospitals?
By: Pat Rioux, RHIT
Product Management, eClinicalWorks

Carolyn Granthan, Website Editor for the Dana-Farber Cancer Institute, presented information about the hospital's Social Media Policy at the Dot Wagg Memorial Seminar and shared some experiences they have had with their 11,000 Facebook "friends".

The hospital recently finalized this policy, which is part of their new employee orientation, having first vetted it with the Communication, Legal, and Human Resource Departments. Carolyn noted that the scope of the policy focuses on employee behavior but it also has a detailed process in place to handle situations involving 'complaints' or negative comments.

JetBlue's experience is an example of how not having a corporate policy in place can backfire. The airline's Twitter account – usually very active – became silent after the Flight Attendant took "the slide" out of the plane after a frustrating customer experience; and that silence was very noticeable to the public. Having a Social Media policy in place will provide guidance for responding to situations such as this on social media venues.

Staff at Dana-Farber found the format of their existing Sexual Harassment training program useful in designing the new Social Media Policy training. They tied HIPAA in with social media as it

relates to patients, photos, etc. When deciding what to include, they followed the philosophy: "Be prepared for every situation – put it in your Social Media Policy."

The hospital uses Facebook, Twitter, YouTube and Flickr. They have 141 videos on YouTube (cancer survivors, doctors, new treatments, etc.). One video of treatment for a rare sarcoma was viewed by a couple in England who had been told that there was no further medical treatment available.   Carolyn was surprised that the couple lives only eight miles from where she grew up so she invited them to visit her when they came to Dana Farber for medical care.

According to Granthan, people like social media because it is quick and informal. The challenges of social media for hospitals are negative comments, libel/defamation, employee activity, HIPAA violations, medical advice, misinformation, and losing control. A comprehensive Social Media policy is essential.

www.ebennet.org lists all national hospitals using social media

Twhirl: www.twhirl.org can be used to monitor the web for negative comments about your organization

FEATURE ARTICLES:

ICD-10-CM in 2011

By: Linda Hyde, RHIA
Director, Clinical Quality Management
MedMinedTM Services
CareFusion

Slowly but surely we are getting closer to the October 2013 implementation date for ICD-10-CM/PCS. AHIMA and MaHIMA are working hard to provide resources and education we will need to successfully make the transition. At the MaHIMA Fall meeting in September, Lynn Kuehn, a coding consultant from Wisconsin, gave an excellent presentation on both CM and PCS, which she has graciously summarized in this newsletter.

This October, the National Quality Forum (NQF) issued the ICD-10-CM/PCS Coding Maintenance Operational Guidance consensus report. This report, which can be found at, www.qualityforum.org/Publications/2010/10/ICD-10-CM/PCS_Coding_Maintenance_Operational_Guidance.aspx provides guidance around transitioning quality measure code sets from ICD-9 to ICD-10. At the end of 2009, NQF convened an expert advisory panel charged with providing recommendations to support the transition of NQF-endorsed quality measures to ICD-10. The panel also touched on the larger issue of transitioning measures to other new code sets facilitating the move to electronic measures using LOINC, RxNorm, and SNOMED-CT capturing data from an electronic health record.

One recommendation from the panel regarding the conversion of measures code sets to ICD-10 included convening experts with coding expertise in both source and target codes (ICD-9-CM and ICD-10-CM/PCS) as well as clinical expertise to review the code conversion for both clinical comparability and appropriate use of ICD-10 codes. The panel recommends that the NQF start requiring the submission of ICD based measures with both ICD-9 and ICD-10 code sets as of October 2011. This would require the availability of skilled ICD-10 coders as soon as 2011 to provide the expertise to support this effort.

MaHIMA is preparing for the 2011 ICD-10 Summit this spring. If you have any ideas on speakers or topics, please contact Bob Seger at rseger@partners.org. We want to make sure we are addressing your needs to keep the momentum going towards 2013, including all key tasks and education that will need to be done before then.
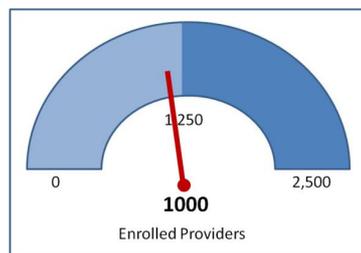
The REC Report

By: Heather Hedlund, RHIA
Clinical Relationship Manager, Regional Extension Center
Massachusetts eHealth Institute

What an exciting few months it has been at the Massachusetts Regional Extension Center! We have been busy conducting outreach and education sessions across the state to a variety of provider groups and healthcare organizations focusing on the Regional Extension Center, the HITECH EHR Incentive Program, and Meaningful Use. These sessions have reached hundreds of providers, practice managers, hospital and physician administrators, information technologists, health information management professionals, and health record champions.

There is much to learn about these programs and the Regional Extension Center is here to help providers navigate the process of implementing a federally certified EHR and achieving Meaningful Use. Our next educational Summit will be held at Children's Hospital in Boston on Tuesday, January 11, 2011. Please see the following link for an agenda and to register. Registration is free. www.maehi.org/REC/RECEducationalSummits.html

1000
Enrolled Providers

We have also been busy enrolling providers and as of December 1st, I am pleased to report that we have over 1000 providers enrolled with the REC, with hundreds more in the pipeline! This includes physicians, nurse practitioners and physician assistants who provide primary care, as well as specialists. We are well on our way to reaching our goal of enrolling 2500 by January 31, 2011. And, we were recently informed by our Project Director in Washington, DC that Massachusetts is the only Regional Extension Center in the country that has met its projected goals thus far!

Over the coming months we will be focusing on working with our enrolled providers and helping them with their selection of an EHR vendor (if they do not yet have an EHR) and an Implementation & Optimization Organization (IOO). We have gone through a very rigorous vetting process and have developed a list of "selected" EHR vendors and IOOs, which have agreed to such conditions as guaranteeing Meaningful Use and offering "preferred pricing" for REC members. These IOOs will provide consulting services to the

Selected" EHR Vendors:

- Allscripts
- athenahealth
- eClinicalWorks
- eMDs
- Epic/Fallon
- GE Healthcare
- Greenway
- MedPlus – A Quest Diagnostic Company
- NextGen

Sage Software

- "Selected" IOOs:
- Advocates for Human Potential
- Applied Management Systems
- Arcadia Solutions
- Beth Israel Deaconess Physicians Organization
- Boston Medical Center
- Caritas Christi Healthcare
- Concordant, Inc.
- Culbert Healthcare Solutions
- eClnicalWorks
- eMDs
- Fallon Clinic
- Ficus Consulting Group
- Massachusetts eHealth Collaborative
- Massachusetts League of Community Health Centers
- MBA HealthGroup
- MedPlus – A Quest Diagnostic Company
- Polaris Danforth Corporation
- Primary Care Foundation

We are grateful to MaHIMA for being a co-sponsor of the REC and providing us with the opportunity to participate at recent meetings. I would also like to thank the membership for assisting us with our outreach efforts to the providers in your organizations. We look forward to working together to help all providers in the state adopt and use EHR technology in a meaningful way to ultimately improve patient care for all.

Heather Hedlund can be reached at 617-371-3999 x234 or hedlund@masstech.org

REC members. These IOOs will provide consulting services to the practices by providing implementation support for their EHRs and/or assisting them to achieve Meaningful Use. If a provider qualifies, s/he can receive up to $4500 in consulting services (per provider), paid directly to the IOO by the REC. The following is the list of the REC's "selected" EHR vendors and IOOs:

What's Up with ICD-10-CM and ICD-10-PCS

By: **Lynn Kuehn, MS, RHIA, CCS-P, FAHIMA**
President, Kuehn Consulting, LLC

It's been a long time in coming, but we're finally going to see a change in our coding systems. Both a new diagnosis classification system and a new procedure classification will become effective on October 1, 2013 for all U.S. Healthcare claims. The ICD-10-CM system will be used by all health care providers to code diagnostic statements. ICD10-PCS will be used to code services provided to hospital inpatients. PCS, the procedure coding system designed for implementation by CMS will not replace CPT. The CPT coding system will continue to be used to code hospital outpatient and professional services by all the providers who currently use CPT.

The look of the codes will change but the index and tabular concepts will remain the same, with a similar look and feel to ICD-9-CM. The ICD-10-CM diagnosis codes all begin with an alphabetic character and range from three characters to seven characters in length. A new feature of ICD-10-CM is the classification of laterality, or which side of the body is the site of the disease or injury. The new system also contains many more combination codes used to describe conditions that commonly are found together, such as angina with heart disease and diabetes with its many complications. In addition, many conditions are classified differently in ICD-10-CM, such as open wounds no longer classified as complicated or uncomplicated, and OB complications categorized by the trimester rather than identifying the episode of care. But, don't be scared about the new level of specificity. While the hope is that more specific information will be documented and can be coded, the ICD-10-CM system retains the familiar "unspecified" codes that allow the coder to select a code based on even minimal documentation.

Official Coding Guidelines will be used for ICD-10-CM, covering much the same information as found in the ICD-9-CM guidelines, with some guidelines changing to match the new concepts found in the classification system. The most recent set of data files and the Official Coding Guidelines can be found on the CDC website at www.cdc.gov/nchs/icd/icd10cm.htm#10update or on the CMS website at www.cms.gov/ICD10/12_2010_ICD_10_CM.asp.

Beginning with discharges on October 1, 2013, hospital inpatient facility services will be coded using ICD-10-PCS. These new codes contain seven characters but do not contain a decimal point, as ICD-10-CM codes do. Each character contains up to 34 possible values, using the ten digits from 0 through 9 and 24 letters A to H, J to N and P to Z. The letters O and I are not assigned because of their ease of confusion with the characters of 0 and 1. This system uses an index and code tables in "building" a procedure code, a new concept for this classification system.

To locate a code, the coder references the index under one of the many root operation names, such as Destruction, Excision or Repair. Each root operation has a specific definition within the classification system. Once the coder locates the body part associated with the appropriate root operation, the index provides the first three or four characters of the code and directs the coder to the specific code table to be used to build the complete code. From the code table, the coder will select the remaining characters from the same table row to fully describe the procedure.

For example, the procedure of left lung transplant from a human donor is coded to the root operation of Transplant. After the coder locates the first three characters of 0BY in the Index, the coder would use table OBY to complete the code.

Table 0BY

Section	0	Medical and Surgical

Section   0   Medical and Surgical
Body System   B   Respiratory System
Operation   Y   Transplantation: Putting in or on all or a portion of a living body part taken from another individual or animal to physically take the place and/or function of all or a portion of a similar body part.

Body Part	Approach	Device	Qualifier
C Upper Lung Lobe, Right D Middle Lung Lobe, Right F Lower Lung Lobe, Right G Upper Lung Lobe, Left H Lung Lingula J Lower Lung Lobe, Left K Lung, Right L Lung, Left M Lungs, Bilateral	0 Open	Z No Device	0 Allogeneic 1 Syngeneic 2 Zooplastic

From the 0BY code table, the coder selects the 4th character of L for the Body Part (Lung, Left), the 5th character of 0 for the Approach (Open), the 6th character of Z for Device (No Device) and the 7th character of 0 for the Qualifier (Allogeneic – meaning from another human). The complete code for bilateral lung transplant from a human donor is 0BYL0Z0.

Each character has a specific meaning within an individual section. The meanings of the characters are similar among the 16 sections but can change when coding in different sections. The 16 sections of ICD-10-PCS are:

Sections of ICD-10-PCS	
0	Medical and Surgical
1	Obstetrics
2	Placement
3	Administration
4	Measurement and Monitoring
5	Extracorporeal Assistance and Performance
6	Extracorporeal Therapies
7	Osteopathic
8	Other Procedures
9	Chiropractic
B	Imaging
C	Nuclear Medicine
D	Radiation Oncology
F	Physical Rehabilitation and Diagnostic Audiology
G	Mental Health
H	Substance Abuse Treatment

The most recent set of data files and Official Coding Guidelines for ICD-10-PCS can be found at www.cms.gov/ICD10/11b_2011_ICD10PCS.asp

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The RAC: When Results Do Not Comport with Fundamental HIM Practice ... Now What?

By: **Linda Young, JD, RHIA**
Assistant General Counsel, Applied Management Systems, Inc
Owner, Law Office of Linda M. Young, LLC

Over the course of 2010, Recovery Audit Contractor (RAC) audits involved only complex DRG reviews. Just on the heels of what has been a litany of perplexing decisions, providers are bracing for the impact of the medical necessity reviews in upcoming months.

The DRG-only reviews allowed for an opportunity to adjust to the RAC process, particularly those facilities that had not participated in

Procedurally, our HIM experts are faced with the onerous task of reversing these cases at the lowest possible level, the discussion period – a critical strategy in avoiding the technical denial. It is imperative that providers know the procedure for the discussion period and take full advantage of it. A request to open the discussion period should be done using the form provided on the DCS website titled Request to Open Discussion Period. The form

the demonstration project. As most providers are well aware, the worst type of denial is a "technical denial" for failing to produce a medical record on time. A technical denial at the time of recoupment demand will preclude a provider from further appeal at any stage. This means "game over" with no chance of reversal. In order to avoid technical denials, many facilities implemented systems to track requests and were able to adhere to the 45-day cycle.

In further preparation for the RAC, providers developed documentation improvement programs to ensure that documentation in the record supports code assignments. No doubt, these programs were (and still are) worth their weight in gold. Initially, providers reported a good number of under payments with their results. The documentation was just that good. On the surface, providers were in relatively good shape, diligently avoiding technical denials due to missing records and thorough enough to implement hospital-wide initiatives to improve documentation. But were their bases covered?

Not necessarily. As the RAC gained momentum, providers faced the reality that strict compliance with medical record documentation practices would not preclude the RAC from issuing harsh technical denials for things such as a missing H&P on a patient - when an interval H&P was clearly in the chart; or failing to recognize that a full discharge summary is not required for a patient admitted for 48 hours or less. Other denials were issued citing code assignments that were based on a specialist's documentation. In these types of cases, the denial was actually issued due to lack of corroborating documentation from the attending physician. This issue was addressed in the recent Medicare Learning Network news letter, MLN Matters News Letter. Nevertheless, any prior adverse denials for this reason cannot be ignored. They must still be addressed using the proper procedure to preserve the right of appeal.

itself allows for the provider to attach its rationale in a separate letter.

The best plan of action in formulating a rationale is to provide the official language of the related standards along with any internal hospital policies in support. For example, provide a copy of the Joint Commission standard, and regulations from the Conditions of Participation (CoP). The CoP requires a hospital to remain in compliance with Joint Commission standards in order to participate in the Medicare program. Inherently, CMS must also comply with its own standards.

The best advice is to avoid technical denials at all costs. Preserving the right of appeal is key. If it's an H&P problem, cite the Joint Commission standard "Record of Care" RC.01.02.03 which allows for an H&P completed within 30 days to be used.

Stay tuned for ongoing updates on the RAC including some results of recent cases, ongoing support, and guidance for dealing with the RAC. Up-to-date, current RAC topics will be addressed in future issues of Connect, however, your feedback and/or suggestions for more specific topics are always welcome. Please send any feedback or suggestions to Linda Young at lyoung@aboutams.com.

TOP

MaHIMA Governance Creates a New Task Force
By Richard C. Logan, MBA, RHIA

The MaHIMA Board has recently agreed to form the Professional and Educational Development task force to assist with new educational programs taking shape across the state. As discussion grows regarding new initiatives for formal certificate, Baccalaureate and Master Degree programs across the state, leadership wants to ensure that it can successfully coordinate efforts amongst colleges and universities. Recently Framingham State University has announced that it will be re-exploring offering graduate education in Health Information Management.

Richard C. Logan, MBA, RHIA, the former Founder, President and CEO of Medical Record Associates, Inc. and long time Sr. Lecturer at Northeastern University in Boston has been asked to chair this important undertaking. Members wishing further information on the Task force and/or who wish to volunteer their services may contact Dick directly at Rlogan1042@aol.com.

TOP

PRESENTATION SUMMARIES:

Chris Richards, RHIA: MassPRO Update and CMS Update
By Clare Carvel, M.Ed., RHIA, CCS

Chris presented at the MaHIMA Fall Meeting on September 22, 2010 and at the MaHIMA Western Massachusetts Meeting on October 22, 2010. His presentation at both meetings focused on three topics that relate to HIM activities but do not necessarily have a direct impact on daily operations.

First, he addressed the appropriate use of the so called "code 44" for inpatient admissions orders changed to outpatient observation services after review by case management/utilization review.

Second, he presented an overview of the CMS/QIO review of physician acknowledgement statements. This is an activity usually overseen by the medical staff credentialing office yet it is directly related to DRGs and hospital payment. Chris emphasized that HIM could play a role in helping to ensure that the medical staff office understands the importance of acquiring signed and dated statements from all newly appointed physicians. If the physician serves as the physician of record on an inpatient claim, he/she must have a statement on file before billing Medicare.

Lastly, Chris reviewed the recent changes to the "72-hour rule" as it applies to non-diagnostic services. A new law requires that ALL non-diagnostic services are deemed to be related to an admission within 72 hours and must be rolled into the inpatient payment UNLESS the hospital specifically attests, via a condition code on the inpatient bill, that the services were unrelated.

Chris encouraged everyone to research the multitude of regulatory discussions and memorandum available related to all these issues in order to ensure hospital compliance. Click here for a copy of Chris' slides.

TOP

COLLEGE CONNECTIONS:

BRISTOL COMMUNITY COLLEGE
By Joy P. Rose, MSA, RHIA, CCS
HITECH Grant Program Coordinator/HIT Program Director

Bristol Community College (BCC) in Fall River is off to a strong start with their HITECH Grant Program. The program enrolled and started their first cohort of 27 students. The students are currently

through intensive six-month long curricula which is enrolling new cohorts of students every 3 months. The initiative is projected to prepare 350 students per year for high-demand health

started their first cohort of 27 students. The students are currently enrolled in three of the component courses for the grant: The Culture of Healthcare; Health Management Information Systems, and The History of Health Management Information Systems. As a member of the Health Information Technology Community College Consortium, Bristol Community College has begun the process of forging new pathways in Electronic Health Record (HER) implementation.

By offering this program, BCC will have a crucial role in providing our local area and nation with a highly qualified workforce that is essential to the successful implementation and support of electronic health records systems (EHRs). BCC's certificate courses will quickly deliver to the marketplace a cadre of HIT specialists

prepare 250 students per year for high-demand health information technology implementation support jobs. These trained workers will help to offset the five-year shortfall of 51,000 nationwide. BCCs next cohort of HITECH students will begin in January 2011 and there are expected to enroll up to 50 students in the next cohort.

For more information about the HITECH Grant Program, contact:

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FISHER COLLEGE
By Patricia Parkes, RHIA
Program Director, HIT & Medical Coding
Greetings and happy 2011 to the members and friends of MaHIMA!

The past year was another successful year for Fisher College's Health Information Technology and Medical Coding Certificate Programs. Our HIT and MCC Program Advisory Committee Meeting was held in mid November. This important meeting brings together faculty, alumni, and other HIM professionals who discuss the workforce needs and how the Fisher College curriculum can meet these needs. I would like to thank my Program Advisory Committee members for their interest and support in continuing to improve the curriculum in order to prepare our graduates for successful careers in the HIM profession. Members include: Grace Beason, LICSW, RHIT, CHPS; Maxine Bennett, RHIT; Elaine Bulman, RHIA; Clare Carvel, RHIA, CCS; Donna Felix, RHIA; Margaret Hughes, RHIA, CCS; Christopher Rushbrooke, RHIT, CCS; Normund Strautin, RHIA, CCS; and, Georgette Wilson, RHIA.

If you are interested in joining the Fisher College Program Advisory Committee for HIT and Medical Coding, please contact Patricia Parkes at pparkes@fisher.edu.

For more information on Fisher College's HIT and Medical Coding Certificate Programs, please contact:

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TOP

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