

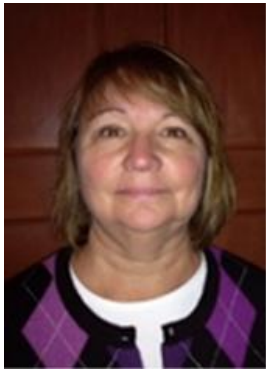
Perspectives Online

Official Publication of the New York Health Information Management Association

Volume XVI Issue 6

August 2014

FROM THE PRESIDENT



In 2015 we will be going into NYHIMA's 80th year as an association. That is a pretty big accomplishment and we have seen many changes over the years. Since 1935, NYHIMA has been dedicated to promoting the professional excellence of its members through education, advocacy, and alliances. These items will continue to be our focus this year as well as continuing to promote the message that ***we are no longer a department, but rather, a profession.***

The theme for our Annual Conference in Syracuse in June will reflect that thought and help us to remember that we as a profession, have grown and evolved into the keepers of all kinds of healthcare data. Wikipedia says that "***Traditionally practicing in hospitals and to referring paper files and records, the field presently refers to all healthcare systems and types of media.***"

Click [HERE](#) to read more.

Submitted by: Sandra Macica, MS, RHIA, CCS

ICD-10-CM/PCS

Procedure Coding Guidance

Just like ICD-9-CM coding, ICD-10 coding will also have continuous updates and suggestions for reporting. Remember to keep up on your recent American Hospital Association Coding



Clinic advice. For example, corrections to ICD-10 advice are already being corrected. Coding Clinic for ICD-10-CM/PCS Fourth Quarter 2013, pages 111-112, advised to assign ICD-10-PCS code 07974ZX, Drainage of thorax lymphatic, percutaneous endoscopic approach, diagnostic, for a transbronchial endoscopic lymph node aspiration biopsy.

The root operation should have been Excision rather than Drainage. Fine needle aspiration involves placing a needle through tissue, applying suction and then aspirating the tissue for biopsy. The root operation Drainage is used when fluid or gas is removed, for diagnostic or therapeutic purposes (e.g., collection of fluid or drainage of abscess). Coding Clinic for ICD-10-CM/PCS First Quarter 2014; page 26 now advises using code 07B74ZX, Excision of thorax lymphatic, percutaneous endoscopic approach, diagnostic, for a transbronchial endoscopic lymph node aspiration biopsy.

To submit questions for Coding Advice, visit www.codingclinicadvisor.com/Faq.aspx for a list of frequently asked questions for how to set up your free account as well as how long it will take to get a response.

Submitted by: Sandy Macica, MS, RHIA, CCS

ICD-10-CM/PCS Deadline

If you haven't already heard, The U.S. Department of Health and Human Services (HHS) issued a rule finalizing October 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases. Read the final rule in the August 4, 2014 Federal Register www.gpo.gov/fdsys/pkg/FR-2014-08-04/pdf/2014-18347.pdf.

It was estimated in the 2012 final rule that a 1-year delay of ICD-10 compliance would be reflected by additional work at an estimated total cost of \$5 to \$10 million for the Medicare program. Because the Medicare program was so far along in its ICD 10 implementation when the Protecting Access to Medicare Act of 2014 (PAMA) was enacted, HHA now estimates that the cost of a 1 year delay will be \$21 to \$32 million for the Medicare program spread across FYs 2014 and 2015.

Submitted by: Sandy Macica, MS, RHIA, CCS

NYHIMA NEWS♦NOTES

2015 Annual Conference Update

Planning is underway for NYHIMA's 2015 Annual Conference. It will be taking place in Syracuse, NY. Our headquarters will be at the Crowne Plaza located downtown and the educational sessions and vendor showcase will be at the OnCenter, also located right downtown.

In downtown Syracuse there are many restaurants and pubs. Some of them have been featured in national television series. Also downtown is the MOST, the Museum of Science and Technology. Another great attraction in the area is Destiny USA. Over here there is loads of shopping available, several restaurants and some great entertainment venues. In this mall you can go bowling, listen to live music or walk across the canyon on the ropes course. If you are

interested in learning more about the CNY area and all there is to see and do look up the Syracuse Chamber of Commerce.

The location is set but now we need to plan the events and educational sessions. Do you have any ideas of topics that you would like to learn more about? If you have suggestions please send them to the conference co-chairs, Jeffery Youngs at JefferyYoungs@crouse.org or Cindy Alsheimer at calsheimer@jamesquare.com.

Submitted by: Dolores Boylan, RHIA

NYHIMA Board Update

The next NYHIMA Board meeting and Local Leaders session is scheduled for September 8th. Some of the issues the board and your local leaders will be working on include:

- Promotions for our 80th membership year
- Review and updating of the Strategic Plan
- Discussion of the 2015 Annual Conference in Syracuse and upcoming sites for 2016 and beyond
- Scheduling upcoming educational sessions to begin this fall. Co-sponsorship with locals and other states.
- Reviewing the 2014-15 budget and other financial obligations
- Creating the new NYHIMA website and FaceBook page to be released by the end of this year
- Preparation for the AHIMA House of Delegates this fall in San Diego

NYHIMA would also like to thank Kathleen Barry, RHIT for her many years of service to NYHIMA as its Education Director. Kathleen submitted her letter of resignation to the Board on July 31, 2014 in order to give more attention to other personal and professional commitments.

On August 17, 2014 NYHIMA appointed Jeffery Youngs, RHIT as its new Education Director. Jeffery has already been hard at work in his new role so stay tuned for exciting educational opportunities soon!

Submitted by: Sandy Macica, MS, RHIA, CCS

Local Associations News

HIMA of Northern New York

- The Health Information Management Association of Northern New York has not had a regularly scheduled business meeting over the summer months. The next meeting is scheduled for Sept/Oct.
- We have had two of our members sit for their exam over the past two months.



- Leslie Mills, RHIT now holds the RHIA credential. Leslie is the current Director at the St. Lawrence Psychiatric Center, Ogdensburg, NY. She has replaced Mari Piri-St. Pierre, RHIA, who has moved on to an office in Albany.
- Heather Sullivan now holds the RHIT credential. She is the current Director of the HIM Dept. at Carthage Area Hospital.
- Tennille Schmitt, RHIT has moved into the Information Management Department at Carthage Area Hospital.

Submitted by: Donna Bishop, RHIT

CNYHIMA

- On 4/4/14 Onondaga Community Library hosted CNYHIMA's Education Program. Thank you to CNYHIMA for sponsoring our luncheon! Frances Scott, RHIA presented "Best Practices for Dispute Resolution and Appeal Process" and Toni Cornell, RHIT, CPC, CHCO "ICD10CM/PCS Practice Session".
- On 4/4/14 the Long Term Care Special Interest Group met at Pita Pit in Syracuse, NY. The committee had an ICD10CM Practice Session and started our ICD10 Coding List and researched over 40 codes to add to our ICD10CM coding list.
- On 5/9/14 CNYHIMA held our Annual Meeting at the Double Tree in East Syracuse, NY. Thank you to all who attended! Attendees: (102)

Click [HERE](#) for all CNYHIMA updates.

Submitted by: Cindy A. Alsheimer, RHIT

IN THE SPOTLIGHT

NYHIMA would like to once again acknowledge its 2014 Annual Conference award recipients for all of their hard work and dedication to the HIM profession and NYHIMA.

Hall of Fame Award Recipient

Peter P. Micallef, MLS, RHIA, CCS, CCS-P

Distinguished Member Award Recipient

Gail A. Woytek, RHIA, CCS

Mentor Award Recipient

Jeffery Youngs, RHIT

Mary Zannis Scholarship Recipient

Edward Patrick

Returning Student Scholarship Recipient

Tracy L. Bremer

Click [HERE](#) to view all 2014 NYHIMA award recipients.

Submitted by: NYHIMA Central Office

AHIMA NEWS♦NOTES

Join the Blue Button Initiative

AHIMA encourages component state association (CSA) members to adopt the [Blue Button Initiative](#) by taking the [Blue Button Pledge](#) and adding their organization to the ever-growing list of supporters. Members can share Blue Button information with your employers and advocate that they participate.

Through the pledge, organizations that manage health data promise to provide individuals with electronic access to their health information by hosting the Blue Button icon on their site and providing a secure portal to download and save their medical records. Non-data holders pledge to educate others about the importance of granting access to personal health information and developing tools to expedite the process.

Click [HERE](#) to read more.

CAHIIM PROGRAMS NEWS♦NOTES

Advice for Recent HIM Graduates

The most common refrain from new graduates is “I can’t find a job” and the second id “everyone wants experience”. How can you get a job without experience and how can you get experience when you can’t get a job. It sounds like a vicious, never ending cycle; which it can be. However, there are also ways to succeed. There are things that you can do, ways that you can present yourself and getting the foot in the door to help you achieve your goals.

The first thing that every new graduate needs to do is to get credentialed. Receiving and then maintaining your credentials is the single most important thing that you can do in order to improve your chances of success. The credential tells potential employers that you have the knowledge base that they are looking for. They also know that you are responsible and motivated enough to sit for the exam in the first place.

After you get credentialed, join the local association. This is where you are going to meet people. If you attended a local college, most of your instructors will be at these meetings and can introduce you to all of the managers and supervisors at the different meetings. Ideally, you were already doing this as a student. That way, when you graduate the hirers already know your name and more importantly, you know theirs.

Click [HERE](#) to view the full article.

Submitted by: Dolores Boylan, RHIA



NEWS BRIEFS

Understanding Clinical Lab Packaging for 2014

As of January 1, 2013, CMS packaged clinical labs studies. These tests can be identified as status N on the addendum B. The reimbursement for these tests is now packaged into the associated primary procedure.

Medicare created certain exceptions when there is no primary procedure for packing the payment. For “lab only” visits, where specimens are sent to the hospital from an outside provider, or where the patient presents to the hospital for lab work only, the test should now be billed on a type of bill (TOB) 131 with an L1 modifier. The L1 modifier effectively tells the Outpatient Code Editor to change the status from N to A, to allow it to be reimbursed according to the Clinical Lab Fee Schedule.

Click [HERE](#) to view the full article.

Submitted by: Richard Cooley, Epoch Health Solutions, LLC

PROFESSIONAL DEVELOPMENT

Version 32 of the MS-DRGs

To see a list of MS-DRG changes for FY 2015 refer to:

- Table 5: List of final MS-DRGs, Relative Weighting Factors and Geometric and Arithmetic Mean Length of Stay
- Tables 6I-6K: Table 6I Complete MCC list; Table 6J Complete CC list; Table 6K Complete list of CC exclusions for the MS-DRGs
- Tables 7A and 7B: Tables 7A and 7B contain the number of discharges, and selected percentile lengths of stay for both MS-DRGs, version 31 and MS-DRGs, version 32

Details for the tables can be found on the 2015 final rule page [HERE](#).

Submitted by: Sandy Macica, MS, RHIA, CCS

The Non-Credentialed Coder

Although the decision to require a coding credential for current staff members is highly institution-specific. HIM directors must keep in mind that not every coder wants to obtain a credential, particularly if they are close to retirement.

Seasoned professionals have already proven themselves, and if a director insists on a credential, he or she could run the risk of losing that employee. Retention is incredibly important as we head into ICD-10, and no director wants to be left with vacant coding positions that can't be filled.

However, if an HIM director allows seasoned professionals to continue to work without a credential, he or she must be prepared to manage a diverse department. In some institutions, credentialed coders receive more compensation, which can lead to tension among staff

members. This is certainly a consideration as directors make the decision to require a credential.

In a hybrid department that includes a mix of credentialed and non-credentialed coders, HIM directors must ensure that everyone receives opportunities for continuing education and all coders are treated equally.

Submitted by: Dionisio S. Namocatcat, CCS, CPC

Source: Advance Health Care Network Health Information Professionals Feature, July, 7, 2014

WHAT'S NEW IN WASHINGTON

US Department of Justice News

South Florida Man Sentenced to Prison for \$10.5 Million Medicare Fraud Scheme

A 43 year old man pleaded guilty to conspiracy to commit health care fraud involving physical and occupational therapy services. In addition to his prison term, he was sentenced to serve three years of supervised release and ordered to pay \$6,248,056 in restitution, jointly and severally with his co-conspirators.

From November 2007 through August 2009, a company that provided therapy services submitted approximately \$10,549,361 in fraudulent claims for reimbursement to Medicare for therapy services that were not legitimately prescribed and not legitimately provided to Medicare beneficiaries. As a result of those fraudulent claims, Medicare deposited approximately \$6,248,056 into the company's bank account.

This case is being investigated by HHS-OIG and the FBI. It was brought as part of the Medicare Fraud Strike Force, under the supervision of the Criminal Division's Fraud Section and the U.S. Attorney's Office for the Middle District of Florida.

Click [HERE](#) to view the full article.

Submitted by: Sandy Macica, MS, RHIA, CCS

