

November 2016

President's Urgent Message

Well, summer is officially over. As we look outside we can see the bright and beautiful colors of fall. I just love this time of year. This last week, I raked leaves twice for my grandchildren to play in. You know, we all need to take the time to remember what it is like to be a child. Sometimes we just need to be able to have an outlet that can take us away from the changes and turmoil's in real life including in our profession.

Working in healthcare, we know, there will always be changes. With change there comes pain, frustration, and some anger until we get through to the other side. With these changes we have to decide as to whether the fight against said changes is really worth the effort. This brings me back to raising my kids. My philosophy with my kids has always been to fight the fights worth fighting.

In HIM, I feel that the HIM Reimagined White Paper is a fight worth fighting. If you are sitting with the perception that someone else will simply take care of this issue, then be prepared for the results. We, as members of AHIMA, need to be vocal and voice our concerns about the Health Information Management Re-imagined white paper which includes the proposal for revamping the RHIT educational curriculum as well as credentials. I say credentials because instead of (1) RHIT, they would like to create at least (4) different specialty types. The Council of Excellence in Communication, who created this white paper, have truly tried to redesign the profession. They are proposing to specialize the 2-year degree into segregated specialties. No longer would students get the well-rounded core HIM education. Students would be required to pick a degree path the first two years. There would be no room for transitioning into another field of HIM if you wanted to do a career change, instead, you would have to go back to school to get further educated first.

This white paper was opened up for a 30-day comment period during July -August. Unfortunately, many members had no idea this white paper existed and it was not well publicized during that comment period. It was later discussed in the House of Delegate meeting on October 16th at which time we were told that the House of Delegates from each state do not have a right to vote on the final proposed changes. We, as delegates, voiced our opinion that this issue addresses a change in the profession so the House of Delegates should have every right to vote on final changes. Since this meeting we have also attended a follow up webinar again discussing and addressing the proposed changes. We are now waiting for a revised white paper to come out before the end of the year that will address discussed requested changes. We, as your NHIMA board, will keep you updated on any future issues or revisions on this white paper as it becomes available.

Yours truly,

Dawn Goodsell, RHA President NHIMA 2016-2017



Join Us for a Live Webinar on HIM Reimagined

Be part of the continued dialogue on [HIM Reimagined \(HIMR\)](#)! People are talking about HIMR on all fronts. Here's your opportunity to actively participate in the discussion. Many participants are expected to attend, and we'll do our very best to address as many comments as possible.

Hear about proposed revisions to the plan based on comments and discussion, and share your thoughts on potential solutions to achieve the main goal of HIMR: Ensuring HIM's continued relevance in the future. Advancing technology and changes in the education and healthcare landscape all impact our future.

Plan now to be ready for those changes. Together, we'll advance both the HIM profession and professionals!

Pick One: Register for a Live Webinar Today

Wednesday, November 16, 2016
1–2 p.m. Central Time

[REGISTER](#)

Wednesday, December 7, 2016
1–2 p.m. Central Time

[REGISTER](#)

Coding Roundtable Webinar

The Coding Roundtable Committee has created a webinar for purchase in titled " Hierarchical Condition Categories: A Risk Adjusted Payment Model". This webinar will cover the following key elements:

1. Describe Hierarchical Condition Codes and impact on risk adjustment.
2. Discuss the impact of documentation on Hierarchical Condition Codes.
3. Provide resources on Hierarchical Condition Codes.

This webinar can be purchased for \$40.00 and is worth (1) CEU. As soon as this webinar is available, the registration link will be posted on www.nhima.org, the NHIMA Facebook page and an email will be sent to all active members.

SAVE THE DATE!

*Make sure to come back to Kearney
for next year's conference!*

NEBRASKA HEALTH INFORMATION MANAGEMENT ASSOCIATION

APRIL 5TH-7TH 2017

Held at the Younes Conference Center



NHIMA
Nebraska Health Information
Management Association

Coding Roundtable

Information from AHIMA National Convention in Baltimore.

The Clinical Coding Meeting in Baltimore had several good presentations including Coding and Billing for Chronic Care Management, Promoting Mid-Revenue Cycle Efficiency, Compliance with Rules for Mid-Level Provider Services, The World of E/M Coding, Moving Coding to the Next General and Transforming Coders to Auditors. Contact me if you would like a copy of a presentation.

Take a few minutes and log on to AHIMA's Engage Online Communities. I have posted coding information provided by CMS on the "Nebraska" Community. The Coding, Classification & Reimbursement Community has posted discussion on coding questions. For example, there is posted discussion on coding of the electronic cigarette. You will find you have many of the same questions as other coders!

~ Mary Meysenburg, MPA, RHIA, CCS - Chair, NHIMA Coding Roundtable

Q&A from the Coding Roundtable:

We had one question submitted this month:

Question:

We see two sets of codes being billed when comes to injectable drugs. Do you know why a J code would be used over a Q code for HCPCS, what the difference is?

Response:

Per the HCPCS Level II Code Book, Q codes are considered temporary codes and are used to pay health care providers for supplies, drugs and biological for which no permanent code has been assigned.

J codes are permanent codes and replace the temporary Q code. They include codes for drugs that ordinarily cannot be self-administered, chemotherapy drugs, immunosuppressive drugs, inhalation solutions and other miscellaneous drugs and solutions.

Coding Standards:

Per the HCPCS Level II Code Book: "Coders may find that the same procedure is coded at two or even three levels. Which code is correct? There are certain rules to follow if this should occur. When both a CPT and a HCPCS Level II code have virtually identical narrative for a procedure or service, the CPT Code should be used. If, however, the narratives are not identical (e.g., the CPT code narrative is generic, whereas the HCPCS Level II code is specific), the Level II code should be used." Payer policies can also dictate the use of a Q code rather than J code or vice versa.

Welcome and Congratulations!

New Members in October 2016:

- Michael Holmgren
- Amy Smith
- Craig Divis
- Shannon Lang
- Linda Maine

New RHIAs since 5/2016:

- Kayla Blackwell

NHIMA Contact Information:

Board Members - Committee/TF Chairs

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