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September/October 2003

An FHIMA Expedition, Discovering New Territories for a Better Tomorrow

Ashlyn Dellenger, RHIA
FHIMA President



One of my favorite television shows, as a child was the Six Million Dollar Man. For those of you in the room that are too young to remember this show, Steve Austin was an astronaut that crashed and they rebuilt him. They made him faster, stronger and better than he was before. He was the bionic man.

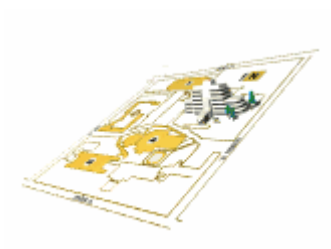
During this next year, I would like to see FHIMA continue to grow to be better, faster and stronger than before. How do we do that? Needless to say in today's market, we don't have 6 million dollars, but we do have 2,600 members. The success of FHIMA doesn't lie with me, or the BOD, it lies with every single one of us in this room.

FHIMA means something different to everyone. For some, it means networking with your peers, for others it is way to continue your education. But for some, FHIMA may not fulfill all of their needs. There are some credentialed HIM professionals that have found other organizations where they can do their networking and gathering their CE's.

As the bionic man was re-built, FHIMA needs to go through some reconstruction as well. Some of the reconstructions are already in the works. We are decreasing the amount of members on the Board of Directors to better streamline processes. We are beginning to build alliances with other organizations, the first of which is the Florida Association of Medical Transcriptionists. This is the first year that the 2 ½ day state convention, became a 2 day convention with a full coding day attached.

Some of the ideas for the next year and beyond are to continue partnering with other organizations. One of the first organizations we would like to partner with is the Professional Association of Health Care Office Management. This is an association for the physician office managers. These office managers are the ones who hire coders to work at the physician offices. If we can build an alliance with them, they will be able to reap the benefits of what HIM professionals can bring to the table and to their physician's practice. We are also looking to go to Hill Day in Tallahassee in April 2004. This is where we, as an organization can educate our elected state Leaders to our organizations talents, as well as, educate them to how their votes affect our area of healthcare.

FHIMA will also be focusing on marketing this next year. As a board we feel this is a necessary road to travel. AHIMA has had a large campaign towards Member get a Member. We need to make sure there are jobs to encourage those members to join our organization. AHIMA is conducting their workforce study. The membership study that is part of the workforce study that was published in the May 2003 issue of the Journal of AHIMA noted that there were "strong job markets " in the four quadrants of the country. The study also stated that there was a large percentage of survey respondents that reported no job opening for new, inexperienced professionals in all regions. Why would someone want to focus on HIM as a first, second or third career if there won't be a job for them when they are done with their education. By marketing our profession to organizations based in healthcare and beyond, we can open doors and bring light to our profession. We just need to let the world know that we exist and show all of the employable talents we possess. This is new territory for FHIMA, but the longest journey begins with the first step. FHIMA will be taking those first steps with the theme of ***An FHIMA Expedition, Discovering New Territories for a Better Tomorrow.***



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FHIMA 2003 SERVICE AWARDS



Distinguished Member

Mario A. Perez, III, RHIA, CCS, CCS-P

The Distinguished Member Award recognizes an individual who has made a significant contribution through service to FHIMA.

The recipient of the FHIMA's 2003 Distinguished Member Award is Mr. Mario A. Perez, III, RHIA, CCS, CCS-P.

Mario graduated from Miami Dade Community College in 1988. He worked his way through the ranks by serving as a Billing Supervisor to Director of Coding and Reimbursement in a Miami health care facility. Mario has tackled the distinguished and coveted opportunity to teach ICD-9-CM and CPT coding at Miami-Dade Community College. Mario has consistently expanded in his career endeavors through employment as DRG/Coding Specialist and Supervisor at North Shore Medical Center for four years while teaching part-time as an adjunct professor.

In addition to the four certifications in HIM and coding, Mario has earned a certification in accounting. He is a polished and eloquent seminar presenter in the areas of coding and HIM software development.

Throughout his HIM career, Mario has been extremely active at all levels of professional association national, state and local. His professional affiliations are as follows:

AHIMA

- Delegate 1998-2002
- Member, Diversity Task Force 1999-2002
- Member, Fore Scholarship Review Committee
- Member, Society of Clinical Coding

FHIMA

- President 2001-2002
- President-elect 2000-2001
- Past President Director 2002-2003
- Chief Delegate 1999-2000
- Delegate 1994-1999
- Member: Education, Arrangements, Nominating, Data Quality Management
- Board Regional Liaison 1999-2000
- Speaker: FHIMA Annual Conference 2000, Mid-year Conference 1999, 2000,2001

SFHIMA

- Preseident1997-1998
- President-elect 1996-1997
- Past President Director 1998-1999
- Chair, Job Registry 1999-2000
- Speaker 2000

Member, HIM Advisory Board Florida International University, Miami-Dade Community College

Mario has been nominated and awarded the 2000 FHIMA Outstanding Professional Award.

Mario is an excellent example of one who has a sincere commitment to profession and community, demonstrated in his leadership professional achievements and educational presentations. He has earned the honor of receiving the Distinguished Member Award.

DISTINGUISHED SERVICE

Tara McIntyre-Morgan, MS, RHIA

The Distinguished Service Award recognizes FHIMA members and non-members who have made a significant contribution through service to FHIMA. The 2003 FHIMA's recipient of the Distinguished Service Award is Tara McIntyre-Morgan, MS, RHIA.

Tara has demonstrated significant dedication to FHIMA by taking the lead in several major conferences- Mid-Year Conference, Chair and Program Committee, Chair. Tara has demonstrated an initiative, excitement and success at the state

level that is extraordinary. Her positive attitude and caring spirit allow her the opportunity to be an influence on many FHIMA members to actively support FHIMA through volunteerism. When there was an unforeseen vacancy, she volunteered to serve as the Program Chair for this year's conference!

Tara has served as Chair and member on several **FHIMA** committees that include:

- Director, 2001-2003
- Chair, Program Committee, 2002-2003
- Chief Teller, 2000-2001
- Member, Arrangements Committee
- Member, Nominating Committee
- Member, Mid-Year Committee
- Regional Alliance Task Force 199-2000
- Chair, Mid-Year Conference 1998-1999
- Delegate 1995-1996, 1998-2000

In addition to her sincere dedication to FHIMA, Tara is very involved in CFHIMA. She has served as President 2001-2002/1999-2000, President-elect 2000-2001/1998-1999, Editor 1996-1997. Tara supports HIM educational programs by serving as a preceptor, mentor and guest speaker in the UCF HIM Program. She is a member of the UCF HIM Program Advisory Committee.

Tara is employed as the HIM Operations Manager at Orlando Regional Lucerne Hospital. She is responsible for daily operations, financials, physician relations, and various corporate HIM projects, one of which includes corporate HIM student liaison. A position of great responsibility is no excuse for Tara not to give her time and efforts to the profession. She has served with style and enthusiasm and deserves the FHIMA's Distinguished Service Award for 2003.

Thank you, Tara, for your tireless service to FHIMA and the HIM profession.

Outstanding Professional
Holly Woemmel, MA, RHIA

The Outstanding Professional Award recognizes FHIMA members who demonstrated innovation and creativity in practice for education or state and local level. The recipient of the FHIMA Outstanding Professional for 2003 is Holly Woemmel, MA, RHIA.

Holly has consistently served the HIM community through volunteerism, excellent leadership, and mentoring future HIM professionals.

Holly recently completed a major project. The project produced

a multidisciplinary educational process through participation of all caregivers that document in the health record. The mission of the project included: enhancement of the awareness of the importance of appropriate documentation in relation to coding severity, and acuity of the patient mix with payment. The result of the outstanding strategy under Holly's leadership, positively affected revenue and increased the case mix. In addition to this special project, Holly is the Matrix Director of Health Information Management at Health First, Incorporated. She manages ninety associates in a three-hospital system. In routine operations, Holly demonstrates phenomenal success in eliminating and decreasing backlog while enhancing employee morale. Holly and her leadership team were honored by the President of Holmes Regional for outstanding leadership. This honor was initiated by facility employees, which resulted in a surprise reception for Holly and her management team.

Throughout her HIM career, Holly has consistently served as a preceptor and mentor for many HIM students. No only has she trained students she often has employed students on a part-time basis. Holly has served the Chair and member of the HIM Advisory Board at UCF.

Professional affiliations include:

AHIMA

- Delegate 2001-2003

FHIMA

- Director 1998-2000
- Chair, Electronic Committee
- Member, Annual Meeting Committee 1997-1998
- Pro Liaison 1995-96
- Chair, Credentials Committee 1997
- Delegate, 1992

CFHIMA

- Past President 1995-1996
- President 1994-1995
- President-elect 1993-1994
- Chair, Scholarship Committee

Holly's many talents were acknowledged earlier in her career when she was honored with FHIMA's Outstanding New Professional Award. She continues to excel in her area of expertise and is deserving of the Outstanding Professional Award.

Outstanding New Professional

Daniel Land, RHIT, CCS

The Outstanding New Professional recognizes an FHIMA member who has made significant contributions to the HIM profession within five years from date of initial certification as a

HIM practitioner. The recipient of the FHIMA's 2003 Outstanding New Professional is Daniel Land, RHIT, CCS.

Daniel earned an A.S. degree in HIM from Polk Community College and a B.S. in HIM from UCF. Daniels has boomed in his HIM career! He has consistently demonstrated commitment to professionalism, integrity, volunteerism and advancement of the profession. Currently, Daniel is employed as a Compliance Auditor for National Health Resources, where he serves a prestigious list of clients that includes the OIG, Mt. Sinai and NYU Medical Center. The positions he has held during the past five years have been filled with daily challenges of travel and pleasing a myriad of clients in impressive and rural areas.

Daniel's volunteerism is impressive. He has served as Chair of the FHIMA Credentials Committee and Chair of eCoastlines. During his tenure as Chair of eCoastlines, the publication was awarded national recognition by AHIMA for excellence. Daniel was the first to scribe FHIMA's over sixty-year history. In addition, Daniel currently serves on the FHIMA Board of Directors which traveling nation-wide as a consultant.

Congratulations, Daniel on all your accomplishments in a short period. You are an Outstanding New Professional!

Outstanding Student Award **Heidi Feiner**

Heidi is a senior in the HIM Program at UCF. She has an outstanding grade point average of 3.5. She received a scholarship from AHIMA this year. Heidi is employed full time in a Hematology/Oncology Billing Office, where she serves as the Billing Coordinator.

Heidi is a student member of the following professional associations:

- AHIMA
- CFHIMA
- SHIMA (Student Health Information Management Assoc.)

Heidi represents many HIM students that work full-time while attending college. She has managed to balance work and school with grace, dignity and excellence.

Heidi is described as very organized in her work and thought processes, which allows her to complete many tasks simultaneously.

Heidi's positive attitude and enthusiasm coupled with her multi-tasking abilities warrants her the honor of FHIMA's 2003 Outstanding Student Award.

Outstanding Student Award

Robin Fowler

The Outstanding Student Award recognizes students who have made significant contribution to FHIMA through special projects or service. The first recipient is Robin Fowler.

Robin is a senior in the HIM program at FAMU. She has an outstanding GPA of 3.5. She has been awarded several honors as a student, which includes induction into the International Golden Key Honor Society and Alpha Kappa Mu Honor Society. Robin was selected to Who's Who Among Students in American Colleges and Universities.

Robin believes in serves and is demonstrated in her active participation in the following:

- Student member, FAMU HIM Advisory Council
- Secretary, FAMU HIM Student Association
- Student Recruiter for NWFHIMA
- Survey and data analysis for re-accreditation the HIM Program at FAMU
- Professional (Student)Memberships
- AHIMA
- FHIMA
- NWFHIMA
- American Fitness Association

Robin's team player spirit is displayed by her involvement and commitment to physical fitness. She has earned a Black Belt in takwondo and is a member of the American Fitness Association.

Robin has been applauded by HIM professors for her contribution to the growth of the HIM program by participating in college recruitment and health fairs. She assisted her HIM Program Director in the 2002 AHIMA COA membership campaign. Robin has earned the honor to be named FHIMA's Outstanding Student for 2003.

2003/2004 FHIMA Board of Directors



On Tuesday, July 15, 2003, the 2003/2004 Board of Directors were installed at the Annual Membership Luncheon. The new officers are:

President

Ashlyn Dellenger, RHIA

President-Elect

Barbara Flynn, RHIA, CCS

Past President/Director

Sharol Pausal Noblejas, MBA, RHIA, HCRM

Directors

Kimberly Eichner, RHIA
Carolyn Glavan, MS, RHIA
Tara McIntyre-Morgan, MS, RHIA
Michelle Mock, RHIA
Karla Philippou, RHIT, CCS, CCS-P, CPC
Gladys Worlds, MS, RHIA, CPHQ

Chief Delegate

Linda Stone, RHIT

Executive Director

Lori Eytel Lucas, RHIA

FHIMA Scholarship Recipients**HIM Program - 4 Year**

Jennifer Nolan

Florida International University

Amanda Ramos

University of Central Florida

HIM Program - 2 Year

Marion Gallee

Central Florida Community College

The winners were awarded their monies at the annual FHIMA conference during the Membership Luncheon on July 15th. Thanks also to Stat Solutions for contributing to the scholarship fund this year. FHIMA also wants to thank the following regions for their contributions as well: Central, Gulfcoast, Northwest, South Florida, Southwest, Suncoast Health Information Management Associations. It is such a worthy cause for the future of our Health Information leaders and FHIMA is proud to be able to provide these scholarships for many years to come.

Legislative Committee Update

Stacie L. Buck, RHIA, LHRM

Legislative Committee Chairperson



This year the Legislative Committee is off to an industrious start and I am very excited to serve the FHIMA membership in the capacity of Legislative Chairperson for 2003-2004.

On September 5th myself and Don Asmonga from AHIMA had the pleasure of speaking to the FHIMA Board and the regional officers at the State Leadership Conference in Orlando , Florida . Don provided the attendees with an informative demonstration of AHIMA's Advocacy Assistant tool, as well as tips for planning a successful Hill Day.

In addition, the Legislative Committee supplied attendees with information on the legislative process as well as a CD-ROM which included information on the following: Local Legislative Delegation, Florida House Directory, Florida Senate Directory, Senate & House Leadership & Committees, and the *Guidebook to Effective Interaction With State Legislators*.

The response for committee volunteers has been remarkable. Approximately 20 FHIMA members responded to a request for volunteers, and to date, thirteen of these members have pledged their time to support the committee in carrying out its numerous tasks.

The members of the Legislative Committee for 2003-2004 are:

Kerry Costa, RHIA	Sheila Hilson, CCP, CCS-P
Carnell Hansley, RHIT	Jennifer Conner, RHIA
Joan Arruabarrena, RHIA	Dwan Thomas-Flowers, RHIA, CCS
Linda Davis, MPA	Nancy O'Neill, RHIT, LHRM
Elizabeth Whitmer, RHIT	Tracy Peabody, RHIA
Debra Del Vecchio , MS , RHIA, LHRM, CPHQ	
Vicki Trovillion	
Jennifer Nolan	

Each committee member has chosen to provide assistance with one or more of the following activities:

- Reviewing and updating the Florida Medical Legal Manual;
- Responding to questions submitted by FHIMA members;
- Submitting articles to e-Coastlines
- Keeping abreast of pending legislation that may affect the HIM profession as well as notifying the FHIMA membership of any new legislation that is passed;
- Coordinating a letter writing campaign to state legislators to create awareness of the HIM profession;
- Organizing a Hill Day.

The biggest challenge facing us over the next several months is planning a successful Hill Day to take place in Tallahassee in March 2004.

Hill Day is an opportunity to raise lawmakers' awareness of the critical role HIM professionals play in the health care industry as well as develop a relationship with our state's legislators. It is also an opportunity to place the HIM professional's agenda and perspective in front of your legislators and explain how their decisions can affect HIM professionals and their employers. In addition, Hill Day is an occasion to cultivate relationships with our state legislators that will benefit us in the future as we move toward our goal of introducing legislation that would require health information managers to be credentialed as either a RHIA or RHIT.

To experience a successful Hill Day FHIMA requires your support. In the next few weeks the Legislative Committee will be sending out an announcement about Hill Day along with a request for members to register to travel to Tallahassee to participate in this exciting event. Stay tuned for more details regarding Hill Day and how you can be a part of this monumental undertaking!

If you are interested in volunteering to serve on the Legislative Committee, please contact Stacie Buck via e-mail at staciebuck@adelphia.net or at (561) 630-8202. Also if you are interested in receiving a copy of the information distributed at the Leadership Conference, please feel free to call or send a request.

Suncoast Health Information Management Association Meeting November 14, 2003

*Stacie Buck, RHIA, LHRM
President*



The Suncoast Health Information Management Association would like to invite all FHIMA members to attend our 3 all day education meetings for 2003-2004. Attached you will find the following documents:

- A meeting [Agenda](#) for our all day education meeting on Friday, November 14th
- November 14th Meeting [Registration Form](#) (on the bottom of the membership application)
- [Listing of topics and locations for the February 7th and May 14th meetings](#)

If you would like to attend a meeting and you require an overnight stay, please let us know in advance so we can get a discounted room rate for you.

If you have any questions please feel free to contact myself or Diana Spaulding, Education Director via e-mail at spaulding7890@earthlink.net

I look forward to meeting you at one or more of our meetings this year.

Stacie L. Buck, RHIA, LHRM
(561) 630-8018 Phone
(561) 670-0063 Cell
email: staciebuck@adelphia.net

FHIMA's 16th House of Delegate Summary

Barbara J. Flynn, RHIA, CCS
President-Elect FHIMA 2003-2004



The 2003 FHIMA 16th HOD was held at the Gaylord Palms Resort on July 14, 2003. After the normal business of the association was discussed and annual reports were approved, the HOD discussed and passed 2 of the 3 proposed amendments to the Bylaws. In addition, the HOD discussed three issues.

Issue #1: Should FHIMA support AHIMA's proposed bylaw amendments? The amendments are: a) approve dues for all membership classes except for those powers and duties delegated to the Board, b) the Board may authorize a cost of living adjustment (COLA) to dues. Such an adjustment would be based on the actual prior year cost of living adjustment. Any proposed increase over 8% would require approval by the House of Delegates.

After in depth discussion of the issue, the HOD supported this amendment to the Bylaws. The members of the HOD felt that a more incremental increase in dues was easier for the membership to accept than a large increase every 3-5 years. However, the members did question whether the threshold at which the dues increase must be approved by the HOD should not be decreased to less than 8%.

Issue #2: Increase recognition of HIM and value of AHIMA credentialed professional in the market through

the FIRE Committee.

There was a lot of discussion regarding recent newspaper articles that appeared to associate the HIM coders with "cash register clerks." Elizabeth A. Whitmer, RHIT, among others, wrote a letter to the editor regarding the slur and explaining both the knowledge base and the skills needed to be a Coder. In addition, Elizabeth had an article published in a west coast newspaper entitled, "Career Spotlight: Health Information Management, Second Fastest Growing Occupation in Southwest Florida ." Sheri Skipper authored an article published in the Naples Daily News entitled "Outstanding in Their Field" and Sue Hitchens, RHIT authored an article published in January 2003 entitled "Opportunities Await You in Health Information Management" both highlighting the career opportunities that await the new HIM professional. Several other articles regarding our profession, authored by Florida 's own HIM professionals have been published this year.

The outcome of the discussion resulted in the following suggestions: Obtain the AHIMA Brochures for distribution to local high schools and attend career days, continue to submit interesting articles regarding our profession to your local newspaper, become familiar with the AHIMA Work Force Study, improve the image of the HIM work area, videos of work environment with interviews, hire and mentor recent graduates, encourage HIM as a second career, show the worth of an HIM professional in other related industries or alternative health care settings (consulting, legal, physicians' offices, nursing home etc), increase awareness of the two-year degree program and job opportunities.

Issue #3: Should FHIMA pursue through legislation having our credentials be required in healthcare agencies and healthcare organizations in the State of Florida ?

The outcome of the discussion resulted in a consensus that FHIMA should pursue this goal. The first step go accomplishing this goal is to identify the obstacles. The Legislative Committee will begin by working with the Radiology Technologist group who recently accomplished a similar goal, developing local committees, look at how the Florida Hospital Association web site can assist in identifying and communicating with state lawmakers, and work on getting the requirement into the CMS Conditions of Participation.

FHIMA 2002/2003 Annual Report

FHIMA Strategic Plan 2001-2003



The Florida Health Information Management Association updated the Strategic Plan at the Annual Leadership Conference held in Orlando in August 2000. The FHIMA's Mission Statement is:

"The Florida Health Information Management Association is the membership organization of health information management which fosters the professional development of its members through education, communication and advocacy. These commitments thereby promote quality health information for the benefit of the public, the health care consumer, providers and other users of clinical data."

The major initiatives of the Strategic Plan are:

- I. EDUCATION
- II. ORGANIZATIONAL INFRASTRUCTURE
- III. MEMBER PARTICIPATION

House of Delegates

The 16th House of Delegates for 2003 will seat 90 delegates plus the Board of Directors, for a total of 101. The meeting will be held on July 14, 2003 from 1 p.m. to 5 p.m. Each region was notified by the Executive Director of the number of active members in their region and the number of delegates to which they are entitled. Current issues will be discussed and a summary of conclusions published in *e-Coastlines*.

AHIMA

This year FHIMA is very fortunate to have a number of our members volunteering in various capacities at AHIMA. They are as follows:

- Lynn D. Babb
- Charlotte Barrett, RHIA, CHE
- Marleeta Jones-Burns, RHIT
- Ashlyn Dellenger, RHIA
- Perry Ellie
- Diane Evangelista, RHIA
- Penny Fairo, RHIA
- Barbara Fortuna, RHIA
- Pamela Haines, RHIA
- Daniel G. Land, RHIT, CCS
- Lori Eytel Lucas, RHIA
- James Macormack
- Tara McIntyre-Morgan, RHIA
- Barbara Mosley, PhD, RHIA

- Sharol P. Noblejas, RHIA
- Overall A. Peele, RHIA, CCS
- Mario A. Perez, III, RHIA, CCS, CCS- P
- Linda T. Stone, RHIT
- RoseAnn Webb, RHIA
- Holly A. Woemmel, RHIA
- Gladys Worlds, RHIA

Central Office

Executive Director - Lori Eytel Lucas, RHIA

It has been a busy year at the Central Office. The Central Office is serving the needs of the members by maintaining e-Coastlines, keeping the FHIMA web site current and monitoring the Florida CoP. The Central Office is here to serve you and may be reached at:

- FHIMA message line (239) 597-1751
- FHIMA Fax (239) 597-1745
- FHIMA On-line at FHIMA@INFIONLINE.NET

Corporate Members

FHIMA's dedicated Corporate Members are:

Platinum Corporate Members

Digital Voice Systems, Inc.
Executive Record Services, Inc.
In Record Time
MedScribe Information Systems, Inc.
Professional Outsourcing, Inc.
Stat Solutions, Inc.

Gold Corporate Members

eWebcoding
Health Information Associates
H.I.M. Quality Solutions, Inc.
Information Management Systems
MedWare, Inc.
Spaceport Imaging, Inc.

Silver Corporate Members

C3 Partners
Crescendo Systems Corporation
Diskriter Healthcare Documentation Services
Outsourcing Solutions, Inc. (OSI)

Arrangements Committee

Chairman – Kimberly Eichner, RHIA
Committee Members: Diana Alberts, RHIA Jennifer Carter, RHIA, Jennifer Davis, RHIA, Margaret Heller, RHIA, Tanya

Kuenhast, MA, RHIA and Jennifer Vinson, MS, RHIA

The Committee has been working very hard being creative in planning for the Annual Meeting. The theme is "*United We Stand.*" The registration form, hotel information and tentative program were mailed out to all FHIMA members and also featured in e-Coastlines. The Annual Meeting will provide an opportunity to interact with vendors and see their latest products and services, to network with others in the profession, and to congratulate award winners, scholarship recipients, newly elected officers and board members. At the Membership Luncheon, the new officers will be installed and recipients of service awards and scholarships will be presented. Prior to the conference beginning, the House of Delegates will meet. Although only delegates may vote, the House of Delegates is open to all members who wish to attend.

Bylaws Committee

Chairman - Elizabeth Kelly, RHIA

Annual review of national and state bylaws was conducted. The changes to the national bylaws were incorporated into the state bylaws. Voting for changes will be presented at the 16th House of Delegates on July 14, 2003 .

Data Quality Management Committee

Chairman - Rae Glover, RHIT, CCSMembers – Katherine Baus, RHIA, CCS-P, Susan Brown, RHIA, Becky Dicus, RHIA, Barbara Flynn, RHIA, CCS, Jacquie Jones, RHIA, Jerry Jorgensen, RHIA, CCS, Tandra Kipp, RHIA, Karla Phillipou, RHIT, CCS, CCS-P, CPC and Brandy Ziesemer, RHIA

The DQM has primarily worked this year on putting together a full day coding event on the final day of the annual convention. This full day session will include hot coding topics such as; the 2004 Coding Changes and Challenges, Documentation and DRGs, APC's, Interventional Radiology as well as an afternoon dedicated to a traditional coding roundtable.

e-Coastlines

Chairman – Sherry A. Davis, RHIA, CPA
Member – Barbara Bernstein, RHIA, CCS

The *e-Coastlines* Committee has worked diligently to produce a high quality, professional and useful publication for the HIM Community. The committee has cultivated a group of talented authors who have written scholarly articles on topics including HIPAA, coding, compliance, medical transcription, the electronic medical record, release of information and professional development. The FHIMA website continues to serve as a valuable resource for the HIM community.

FIRE COMMITTEE

Chairman – Stacie Buck, RHIA

Members - Carolyn Glavan, RHIA, Susan Steinbrenner, RHIT, Elizabeth Whitmer, RHIT, Pamela Haines, RHIA, and Pamela Goodwin, RHIA

The FIRE Committee has been working diligently this past year to Find, Inspire, Recruit and Educate new HIM professionals. In August 2002, the FIRE Committee Chairperson was invited to speak at Leadership Conference. The Board members and regional representatives were presented with a strategic plan for the committee for 2002-2003 and all participants were provided the opportunity to share ideas and suggestions with the Committee Chair. During the past year, a series of articles were published in e-Coastlines providing committee updates to the membership as well as offering tips for recruiting. The Southwest Health Information Management Association was successful in getting several articles published in local newspapers as well as an article in the publication *Today's Nurse*. In addition the committee began collecting ideas and content for a recruitment CD-ROM to be utilized through out the state of Florida. The committee is once again organizing an orientation at the Annual Convention. This orientation is targeted at students and first time FHIMA Convention attendees. The orientation will provide an overview of the convention, as well as the structure of FHIMA.

Florida Membership 2002/2003

The AHIMA count by status as of June 30, 2003 is:

Active Members.....	1,614
Associate Members.....	209
Honorary Members.....	13
Senior Members	62
Students Members	702
TOTAL	2,600

Leadership Conference

The Board of Directors and Regional Leaders of FHIMA met on August 10, 2002 for the Annual Leadership Meeting. The meeting was held at the brand new Crowne Plaza Hotel in Orlando. The agenda was full of information from the AHIMA Team Talks that were held in July in Chicago as well as House of Delegate information that will be addressed in September at the AHIMA House of Delegates prior to the start of the National Convention. Stacie Buck, RHIT, President-Elect of the Suncoast Region and FIRE Committee Chair, brought the group up to speed on the status of the FIRE Committee as well as the exciting plans the Committee has for this year. The Committee is looking at putting together a recruitment video just for Florida. FHIMA has never been an organization to take a back seat on issues. The developments of the Leadership conference echoed that over and over.

Legislative Committee

Chairman – Tanya Kuehnast, MS, RHIA

Members - Mary Jo Murphy, RHIT, Jennifer Vinson, MS, RHIA and Cynthia Leonhardt

This year the committee focused on revising the Medical/Legal Guide to include all the new HIPAA changes. The committee also responded to questions from the membership and other interested parties regarding the legal aspects of managing health information. Throughout the year the committee kept in close contact with Mr. Bill Bell, Esq. of the Florida Hospital Association (FHA) and Mr. Don Asmonga who is the Government Relations Manager for AHIMA.

Nominating Committee

Chairman - Jacquie Jones, RHIA

Members - Diane Evangelista, RHIA, Judy Gygi, RHIA, Mary Teslow, RHIA and Janet Robinson, RHIT

The Nominating Committee put together an excellent ballot, which was mailed mid-March. Those elected are:

President-Elect
Flynn, RHIA, CCS

Barbara

Director
Kimberly Eichner, RHIA

Director
Carolyn Glavan, MS, RHIA

Director
Karla Philippou, RHIT, CCS, CCS-P, CHCC

AHIMA Delegate
Perry E. Ellie, MA, RHIA

Alternate delegate is Lois Yoder, RHIT, CCS

Program Committee

Chairman – Tara McIntyre-Morgan, MS, RHIA

Members – Peggy Beck, RHIA, CMT, Juana R. Colon, RHIA, Carolyn K. Grimes, MS, RHIA, CMT, FAAMT, Judy Gygi, RHIA, Sandra E. McDonald, MHSA, RHIA and Dean Ritchey, RHIA

The Program Committee has an impressive and diverse schedule of speakers offering a total of 11 CE hours. A full day of Coding topics was added to this year's convention. The Data Quality Committee has put together an agenda that offers 5 CE hours of coding specific information. A total of 17 CE hours can be earned at the convention. Our keynote speaker, Paul E. McGhee, PhD, President of The Laughter Remedy will present on "How Humor & A Lighter Attitude Boost HIM Performance". The program agenda also includes the following speakers and

topics: Richard M. Salomon, SSA – Healthcare Fraud and Abuse, Barbara Fuller, JD, RHIA - Genetic Information, Hugh P. McDermott, JD, MHA, RN – HIPAA Privacy Compliance, Kelly McClendon, RHIA – HIM Automation, Katherine Byrd, RHIA - AHIMA Update, Karolyn K. Broussard, MBA, RHIA – The Revenue Cycle, Mario A. Perez, III, RHIA, CCS, CCS-P – Corporate Integrity, Richard H. Stilp, RN, MA, CHSP - Bioterrorism, Sharon B. Dover - Birth Records Compliance and Brenda J. Hurley, CMT, FAAMT – Healthcare Documentation and Medical Transcription. A special thank you to Sharol Noblejas and Mario Perez for their enormous contributions in putting together the agenda of speakers. Additionally, many thanks to the FHIMA Board and Lori Lucas for their assistance and support!

Scholarship Committee

Chairman – Margaret Heller, RHIA

All monies donated will be granted to the students selected. Individuals receiving scholarships this year are:

HIT Program:

Marion Gallee

Central Florida Community College

HIM Program:

Jennifer Nolan

Florida International University

Amanda Ramos

University of Central Florida

Special thanks goes to the following sponsors for supporting the FHIMA Scholarship Program: Central Florida HIM Association, Gulfcoast HIM Association, Northwest HIM Association, South Florida HIM Association, Southwest Florida HIM Association, Suncoast HIM Association, Stat Solutions, Inc and Tri-County HIM Association.

Service Awards

Chairman – Eudelia "Skip" Thomas, RHIA

Multiple nominations were received for each category and FHIMA is proud to announce the recipients:

Distinguished Member Award:

Mario A. Perez, III, RHIA, CCS, CCS-P

Distinguished Service Award:

Tara McIntyre-Morgan, MS, RHIA

Outstanding Professional Award:

Holly Woemmel, MA, RHIA

Outstanding New Professional Award:

Daniel Land, RHIT, CCS

Outstanding Student Award:

Heidi Feiner

Robin Fowler

FUND BALANCE

Assets as of April 30, 2003:

Total Fund Balance: \$133,417.46

INCOME AND EXPENSES

INCOME:	FY2002	Budgeted
AHIMA	39,259	44,000
Advertising	6,563	6,500
For the Record	7,718	4,500
Interest	1,312	2,400
Labels	200	200
Leadership Conference	135	300
Manuals	3,254	6,000
Mid-Year	8,878	16,000
Miscellaneous	7,590	
Program Ads - Annual	2,012	1,500
Registration - Annual	41,193	56,250
Scholarships Donations	2,475	1,000

Vendor - Annual	50,688	42,000
	\$170,556	\$180,650

PROJECT EXPENSES:	FY2002	Budgeted
AHIMA Leadership	2,060	2,000
AHIMA Relations	2,348	3,000
Arrangements	36,520	35,000
Data Quality Management	381	500
Delegate, National	2,131	2,700
Editorial	5,946	11,000
FIRE	0	500
Leadership Conference	8,727	8,500
Legislative		150
Manuals	3,343	5,000
Mid-Year	6,197	7,500
Nominating	2,994	2,500
Program	14,906	19,000
Regional Task Force	250	
Scholarship	2,475	2,500
Service Awards	569	350

Team Talks (AHIMA	524	800
	\$89,371	\$101,000

MANAGEMENT AND GENERAL EXPENSES:	FY2002	Budgeted
Accountant	1,995	1,800
Bank Charges	120	200
Board	11,952	12,500
Computer Expenses	137	1,500
Copier Expenses	177	500
Credit Card Processing	381	500
Exec. Coordinator	34,325	34,177
General	61	250
Gifts & Awards	951	600
House of Delegates	1,582	1,500
Insurance	1,400	2,000
Professional Dues	390	500
Taxes	439	2,000
Telephone	2,039	2,000
Web Site	3,327	5,000

	\$59,276	\$65,027
PROFIT (LOSS)	\$21,909	\$14,623

SAVE THE DATE!



FHIMA Annual Convention 2004
July 12-15, 2004 (Monday - Thursday)
Gaylord Palms Resort
www.gaylordpalms.com

Experience the sun like never before! Here are some of the perks that the resort has to offer:



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No charge for local and 800 calls



Complimentary in-room internet access
(T-1 capacity)



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Access to fitness club at the Canyon Ranch Spa



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Complimentary transfers to and from Falcon's Fire at Gaylord Palms Golf Course and FREE range balls



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September/October 2003

FMQAI Hospital Payment Monitoring Program Advisory Team (HPMP) Meeting - August 22, 2003

Barbara J. Flynn, RHIA, CCS



On Friday, August 22, the Florida Medical Quality Assurance, Inc. held a meeting of the Hospital Payment Monitoring Program Advisory Team (HPMP). The advisory team consists of representatives from First Coast Service Options, Florida Hospital Association, Florida Health Information Management Association, consultants and providers. The agenda included the announcement of the new owner of FMQAI (Arizona), 9 month evaluation results, Case Management Protocol Project Update, CMS Proposed Project Request, Coding Guidelines, Overall Increase in Payment Rate, AICD Potential Payment Error Findings, DRG 079 Claims Findings.

FMQAI Under New Ownership

The new owner of FMQAI is Health Services Advisory Group (HSAG), QIO in Arizona . HSAG is also the QIO for Arizona , Colorado , Hawaii , Illinois , Michigan , Nevada , Tennessee , and Washington . HSAG is one of the largest QIOs in the country. FMQAI will remain the independent QIO for Florida under this new ownership.

FMQAI and Coding Guidelines

Of special interest to Florida hospitals was the discussion regarding Coding Guidelines and High-Adjusted DRGs (HADs). Over the last 18 months, FMQAI has seen an increase in the number of HADs as well as increase in denials of HADs.

Currently, when a hospital resubmits a claim for a "higher-adjusted DRG" to the FI, they receive the additional payment before the record is reviewed by FMQAI. Usually within 45 days of the hospital's receipt of the additional payment, FMQAI will request copies of the medical record associated with the HAD. The record then goes through both quality and coding review. In some instances, the QIO (FMQAI) finds that the medical record does not support inpatient admission during their review. If this is the case, the entire claim is denied for "medical necessity." The hospital may appeal this determination.

If the case passes the admission screens, the record is reviewed to assure that the changes made in the claim are supported by documentation in the medical record. This initial coding review is conducted by a FMQAI coding specialist. If there is any question regarding the validity of the changes, the record is then reviewed by a physician advisor within the same medical specialty. Many of the specialty physician advisors are not well versed in ICD-9-CM Official Coding Guidelines or *Coding Clinic on ICD-9-CM* advice. If the specialty physician advisor challenges the changes or other conditions that appear on the bill, a "Letter of Inquiry" is sent to the hospital to allow the hospital the opportunity to explain the reason for the change. The hospital is only given 20-days to respond to the initial inquiry.

Upon receipt of the hospital's response to the "Letter of Inquiry," the record and response are reviewed by the same physician advisor and coding specialist. If for any reason, the advisor and coding specialist do not agree with the hospital's position, a "DRG Change" letter is sent to the hospital. The additional funds the hospital received for the HAD are then recouped by the FI.

The hospitals or the physician can appeal (request reconsideration) of the "DRG Change." If the hospital does request reconsideration, the medical record is then referred to one of FMQAI's full-time Physician Advisors who are well versed in coding guidelines.

Advice: 1) Don't rebill for a HAD unless you are confident that the patient met inpatient admission criteria. 2) Don't rebill for a HAD unless you are sure that the medical record documentation, official coding guidelines or advice support the change. 3) Be ready to respond to both the initial Letter of Inquiry and the DRG Change letter from

FMQAI. Your responses should site the specific references which support your position. Whenever there is poor, incomplete or ambiguous documentation in the record, physician clarification may be needed. This can be in the form of a letter from the physician to FMQAI, an answer to an appropriately worded query, or an addendum to the discharge summary.

Remember, if you do not appeal the "DRG Change" letter timely not only are funds recouped from the hospital but the hospital's error rate and the state of Florida 's error rate for HADs increases.

AICD Potential Payment Error Findings

FMQAI has also discovered a variant involving the initial implantation of an AICD. It appears that some hospitals are billing for the EP study (37.26) that is done at the time of insertion of the device. The EP study is performed to make sure that the device is programmed and functioning properly. There is *Coding Clinic* advice on how to code EP study performed to test the device, however, the scenario in *Coding Clinic* implies that the EP study is done well after the initial insertion of the device. We will have to get clarification on this issue from *Coding Clinic*.

DRG 079 Claim Findings

Florida continues to have a higher percentage of DRG 079 to DRG 089 cases than the national average. FMQAI continues to monitor DRG 079 and has not found an increased number of coding errors in this DRG. The demographics of the Medicare population in Florida could be partially responsible for this variant. FMQAI will continue to monitor DRG 079 claims.

Giving Back

Karla Philippou, RHIT, CCS, CCS-P, CPC



Those who attended the July 2003 FHIMA House of Delegates meeting were asked to consider an amendment to the bylaws reducing the number of elected Directors from six to four. The reasons for this measure included cost savings and better functioning board, as well as, the increasing difficulty recruiting volunteers for these positions. The amendment was defeated, because the majority of those present felt that six Directors are needed

in order to prepare the future leadership of our state to assume the more demanding role of president, to have the opportunity to learn the intricacies of the board's function and as a stepping-stone to more important roles in FHIMA and AHIMA. What was not explored in the HOD was the underlying problem of volunteerism.

Everyone leads busy lives. Jobs, families, daily chores, activities, and obligations devour the most precious of commodities: time. It is impossible to create more time. Having said that, it is important to consider the importance of how one's time is spent. When the winter years arrive, what will you say that you have done with your life? It is important to nurture one's family members, but it is also important to nurture the environment, the atmosphere in which all those nurtured will thrive. Without that, there is no purpose for the nurturing. When you decided to become a Health Information Management professional, there were others who mentored and encouraged you to become who you are today. While time is precious, empty time is lost. Look at some of the advantages of volunteering.

The most rewarding aspect of volunteering is the feeling one gets when helping others. There is a sense of accomplishment and satisfaction when an organization reaches its stated goals. The altruistic sensation of giving is also something we can pass on to our children—a sense of civic duty that is always best learned by example. It increases one's self-esteem and confidence.

Working with others who are also volunteering their time allows one to network with other professionals. Forming friendships with peers is beneficial in many ways. One is able to learn new techniques, find out about new career opportunities, and broaden knowledge bases. Those who volunteer also receive recognition for their efforts. Recognition for one's contributions completes the circle. Families recognize volunteers as those who give without the expectation of reward. Peers recognize the volunteer as being a leader in their field, and communities recognize the volunteer as one who gives unselfishly to benefit the welfare of others. The person who gives freely of himself or herself to benefit others has given a gift of time, love, and purposefulness.

Many of us have been present when a peer has been recognized for excellence. That person will always cite the rewards of giving to others. Contributing to the future is our responsibility. There are many forms of volunteering: mentoring a student, serving on committees, participating actively in the professional organization, and reaching out when asked. As one who has spent many hours volunteering, I can only urge you to give of yourself, and

you will have so much more to give. Give in the spirit of contributing to the future of Health Information Management, a career worth pursuing. Excellence is hard to achieve, but with the help of many, it becomes possible. If asked to serve, say yes! Better yet, VOLUNTEER! Don't wait to be asked.

ASSESSING THE LEVEL OF MEDICAL NECESSITY COMPLIANCE IN HOSPITALS

Melissa Edwards, RHIA
American Express TBS-Healthcare

Hospitals today have a difficult time developing a process that meets all the compliance requirements of Medical Necessity. The Federal government has established regulations to restrict the performance of unnecessary tests to patients as a means of containing health care costs. According to the Social Security Act, section 1862 (a) (1) (A)... "No payment may be made under Part A or Part B for any expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

If a test is considered medically unnecessary, then an Advance Beneficiary Notice (ABN) must be issued to the beneficiary, before items or services are actually furnished. The ABN informs the beneficiary that Medicare will probably deny payment, thus the patient will be responsible for payment. An ABN allows the patient to make an informed consumer decision about receiving items or services for which they may be responsible for payment as well as playing a more active role in making healthcare treatment decisions. Once an ABN is obtained from the patient, the provider may hold the patient responsible for payment of those services that are not covered by Medicare.

This may sound easy, however, the following issues should be taken into consideration:

- ABNs can not be issued to all Medicare patients in order to protect the facility and guarantee payment.
- All orders being received from physician offices must contain the test being ordered as well as the diagnosis or sign and symptom corresponding to the reason for the test.

- For multiple tests, each test needs to have a corresponding diagnosis or sign and symptom .
- Patient Registration staff should have software to screen for medical necessity compliance as well as extensive knowledge of medical terminology and coding practices.
- Services provided that are considered **not** medically necessary can not be billed unless an ABN was obtained **before** the services were provided.

You may question the need for Patient Registration staff to have extensive medical terminology and coding skills; however, Medical Necessity software is not as straightforward as we would like to think. Physicians use a variety of methods for documenting diagnosis, signs and symptoms. Typically what happens is the Patient Registration staff does their best with the documentation provided by the physician; however, due to their limited knowledge of medical terminology they issue an ABN to more patients than necessary. If this is found to be the case, your facility will be found NON-compliant. Because of issues like this, it is important to assess your facilities level of compliance.

The following questions are a good way to start the assessment process. I suggest you answer these questions based on your facility's current practices:

1. Does your facility screen for medical necessity?
If so, is it at the point of registration, pre-registration or after the fact, in coding or patient financial services?
2. Does your facility issue ABNs to patients?
3. If yes, is it done throughout the organization or just in specific departments?
4. Does your facility provide the service to the patient regardless of supporting physician documentation, and deal with the level of compliance after the fact?
5. Does your facility bill for all services provided without screening for medical necessity?
6. Does your facility "write off" charges that did not meet medical necessity?
7. Does your facility communicate with the medical

staff on the regulations of medical necessity and the current level of compliance?

After reviewing the answers to the questions, most facilities find that they are not at the level of compliance that would meet the requirements of the Federal government.

So what do you do? How do you become compliant? It is not an easy task and compliance will not happen overnight, but these are some key components to follow that will help:

Communicate-Medical Necessity is a compliance issue, involve several key members of the facility including the CFO, CEO, Board Members, Compliance Officer, Physicians, Patient Relations and Marketing. Usually it is the burden of the departments of Health Information, Registration and Patient Financial Services but they need administrative support to be successful.

Evaluate the Registration Process- The process of implementing ABNs will differ based on the type of registration process you have. It may be easier for a facility that has a centralized registration process vs. a decentralized process. Does your facility do the majority of scheduling on a pre-admission basis? For all types of registration and scheduling, develop an encounter form for physicians that lists the commonly ordered tests with the most common diagnosis related to each test. Design the form with data entry fields for the physician to write specialty specific information. I have found this template format to be useful.

Create and Enforce Policies and Procedures- Written and up to date policies and procedures are the foundation for successful compliance. Make sure your staff is familiar with the content of the policies. Listed below are some key polices and procedures to have:

- ABN
- Accepting verbal orders
- Handling patients without a complete written order
- Refusal to sign ABNs by the patient
- Charging policy for tests that are not medically necessary

Education- This is one of the most important steps. There are several groups that need ongoing education.

- Provide physician education on medical necessity and the requirements of a complete order.
- Offer physician's office staff a chance to understand the policies and procedures of the facility by providing an education session.
- Communicate with the community through articles in quarterly newsletter on medical necessity regulations and the practices of the organization.
- Offer education and updates on progress with coding, registration, scheduling and patient financial services staff.
- Make patient relations staff aware of the policies of the organization related to medical necessity and ABNs so they are prepared to deal with any complaints from the patients.

Audit-This is probably the one key component that is most overlooked. It is important to make sure that the written orders you receive in your facility become part of the patient's permanent medical record. Many times the focus is on getting the order at the point of service, and it is assumed that the order is forwarded to the HIM department. After speaking with several hospitals, it appears that the process is not as straight forward as you would think. Many times the receipt of an order is logged into a registration system but the actual order is lost somewhere in the process. Make sure you can provide the documentation.

Medical Necessity has been hanging over the heads of HIM professionals for several years. Now is the time to assess your facility's level of compliance and open the lines of communication. This is an important issue, so important that it is a primary focus of the Office of Inspector General (OIG) this year. So take the time to assess the level of compliance in your facility and start to develop a strong compliance practice and plan that will make Medical Necessity a more manageable process.

Melissa Edwards, RHIA is a HIM Consultant with American Express TBS-Healthcare in Chicago , Illinois . Melissa can be reached at 312-634-3417, or by email at melissa.x.edwards@aexp.com.

Dictation Guidelines - What a Great Idea!

Brenda J. Hurley, CMT, FAAMT
Chair of ASTM E31.22
Health Information Transcription and Documentation



When it comes to healthcare documentation, no one would deny that we all want accurate and timely reports for clinical decision making to support quality health care. Indeed, health care depends on it!

ASTM International, a standards development organization founded over 100 years ago, is one of the largest standards development organizations in the world. ASTM works with many industries to establish standards for materials, processes, systems, and services. Standards provide a consistency of performance, a level of safety, as well as more efficient systems and processes. ASTM E31 committee for Electronic Health Record was established in 1970. The subcommittee E31.22, Health Information Transcription and Documentation, was established in 1995; its scope is to develop standards for the systems, processes, and management of medical transcription and its integration with other modalities of report generation. The previously approved standards from E31.22 include:

- E1902 Standard Specification for Management of Confidentiality and Security of Dictation, Transcription, and Transcribed Health Records.
- E1959-98 Standard Guide for Requests for Proposals Regarding Medical Transcription Services for Healthcare Institutions.
- E2117-00 Standard Guide for Identification and Establishment of a Quality Assurance Program for Medical Transcription.
- E2185-01 Standard Specification for Transferring Digital Voice Data Between Independent Digital Dictation Systems and Workstations.

There are two new development activities from E31.22 that include a Standard Guide to Speech Recognition Products in Health Care (features and benefits that would be important to include in speech recognition products), and a Standard Guide for Data Capture through the Dictation Process (guidelines for dictation).

Recently the Standard Guide for Data Capture through the Dictation Process has been submitted to ASTM for the balloting process. This process will include an initial ballot to all members of the E31.22 subcommittee. For a ballot to be deemed valid, ballots must be returned from a minimum of 60% of its members. Members have the option to vote affirmative, negative, or they may choose to abstain. All negative votes must include a comment identifying the reason(s) why the standard was considered unsatisfactory. Affirmative votes may include comments as an option. The submitted comments are then reviewed by the activity group in an effort to resolve them. Many times there are revisions or additions suggested that improve the original document. Once all negative comments have been resolved, the revised draft will be balloted by the entire E31 committee members. Again the comments will be addressed by the group and resolved through revisions or additions. If a comment is submitted that is not deemed appropriate for the standard, the subcommittee may vote that the comment is considered non-persuasive; therefore, that comment would not be incorporated within the standard.

All of this sounds rather complicated, but it actually assures a fairness in the process, that every member has a voice regarding approval of a standard whether they can attend a meeting or not, as voting is done from the ASTM website. This process also provides excellent input from those who may not have been able to previously participate in the development of the standard. It is amazing how a fresh perspective can glean great ideas through this process.

The draft of the Standard Guide for Data Capture through the Dictation Process has now started the ballot process, so the document submitted will likely look differently than the final approved product; however, I am confident that the process will provide improvements that the current activity group has not yet considered. I have witnessed this happen with each of the previously approved standards from our E31.22 subcommittee.

Given the above, here is the current scope for this document:

1. *Scope*

- 1.1 *This guide identifies ways to improve the quality of the healthcare documentation through the dictation process. This guide will assist dictating authors (physicians, physician assistants, nurses, therapists, and other healthcare professionals) in facilitating their use of dictation in the healthcare environment.*

- 1.2 *This guide will aid in continuation of patient care, privacy and confidentiality issues, risk management issues, optimal coding for reimbursement, compliance with legislative and regulatory requirements, turnaround time.*
- 1.3 *The complexity of the language of medicine, the dynamics of the healthcare environment, and the sophistication of the dictation systems present a formidable challenge for dictating authors. This guide will facilitate a quality dictation message.*

Topics covered within this document currently include dictation and orientation principles, different dictation media, defined terminology, and the significance and use of this standard.

Producing formal guidelines for dictation practices does not mean, unfortunately, that immediately all dictators will follow them. It is instead the start of our journey to develop awareness within healthcare institutions, medical schools, professional healthcare associations, and accreditation organizations that these guidelines exist and compliance to them will promote better quality healthcare documentation.

It is a message that we need to consistently and repeatedly promote - quality documentation begins with quality dictation!



2004 ICD-9-CM Update

Elton Cust, RHIA

Marie Stangl, RHIA

Co-Chairman Data Quality Management Committee



New For 2004

- 101 New Diagnosis Codes
- 10 New Procedure Codes
- 2 New E Codes
- 18 Revised Diagnosis Code Titles
- 3 Revised Procedure Code Titles
- 32 Invalid Diagnosis Codes
- 2 Invalid Procedure Codes

ICD-9-CM Update Process

- ICD-9-CM Coordination and Maintenance Committee.
- Minutes published on website
- Diagnosis discussion on HCHS website
- Procedure discussion on CMS website
- Public Meetings - comment period
- Annual changes effective October 1
- Published in Federal Register August 1, 2002

Infectious Disease

- 079.82 - SARS associated coronavirus
- 480.3 - Pneumonia due to SARS-associated coronavirus
- 057.8 - Viral exanthemata
- includes note for Monkey pox

Carnitine Deficiency

- *Carnitine: essential metabolic intermediary that is critical for mitochondrial function.*
- 277.81 - Primary carnitine deficiency
- 277.82 - Carnitine deficiency due to inborn errors of metabolism
- 277.83 - Iatrogenic carnitine deficiency
- 277.84 - Other secondary carnitine deficiency

Hypercoagulable States

- *Hypercoagulable states are a group of inherited and acquired disorders which cause an increased risk of thrombosis.*
- 289.81 - Primary hypercoagulable state
- 289.82 Secondary hypercoagulable state

Dementia

- 331.11 - Pick's Disease
- 331.19 - Frontotemporal dementia
- 331.82 - Dementia with Lewy bodies
- Includes Parkinson's disease with dementia
- use additional code for associated behavioral disturbances (294.10 - 294.11)

Encephalopathy

- *Encephalopathy: general term for generalized cerebral dysfunction. Not synonymous with delirium*
- 348.30 - Encephalopathy, unspecified
- 348.31 - Metabolic encephalopathy
- 348.39 - Other

Myasthenia Gravis

- *Myasthenia Gravis is a chronic disease characterized by episodic muscle weakness caused by dysfunction of acetylcholine receptors.*
- 358.00 - Myasthenia gravis without (acute) exacerbation
- 358.01 - Myasthenia Gravis with (acute) exacerbation

Hypotension - 458

- 458.21 - Hypotension of hemodialysis -
Intra-dialytic hypotension
- 458.29 - Other iatrogenic hypotension
- Postoperative hypotension

Asthma

- 493.81 - Exercise induced bronchospasm
 - Bronchospastic event caused by lack of heat or hot water from the lungs during exercise because of hyperventilation of air that is cooler and dryer than that of the respiratory tree.
- 493.82 - Cough variant asthma
 - Seen primarily in young children. Cough is the principal symptom.

COPD

- Index change associated with acute bronchitis & COPD
 - prior to 10/2003 code only 49121
 - Effective 10/2003 report both codes 491.21 and 466.0
- Index change associated with acute bronchitis and bronchiectasis
 - Prior to 10/2003 code only 494.1
 - Effective 10/2003 report both codes 494.1 & 466.0

Diseases of esophagus

- 530.20 - Ulcer of esophagus without bleeding
- 530.21 Ulcer of esophagus with bleeding
- 530.82 - Barrett's esophagus
 - *Currently indexed to code 530.2, ulcer of esophagus
- 530.86- Infection of esophagostomy
 - Use additional code to specify infection

Hyperplasia of Prostate

- 600.00 - 600.91 - New combination codes created to identify prostate hyper[plasia with obstruction/retention vs. without
 - Prior to 10/2003 both a code for hyperplastic and obstruction/retention assigned
 - Effective 10/2003 only one code from category 600 required

Female Diagnosis

- 625.4 - Premenstrual tension syndrome
 - PMDD - Premenstrual dysphoric disorder
- 665.5x - Obstetrical trauma, injury to pelvic organs
 - index change to include laceration of the uterus
- 674.5x - Peripartum cardiomyopathy
 - prior to 10/2003 codes to 674.8x

Late Infant

- 766.21 - Post-term infant
- * infant with gestation period over 40 completed week to 42 completed weeks.
- 766.22 - Prolonged gestation of infant
- * infant with gestation period over 42 completed weeks. Postmaturity NOS
- These codes were created to correspond with the post-term pregnancy and prolonged pregnancy codes

Symptoms

- 780.93 - Memory Loss
- prior to 10/01/2003 reported with code 780.99
- 780.94 - Early Satiety
- 781.91 - Facial weakness
- Facial droop
- Prior to 10/03 reported with code 781.99
- 790.21 - Impaired fasting glucose
- 790.22 - Impaired glucose tolerance test
- 790.29 - Other abnormal glucose

Sepsis and Septic Shock

- *Septic Shock: a subset of severe sepsis, where patients experience combined decreased systemic vascular resistance and the presence of reduced myocardial performance.*
- *Sepsis > Severe Sepsis > Shock*
- 785.52 - *Septic Shock*
- *Code first severe sepsis - 995.92*

Sepsis and SIRS

- Index Changes:
- 995.91 - Systemic Inflammatory Response Syndrome due to infectious process without organ dysfunction
- includes note added for sepsis
- on alpha index sepsis codes directly to 995.91
- 038 - Septicemia
- Use additional code for SIRS - 995.92

Brief Loss of Consciousness

- 850.11 - Concussion with loss of consciousness < 30 minutes
- 850.12 - Concussion with loss of consciousness from 31 to 59 minutes.

E codes

- E928.4 - External constriction caused by hair
- E928.5 - External constriction caused by other object

V Codes

- V01.82 - Exposure to SARS-associated coronavirus
- V45.85 - Insulin pump status
- V53.91 - Fitting and adjustment of insulin pump
- V54.02 - Encounter for lengthening/adjusting of

growth rod

- V58.64 - Long-term use of non-steroidal anti-inflammatories (NSAID)
- V58.65 - Long-term use of steroids
- V65.11 - Pediatric pre-birth visit for expectant mother
- V65.46 - Encounter for insulin pump training

New and Revised Procedure Codes

- High-Dose Interleukin-2 Therapy
- 00.15 – *High dose infusion Interleukin-2 (II-2)*
- Infusion (IV bolus, CIV) Interleukin
- Infusion Proleukin (aldesleukin for injection)
- NB: A non-OR procedure that impacts DRG assignment
- Prior to 10/03 codes to 99.29

October 2003

Heart Replacement Procedures

- New Category 37.5 Heart replacement procedures:
- 37.51 Heart transplantation
- 37.52 Implantation of total replacement heart system
- Artificial heart
- 37.53 Replacement or repair of thoracic unit of total replacement heart system
- 37.54 Replacement or repair of implantable component or components of total replacement heart system, excluding thoracic unit
- Implantable battery controller
- Transcutaneous energy transfer device

Laparoscopic Supracervical Hysterectomy

- 68.31 – (LSH) Laparoscopic supracervical hysterectomy
- Classic infra fascial SEMM hysterectomy (CISH)
- Laparoscopically assisted supracervical hysterectomy (LASH)
- 68.39 – Other subtotal abdominal hysterectomy
- Supracervical hysterectomy

Kyphoplasty & Vertebroplasty

- Index Change:
- 78.49 – Repair or plastic operation on bone
- Includes kyphoplasty
- Includes vertebroplasty
- Prior to 10/03, kyphoplasty is coded with both 03.53 and 78.49
- Effective 10/01/03 report ONLY 78.49

Multi-Level Spinal Fusion

- 81.62 – Fusion or refusion of 2-3 vertebrae
- 81.63 – Fusion or refusion of 4-8 vertebrae
- 81.64 – Fusion or refusion 9 or more vertebrae

Reported in addition to a code from category 81.0 – 81.3

DRG CHANGES/UPDATE

- 13 New DRGs:
 - 528 – Intracranial vascular procedure w/pdx hemorrhage
 - 529 – Ventricular shunt procedures with cc
 - 530 – Ventricular shunt procedures w/o cc
 - 531 – Spinal procedures with cc
 - 532 – Spinal procedures w/o cc
 - 533 – Extracranial procedures with cc
 - 534 - Extracranial procedures w/o cc
 - 535 – Cardiac defib implant w/cardiac cath w/AMI/HF/Shock
 - 536 – Cardiac defib implant w/cardiac cath w/o AMI/HF/Shock
 - 537 – Local excision/removal of internal fix except hip/femur w/cc

DRG 492 renamed

- 492 – Chemotherapy with acute leukemia as secondary diagnosis or with use of high dose chemotherapy agent
 - Principal diagnosis of V58.1 or V67.2 and either:
 - Secondary dx of acute leukemia or.
 - Treatment with high dose infusion IL-2 (00.15)

HIM & ONCOLOGY SUPPORT SERVICES

Backlog woes?**FHIMA**

Florida Health Information Management Association

HOME
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MESSAGE

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AHIMA UPDATE

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AHIMA Update

September/October 2003

AMA Joins AHIMA Effort to Move ICD-10 Forward

The American Medical Association (AMA) has joined AHIMA and other healthcare associations in urging Congress to adopt language in the Medicare Prescription and Modernization Act, which is currently being discussed by the House and Senate. The act's language would state that "if the National Committee on Vital and Health Statistics (NCVHS) has not made a recommendation to the Secretary [of the Department of Health and Human Services], within three months after the date of the enactment [of the Act], with respect to the adoption of the International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) as a standard, . . . then the Secretary may adopt ICD-10-PCS and ICD-10-CM as such a standard to replace the current uses of ICD-9-CM, Volumes 1-3."

AHIMA, AMA, and others have also indicated to Congress that support for the language in the Modernization Act does not constitute support for any change in language related to the standards processes under HIPAA. Congress has returned to Washington, and debate on the Medicare Prescription and Modernization Act is expected to continue in the conference committee for several weeks.

ICD-10-CM Tops Agenda at This Month's NCVHS Meeting

NCVHS has announced a meeting of its full committee September 23-24 in Washington, DC (68FR52211). Among the items on the committee's agenda will be a report by the Rand Corporation on the costs and benefits of adopting and implementing ICD-10-CM and ICD-10-PCS as replacements for ICD-9-CM. A copy of the NCVHS announcement can be found in the September 2, 2003, *Federal Register* at: http://www.access.gpo.gov/su_docs/fedreg/a030902c.html. The tentative agenda for the meeting can be found at: <http://ncvhs.hhs.gov>.



AHIMA members can listen to the meeting by visiting the NCVHS Web site and following the live broadcast instructions. It is recommended that those wishing to attend visit the site prior to the meeting to download any necessary software.

CDC Announces SARS Data Collection Project

To prepare for a response to another possible outbreak of Severe Acute Respiratory Syndrome (SARS), the Centers for Disease Control and Prevention (CDC) announced a data collection program that will be directed at airline personnel and some selected healthcare workers (68FR52772). A complete description of the CDC project is available in the September 5, 2003, *Federal Register* at:

http://www.access.gpo.gov/su_docs/fedreg/a030905c.html.

CMS Announces Classification Changes for Inpatient Rehabilitation Facilities

The Centers for Medicare & Medicaid Services (CMS) proposed changes in the criteria for classifying hospitals as inpatient rehabilitation facilities. These hospitals are reimbursed under a prospective payment system. The proposed rule would reduce from 75 to 65 percent of patients in the facility who are admitted because of diagnoses with one of the specific qualifying medical conditions requiring intensive rehabilitation. These conditions include stroke, spinal cord injuries, congenital deformity, amputations, major multiple traumas, fracture of femur, brain injuries, arthritis, neurological disorders, and burns.

The notice of proposed rulemaking was published in the September 9, 2003, *Federal Register*. Comments will be accepted on the proposal until November 3 and the final rule will be published thereafter. To read the CMS announcement, go to:

<http://cms.hhs.gov/media/press/release.asp?Counter=838>. The proposed rule is available in the *Federal Register* at: http://www.access.gpo.gov/su_docs/fedreg/a030909c.html

National Correct Coding Initiative Edits Available Online

CMS announced that the National Correct Coding Initiative (NCCI) edits used by physicians and other providers to bill properly will be available on the Internet. Previously these edits were available only by paid subscription. They identify pairs of services that normally should not be billed by the same physician for the same patient on the same day. The edits promote uniformity.

The NCCI includes two types of edits. The comprehensive/component edits identify code pairs that should not be billed together because one service inherently includes the other. The second type of edit is the mutually exclusive edit. This edit identifies code pairs that, for clinical reasons, are unlikely to be performed on the same patient on the same day.

The posting of these edits is one of the steps CMS has undertaken to reduce the regulatory burden on physicians. Earlier this year, CMS added the ability for physicians to determine in advance what they will be paid for a service (see the Medicare Physician Fee Schedule Look-up at: <http://cms.gov/physicians/default.asp>). To read the CMS announcement about NCCI, go to: <http://cms.hhs.gov/media/press/release.asp?Counter=839>. The NCCI edits are posted at: <http://cms.hhs.gov/physicians/cciedits/default.asp>.

CSA Support Fuels Fast FOREward Campaign

The Foundation of Research and Education (FORE) would like to thank the 45 Component State Associations (CSAs) that have thus far contributed to the Fast FOREward Campaign. Their support, totaling more than \$35,000, has been earmarked to support the Workforce Assessment Study, an integral part of this campaign.

The Workforce Assessment Study was the first major initiative funded through the Fast FOREward Campaign. This national research on current work force needs and the changes that will be brought about by healthcare and technology advancements throughout the next decade is already making an impact on planning for formal HIM education, member services, and our legislative efforts. The summary results of this study are available at:

<http://www.ahima.org/fore/practice/workforcenews.html> and have been profiled in a series of articles in the *Journal of AHIMA* in recent months.

Without the help and generosity of our CSAs, this study would not have been possible. But we still have a ways to go—we are about 65 percent of the way to our \$1 million goal. Each corporate, CSA, and member gift helps. Please help us achieve that goal and give generously to the Fast FOREward Campaign today. You can make a gift online at:

<https://www3.ahima.org/fore/donate/donate.cfm>.

Calendar of Events

September 25 ICD-9-CM Coding Changes for 2004 audio seminar

September 26 Grant-in-Aid Proposal deadline

October 2 Home Health Coding audio seminar

October 18-25 AHIMA's 75th Anniversary National Convention and Exhibit, Minneapolis, MN

Contacting AHIMA

For general queries, email info@ahima.org. For professional practice questions, go to the AHIMA Online practice forums at

<http://www.ahima.org/bibs/index.html> or send email to:
proprac@ahima.org.

If you'd like to update your mailing address or email address, include your full name, member ID number and your new information - send to:
info@ahima.org. For general questions, contact [AHIMA Online](#).

