8-WEEK HIM WEBINAR SERIES:

Auditing, Coding, CDI, Data Mining

PRESENTER:

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iQueryData.com
Query Rules for Medical Coding & Reimbursement Data Mining

Lolita M. Jones, MSHS, RHIA, CCS, is a Consultant and the Principal of iQueryData.com. She has extensive experience in the medical coding field as a: coder, auditor, trainer, educator, and technical editor. Lolita, is an AHIMA Approved ICD-10-CM/PCS Trainer, and she specializes in researching and writing query rules for medical coding and reimbursement data mining. She is based in New York, and is currently pursuing a SAS® Approved Graduate Certificate in Healthcare Data Analytics from a top university. She can be reached at LolitaMJ@iQueryData.com.

<mark>Targeting and Auditing High-Risk Inpatient and Outpatient Cases</mark>

<mark>**Date/Duration: Thursday or Friday, March 12th/March 13th: 1 Hour**</mark>

Audience: APC Coordinators, Claims Data Analysts, Clinical Data Analysts, Coding Auditors, Coding Consultants, Coding Coordinators, Coding Educators, Coding Managers, Coding Supervisors, Compliance Analysts, Claims Denials Analysts, DRG Coordinators, Health Data Analysts, Revenue Cycle Analysts, Senior Coding Specialists, Third-Party Payers.

Objective(s): Learn how to identify, select, and monitor the inpatient and outpatient cases for which there is a greater chance of coding omissions and/or inaccuracies.

Agenda:

I.   Annual and Quarterly Coding and Prospective Payment System Updates

II.   Complex Coding

III.   Comprehensive Error Rate Testing (CERT)

IV.   Denials Data

V.   External Audit Results

VI.   Health Care Compliance Association-Identified Compliance Risks

VII.   High-Dollar Claims

VIII.   Hospital-Acquired Conditions (HACs)

IX.   Medicare Quarterly Provider Compliance Newsletter

X.   New Coding Specialists

XI.   New Official Coding Guidelines

XII.   New Procedures or Services

XIII.   New Electronic Health Record Processes

XIV.   Office of Inspector General Work Plans

XV.   Medicare Payment Programs' Monitoring

Introduction to ICD-10-PCS Coding - Part 1

Date/Duration: Thursday or Friday, March 19th/March 20th: 1 Hour

Audience: ANYONE who already knows medical terminology, anatomy, and physiology who wants to learn ICD-10-PCS (e.g., Outpatient Coder seeking a promotion to Inpatient Coder); Claims Data Analysts, Clinical Data Analysts, Coding Educators, Compliance Analysts, Claims Denials Analysts, Health Data Analysts, Revenue Cycle Analysts, Third-Party Payers.

Objective(s): Learn and understand the organization and structure of the hospital inpatient coding system – the International Classification of Diseases, 10th Edition – Procedure Coding System (ICD-10-PCS), with an emphasis on the Medical and Surgical codes.

Agenda:

I.   Uniform Hospital Discharge Data Set (UHDDS)

II.   ICD-10-PCS System Organization

III.   ICD-10-PCS Code Structure

IV.   Basic ICD-10-PCS Coding Steps

V.   Medical and Surgical Section Character 1: Section

VI.   Medical and Surgical Section Character 2: Body System

Introduction to ICD-10-PCS Coding - Part 2

Date/Duration: Thursday or Friday, March 26th/March 27th: 1 Hour

Audience: ANYONE who already knows medical terminology, anatomy, and physiology who wants to learn ICD-10-PCS (e.g., Outpatient Coder seeking a promotion to Inpatient Coder)**;** Claims Data Analysts, Clinical Data Analysts, Coding Educators, Compliance Analysts, Claims Denials Analysts, Health Data Analysts, Revenue Cycle Analysts, Third-Party Payers.

Objective(s): Learn and understand the organization and structure of the hospital inpatient coding system – the International Classification of Diseases, 10th Edition – Procedure Coding System (ICD-10-PCS), with an emphasis on the Medical and Surgical codes.

Agenda:

    I.   Medical and Surgical Section Character 3: Root Operation

    II.   Medical and Surgical Section Character 4: Body Part

    III.   Medical and Surgical Section Character 5: Approach

    IV.   Medical and Surgical Section Character 6: Device

    V.   Medical and Surgical Section Character 7: Qualifier

Advanced CPT Clinic: Open Knee Ligament Repair and Reconstruction

Date/Duration: Thursday or Friday, April 2nd /April 3rd: 1 Hour

Audience: APC Coordinators, Coding Auditors, Coding Consultants, Coding Coordinators, Coding Educators, Coding Managers, Coding Supervisors, Compliance Analysts, Senior Coding Specialists, Third-Party Payers.

Objective(s): Learn how to analyze and translate open knee ligament repair and reconstructive operative report content into the appropriate CPT code(s).

Agenda:

    I.   Open Repair of Torn Collateral Knee Ligament

    II.   Open Repair of Torn Cruciate Knee Ligament

    III.   Anterior Tibial Tubercleplasty

    IV.   Reconstruction of Dislocating Patella

    V.   Albee Osteotomy & DeJour Osteotomy

    VI.   Patellar Tendon Imbrication

    VII.   Reconstruction of Dislocating Patella with Extensor Realignment and/or Muscle Advancement/Release

    VIII.   Reconstruction of Dislocating Patella with Patellectomy

    IX.   Open Lateral Retinacular Release

    X.   Open Extra-articular Knee Ligamentous Reconstruction

    XI.   Open Intra-articular Knee Ligamentous Reconstruction

Date/Duration: **Thursday, April 9th**: 1 Hour

Audience: APC Coordinators, Coding Auditors, Coding Consultants, Coding Coordinators, Coding Educators, Coding Managers, Coding Supervisors, Compliance Analysts, DRG Coordinators, Senior Coding Specialists, Third-Party Payers.

Objective(s): Understand when and how to develop Inpatient and Outpatient internal coding guidelines for specific conditions and procedures for which there are non-existent or generic official coding guidelines.

Agenda:

I.   AHIMA Practice Brief: Developing Facility-Specific Coding Guidelines

II.   No Code Available Quick Reference Guide

III.   Acute versus Chronic Musculoskeletal Disorder ICD-10-CM Diagnosis Codes

IV.   Incomplete versus Complete Rotator Cuff Tear ICD-10-CM Diagnosis Codes

V.   Pathology Report Findings - Outpatient Coding

VI.   Symptom Postoperative Diagnosis – Outpatient Coding

VII.   Simple vs. Complex CPT Coding

Audience: APC Coordinators, Claims Data Analysts, Clinical Data Analysts, Coding Auditors, Coding Consultants, Coding Coordinators, Coding Educators, Coding Managers, Coding Supervisors, Compliance Analysts, Claims Denials Analysts, DRG Coordinators, Health Data Analysts, Revenue Cycle Analysts, Senior Coding Specialists, Third-Party Payers.

Objective(s): AHIMA has identified data analytics as a much-needed competency for HIM professionals. One aspect of data analytics is data mining, which involves sorting through data to identify patterns and to establish relationships. This program will define and explain data mining, using examples specific to medical coding and reimbursement data.

Agenda:

I.   Why Data Management Matters to HIM Professionals

II.   What is Medical Coding Data Mining?

III.   Medical Coding Data Mining: Association

IV.   Medical Coding Data Mining: Sequence

V.   Medical Coding Data Mining: Classification

VI.   Medical Coding Data Mining: Clustering

VII.   Medical Coding Data Mining: Forecasting

Audience: Clinical Documentation Improvement (CDI) Specialists, APC Coordinators, Coding Auditors, Coding Consultants, Coding Coordinators, Coding Educators, Coding Managers, Coding Supervisors, Compliance Analysts, Senior Coding Specialists, Third-Party Payers.

Objective(s): Identify the outpatient procedural documentation that is often missing or incomplete, and learn how to educate the physicians to provide comprehensive clinical details at the time of patient care.

Agenda:

I.   Injection/Infusion/Chemotherapy

II.   Bronchoscopy

III.   Incomplete Colonoscopy

IV.   Anal Fistula Repair

V.   Colposcopy

VI.   Hemorrhoidectomy

VII.   Wound Debridement

VIII.   Lesion Excision

IX.   Wound Repair

Date/Duration: Thursday or Friday, April 30th /May 1st: 1 Hour

Audience: APC Coordinators, Claims Data Analysts, Clinical Data Analysts, Coding Auditors, Coding Consultants, Coding Coordinators, Coding Educators, Coding Managers, Coding Supervisors, Compliance Analysts, Claims Denials Analysts, DRG Coordinators, Health Data Analysts, Revenue Cycle Analysts, Senior Coding Specialists, Third-Party Payers.

Objective(s): Understand why and when secondary/additional conditions that are documented in the medical record should be coded, using official coding guidelines and risk-adjustment payment guidelines.

Agenda:

    I.   ICD-10-CM Official Guidelines for Reporting Additional Diagnoses

    II.   Clinical Evaluation of Additional Diagnoses

    III.   Therapeutic Treatment of Additional Diagnoses

    IV.   Diagnostic Evaluation of Additional Diagnoses

    V.   Extended Length of Stay due to Additional Diagnoses

    VI.   Increased Nursing Care and/or Monitoring of Additional Diagnoses

    VII.   Imaging Report Diagnoses that are not "Incidental"

    VIII. Risk-Adjustment Payment Model Impact on Secondary/Additional Diagnosis Coding