# News & Views

NHiMA
AHIMA Affiliate
Nebraska Health Information Management Association

## December 2016

## President's Message of Hope

Well November has come to a close and we should all be counting our blessings. I am so thankful for the NHIMA board representatives and how passionate they are about protecting our profession. The HIMR White paper has stirred up a great deal of discussion. At this point, we are still discussing the reasoning behind the proposed changes and the format. We have been told that comments will be taken into consideration and a revised White Paper will be coming out by the end of the year. There is no question that education and future skills need to change, but in what direction? To put a positive spin on this issue, at least we are addressing the future and focus of HIM. Yes, our profession is changing and with this White Paper, it simply reminds us to stay the course and keep up to date on our education and skills. This White Paper addresses the issue of the future of new member's education and does not address the current members and their education and skills. We need to seek those skills and knowledge that we are lacking so we do not become dinosaurs. So, how do we go about doing this? We need to start reading up on subjects such as data analytics, information governance, data integrity, CDI and learn how to use this information in order to enhance our careers. The last thing we want to do is be left in the dust. Stay proud of your credentials and how hard you had to work to get them. Be a role model to others and pave the way for others to follow.

Yours truly,

*Dawn Goodsell, RHIA* President NHIMA 2016-2017

## HIM Reimagined

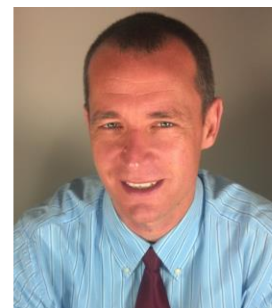
Hopefully you are all aware of the HIM Reimagined Whitepaper that is currently being proposed. The paper is currently in draft form and the last comment period is almost over. The last date for comments regarding the HIMR Whitepaper is **Friday, December 9th**. The NHIMA Board would encourage all of you to please read this paper and submit comments.

There are four recommendations that are being proposed that will alter the state of HIM in the future. These recommendations are as follows:

- Increase the number of AHIMA members who hold relevant graduate degrees to 20% of the membership within 10 years.
- Build a mechanism to ensure availability of research that supports health informatics and information management.
- Increase specialization across all levels of the HIM academic spectrum.
- RHIA Credential recognized as the standard for HIM generalist practice and the RHIT(+specialty) as the technical level of practice.
  - Proposal to open the RHIA exam for a 10-year period to anyone who has an RHIT and a Bachelor's degree.
  - Proposal is to require students to obtain the RHIT and be required to obtain a specialty credential. The RHIT credential will no longer stand alone as a recognized credential. Those that currently have an RHIT will be grandfathered with the credential and will not be required to obtain a specialty.

For further information regarding HIMR, please see the NHIMA website at www.nhima.org.

## 2017 NHIMA Convention



### "HIM: A Buried Treasure"
### April 5-7th, Kearney, NE

Keynote Speaker: Johnathan Fanning:
*Who are you Becoming?*

# Coding Roundtable

## Q&A from the Coding Roundtable:

The following question was submitted to the Coding Roundtable in November –

> *Could you provide clarification on the use of the CMS NCCI edits. CPT code is found in column 1, for example, 17000, and in column 2, CPT 17261 shows modifier 1 eligible but also states Mutually exclusive procedure. Does the Mutually Exclusive override the use of a modifier for the CPT code in column 2, and if so, is it recommended to report the CPT code with the higher RVU?*

Coding Roundtable Response --
According to "How to use the Medicare National correct Coding Initiative (NCCI) Tools".pdf
http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html

### What are the Column 1/Column 2 PTP Code Pair Tables? (page 6)

Although the Column 2 code is often a component of a more comprehensive Column 1 code, this relationship is not true for many edits. In the latter type of edit, the PTP code pair edit simply represents two codes that should not be reported together, unless an appropriate modifier is used. For example, a provider should not report a vaginal hysterectomy code and total abdominal hysterectomy code together.

Many procedure codes should not be reported together because they are mutually exclusive of each other. Mutually exclusive procedures cannot reasonably be performed at the same anatomic site or same beneficiary encounter. An example of a mutually exclusive situation is the repair of an organ that can be performed by two different methods. Only one method can be chosen to repair the organ. A second example is a service that can be reported as an initial service or a subsequent service. With the exception of drug administration services, the initial service and subsequent service cannot be reported at the same beneficiary encounter.

In addition, the descriptor of some HCPCS/CPT codes includes a gender-specific restriction on the use of the code. HCPCS/CPT codes specific for one gender should not be reported with HCPCS/CPT codes for the opposite gender.

### When is a code the reimbursable code of a PTP code pair?

The Column 1/Column 2 tables are comprised of PTP code pairs. If a provider submits the two codes of an edit pair for payment for the same beneficiary on the same date of service, the Column 1 code is eligible for payment and the Column 2 code is denied. However, if both codes are clinically appropriate and an appropriate NCCI-associated modifier is used, the codes in both columns are eligible for payment. Supporting documentation must be in the beneficiary's medical record.

According to the 2016 NCCI Manual (Chapter 3, page 6) -
If multiple lesions are removed separately, it may be appropriate depending upon the code descriptors for the procedures to report multiple HCPCS/CPT codes utilizing anatomic modifiers or modifier 59 to indicate different sites or lesions. The medical record must document the appropriateness of reporting multiple HCPCS/CPT codes with these modifiers.

Based on the above guidance, a modifier is allowed when the 17261 is reported to describe the removal of a second lesion that is located on the trunk, arms or legs. Payment is based on payer policy.

Three new G-codes have been developed for use in 2017 to report either film or digital technology and include the use of CAD. CPT codes 77051, 77052, 77055, 77056 and 77057 are no longer payable under Medicare OPPS, and have been replaced with G0202, G0204 and G0206. Commercial payers' policies for mammogram coding may differ from Medicare. It is recommended you review their policies for reporting of mammography services provided in 2017.

---

# Welcome and Congratulations!

*New Members in November 2016:*

- *Amanda Lane Bussey*
- *Marcia Harvey, CPC*
- *Amanda Norquest*

---

**NHIMA Contact Information:** Board Members - Committee/TF Chairs

**Dates to Remember:** April 5-7, 2017 – NHIMA Annual Convention, Younes Conference Center, Kearney, NE

---