



# FHIMA

Florida Health Information Management Association

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### President's Message

March/April 2001

#### INFORMATION MANAGEMENT: NAVIGATING THE SEAS of CHANGE

*Jacque Jones, RHIA*



The first session of AHIMA's Winter Team Talks was held in Jackson, Mississippi in March 2001. Mario Perez and I represented the State of Florida. Representatives were also on hand from: Alabama, Arkansas, Illinois, Kentucky, Maryland, Mississippi, South Carolina, Tennessee, and Texas. Interestingly enough, INDIVIDUAL MEMBERS not associated with Board Members from the states represented, equate to only a few people. WINTER and SUMMER Team Talks gives all members the opportunity to communicate face-to-face with the national leaders! If you have the time to attend, the one-day session is worthwhile! Not only can you ask direct questions, and receive answers, but also the opportunity to network with your peers is priceless.

In order of priorities, the biggest news is that the 2001 House

of Delegates in Miami will be voting on a proposed revision to the Standards for Maintenance of Certification.

One of Vision 2006's goals, back in the day, identified the need to design alternative models for maintaining certification, including self-assessments. After the issue was discussed at last year's Issue Group in Chicago, more input from individual members was received. Based upon that input, a revised working model was launched:

- Self-Assessment will be provided as an **OPTION**, but will not be mandatory for **RHIA** or **RHIT**. **AHIMA** will make the tool available to us as an option.
- Self-Assessment will continue to be required for **CCS** and **CCS-P**.
- CE credit will be provided for all Self-Assessments.
- All individuals will have 2-year reporting cycles. Those members with multiple **AHIMA** credentials will have the same reporting cycle.
- Continuing education will be required to maintain all **AHIMA** sponsored credentials.

For Example:

- If you are an **RHIA** and a **CCS** - you will need 40 CE credits every 2 years.
- If you are an **RHIT** and a **CCS AND a CCS-P** you will need 40 credits every 2 years.
- If you are an **RHIA** and a **CCS AND a CCS-P** you will need 50 credits every 2 years.
- The Self-Assessment provided now to **CCS** and **CCS-P** will continue to be provided annually and is **WORTH 5 CE's**.

The advantages to the current model will be discussed in detail in the Delegate literature the regions will receive. You can also see this detailed information on the [AHIMA](#) web page.

## ASSOCIATION PRIORITIES

AHIMA asks each of us to UPDATE your individual membership profile on the [www.ahima.org](http://www.ahima.org) page. Double click the icon in the top right hand corner!

We found out that the national organization continues to lack student applications for scholarship monies! No qualified master level applications were received this past year. Please bring this information back to your staff and coworkers.

Other questions posed to the group at Team Talks, which we will be talking about at the April Board meeting were:

How can we ensure HIM's leadership role in the coding industry?

How can we enhance the value of our credentials?

What entry-level professional education will be needed for future HIM role (e.g. 2010)?

How can State, National and Regional associations best work together to serve members?

Where will new members come from?

How can AHIMA help our members seize the important opportunities afforded HIM by the new privacy regulations?

## New Privacy Regulations

If you haven't been reading about these regulations - **PLEASE START**. In acute care, many of us have added PRIVACY OFFICER language to current job descriptions within HIM. Privacy and confidentiality is our business!

## HIM Odyssey in June 2001 at the Caribe

Orlando is the site for the 2001 HIM Odyssey. Arrangements and Program have been busy working to design the best educational experience you'll have this year.

Please contact any of the Board members if you need help or

have questions! My email is [jmjacquie@aol.com](mailto:jmjacquie@aol.com).

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**FHIMA ANNUAL CONVENTION - 2001**

**HIM ODYSSEY - EXPLORING THE SEAS OF CHANGE**

*Tanya Kuehnast, RHIA  
Arrangements Chairperson*



**Date:**  
June 19-22, 2001

**Place:**  
[Caribe Royale Resort Suites & Villas](#)  
8101 World Center Drive  
Orlando, FL 32821  
407-238-8000 or 1-800-823-8300

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### Articles

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#### Modifiers for Hospital Use

*Karla E Philippou, RHIT, CCS, CCS-P, CPC, CHCC*

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Modifiers have been a continuing problem in the hospital setting. Although modifiers were mandated for hospital use in June 1998, many hospitals were unable to comply until the implementation of Ambulatory Payment Categories, (APC's), on August 1, 2000. The initial problems were related to information systems inability to report modifiers. The second and ultimately more serious problem was related to lack of knowledge of modifiers and their correct usage by coders.

Many hospitals have coders who perform only inpatient or outpatient coding. Traditionally, less experienced coders perform outpatient coding. However with the advent of APC's outpatient coders need to be well educated in outpatient and CPT coding guidelines, as well as correct modifier usage.

As if those demands weren't serious enough, coders need to be educated about the national Correct Coding Initiative edits (CCI). Hospitals are currently using version 7.0 as of January 1, 2001. These edits are compiled by Administer Federal and approved for use by the Health Care Financing Administration. The purpose of modifiers is to prevent unbundling or breaking down a procedure code into its component parts. It is important for coders to know when a procedure's component parts may be reported separately with the use of a modifier in order to ensure proper reimbursement.

Modifiers have several purposes. They provide additional information, as in the finger and toe modifiers, which report the specific body site involved in a procedure. A modifier may be used to indicate special circumstances that have occurred, as in the discontinuation of a procedure. It may indicate that a procedure was performed more than one time, as in the case of modifier -91, used to report repeat lab procedures, but the most important use of a modifier is to override a CCI edit. These modifiers are closely monitored by HCFA and must be understood and correctly used by coders.

Level I and Level II modifiers may be used interchangeably. Level I modifiers are 2 numbers which may be attached to the end of the selected code. Level II modifiers are alphanumeric and are also 2 spaces in length. The list of modifiers approved for hospital use is located inside the front cover of the CPT-4 book and in Appendix A.

Modifiers -LT and -RT, for left and right, respectively, should only be used when the procedure code selected describes a single organ or body part that is paired. If the procedure code describes multiple body parts, then it is inappropriate to use these modifiers. For example, 24500-LT would describe a closed treatment of a left humeral shaft fracture and is appropriate. However, the code 13100-RT, a complex repair of the right side of the trunk, 1.1cm to 2.5cm, would not be appropriate as 13100 describes multiple body sites and the trunk is not a paired organ or body part.

Modifiers -52, -73, and -74 are used when procedures are attempted, but not completed. Modifier -52 is reserved for incomplete procedures not requiring general anesthesia. If there is another code describing the portion of the procedure completed, that code should be used instead. For example, if a colonoscopy is attempted and the physician examines only the sigmoid colon, a sigmoidoscopy may be reported with no modifier. If, however, the physician goes beyond the sigmoid colon and must discontinue the procedure, modifier -52

should be appended to the colonoscopy code, 45378. Discontinued procedures requiring the use of anesthesia should be reported using modifier –73 or –74, depending on whether the anesthesia has been started or not. The code V64.x should be listed as secondary. It is required by HCFA. Communication is essential for correct reporting and reimbursement. Coding staffs need to be able to recognize from the documentation present in the record, whether a procedure has been discontinued or not. These modifiers may be used with interventional radiology procedures as well, but the modifier should be appended to the procedure code and not the radiology code. .

Modifier –59 is often misused. It may be used to report a procedure that is done through a separate incision, a different body site, or performed at a different time. It should be used only when no other modifier is appropriate. This modifier overrides CCI edits in many cases, so it is important that it *not* be used solely to unbundle a procedure. An example of correct usage is: 29881, arthroscopy of the knee with medial or lateral meniscectomy and chondroplasty of a different compartment of the knee, 29877. The -59 modifier should be appended to code 29877 in order to override the bundling edit. The operative report is needed for correct coding.

Coding managers should work closely with the billing department to monitor correct payment. Coding guidelines need to be followed and policies and procedures need to be developed to be sure coding is consistent among the coders. Communication is essential to identify potential problems and to develop strategies that are uniform. Copies of the current CCI edits and latest information from HCFA is also important as we go through this transitional phase of a new Prospective Payment System.

Kathy Baus will be writing an article for the next issue of *e-Coastlines*. She is the Coding Roundtable Coordinator for the state of Florida. She needs questions to address in her article. If you have coding questions you would like to have answered, please submit them to her by April 1, 2001. You can e-mail them to her at: [coder87642@aol.com](mailto:coder87642@aol.com).

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### **Auto-Merging Is On the Rise**

*Jo Ann Yamamoto, MA, RHIA*  
*Tracy Peabody, RHIA*  
*Madison Information Technologies*



Automated health information management is taking over more and more manual record correction. As HIM software becomes more sophisticated, HIM professionals are beginning to rely on it to solve costly, time-consuming duplicate record issues. They are finding that computerized record merges save time and money, while simultaneously reducing MPI error rates and the associated patient care risks.

### **How does the manual process work?**

After a potential duplicate medical record is identified, HIM personnel must verify that the records actually belong to the same person. This includes reviewing specific patient identifying data in each record, e.g., date of birth, gender, social security number, address, telephone number, next of kin and guarantor. If sufficient data matches (criteria varies according to the facility), s/he manually merges the records in the MPI. In addition, a facility may require corrections to the physical chart folders, which adds several more time-consuming steps.

### **What is an “auto-merge”?**

An automatic merge or “auto-merge” eliminates the need for human intervention in order to merge duplicate records. Instead, the computer software compares the records in question and automatically merges them if sufficient identifying information matches.

### **Which duplicates can be auto-merged?**

Deciding which records can be automatically merged is crucial to a successful auto-merge. Ill-considered merge criteria can produce disastrous consequences. Experienced vendors can help you through the decision-making process. A vendor with a proven track record can help you develop optimal merge criteria. It is important to choose a vendor that employs flexible algorithms, which can be tailored to your organization’s needs. They should be able to analyze your database, and then recommend a customized list of fields to be used in their duplicate verification and matching algorithm. This custom-made plan will lead to a successful

merge, providing the best possible data integrity and maximizing your organization's return on their investment.

### **How do you know if an auto-merge is right for your organization?**

In order to determine the costs and benefits to your facility, it is imperative to perform a preliminary feasibility study. Careful consideration of the questions listed below should be a pre-requisite to any auto-merge implementation.

- Does the estimated duplicate volume show that auto-merging will be cost-effective?
- What are the startup costs for hardware, software, and support?
- Are there hidden costs, i.e., will you need to correct old duplicates, physical folders, or off-site chart folders, such as for those in clinics, etc.?
- Can your in-house hardware and software handle auto-merging? Will detection be set to occur immediately in real-time or will potential duplicates be queued for batch processing at a later time?
- What will be the impact if the implementation includes multiple MPIs? Can the "owners" reach an agreement concerning the merge criteria and merge process?
- What will be the impact in multi-sites with multiple MPIs?
- What will be the effect on downstream systems, such as clinical data repositories and radiology information systems?
- How will system administration be accomplished? Who will be responsible for ongoing daily monitoring? Will human intervention be required? How will ongoing notification of merges occur?
- How will incorrect auto-merges be identified, and how will they be handled?

### **What are the most important considerations when**

**performing an auto-merge?**

The key to success is choosing merge criteria wisely and anticipating pre-merge requirements, as outlined above. Thorough planning upfront will ensure a successful auto-merge, providing a speedy path to MPI data integrity.



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##### AHIMA Audio and Internet Seminars

AHIMA brings audio or internet format seminars to you. Upcoming seminars include:

- |          |  |
|----------|--|
| March 8  | ICD-9 Basic Review   |
| March 22 | Application of Procedural Principles<br>from CPT Assistant |
| March 29 | E/M Coding: Explore the Options                            |
| April 5  | ChargeMaster   |
| April 19 | E/M Consultation Coding                                    |
| April 26 | Reimbursement Methods                                      |
| May 3    | Future Coding Issues: I-10, CPT-5, etc.                    |
| May 17   | <i>Coding Clinic</i> Update                                |

For more information, visit [www.ahima.org](http://www.ahima.org) and click on events. Or call FaxLink at (888)424-4040 and request document #736.

#### AHIMA's Communities of Practice

AHIMA's web-based *Communities of Practice Create Perfect Opportunities to Network*. Take a look at our HIM future at [www.ahima.org/advantage/index.html](http://www.ahima.org/advantage/index.html).

#### Current News in Washington, D.C.

Check out the new effective date for HIPAA at [www.ahima.org/index.html](http://www.ahima.org/index.html)



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### **2001 Certification Guides Available**

Download certification guides online for the RHIA/RHIT and CCS/CCS-P examinations at [www.ahima.org/certification/index.html](http://www.ahima.org/certification/index.html). Also, on the website are sample questions, suggested reading lists, content outlines, test sites and more. Good Luck future HIM professionals!

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### **HIPAA Privacy Regulations**

The Final Rule for HIPAA Privacy Regulations were published in the Federal Register, December 28, 2000. Visit <http://aspe.hhs.gov/admsimp/> to download a copy for your review.

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### **HIPAA PRIVACY REGULATIONS RESOURCES**

With the final regulations of some standards under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations set, the healthcare industry is starting down the road of implementation. But what does HIPAA mean for your job or organization? Here are some AHIMA resources that outline the proposed regulations and assist you in implementing the HIPAA standards for administrative and financial transactions.

#### **HIPAA: THE FINAL PRIVACY RULE AUDIO SEMINAR ON CASSETTE**

For information or to purchase this and other audio seminars, visit <http://www.ahima.org/products/seminars.htm1>. The cost is \$135 for each seminar, and you'll save when you purchase four or more seminars at the same time.

#### **PUBLICATIONS**

"Information Security: HIPAA Sets the Standard"  
Program in a Box and Program in a Box Online  
Sandra R. Fuller, MA, RHIA

For more information, visit <https://secure.ahima.org/commerce/>

#### **"In Confidence" Newsletter**

The price is \$85 for members, \$99 for nonmembers. For more information, visit <https://secure.ahima.org/commerce/index.inconfidence.html>

#### **ONLINE HIPAA TRAINING**

AHIMA offers expert online training for achieving HIPAA compliance. For more information or for a FREE demonstration, visit

<http://www.ahimacampus.org/catalog/student/hipaaisting.html#H110>.



### HIPAA AUDIO CASSETTE SERIES

HIPAA: Impact of E-Health Strategies on Transaction Standards  
HIPAA Compliance: The State of Readiness  
Organizing the Effort-Practical Advice on Implementing HIPAA-Case Studies  
from the Provider Point of View  
HIPAA Security Challenges

All cassettes from the 2000 HIPAA Conference are \$165, or get the entire series for only \$545. To purchase, visit:

<https://secure.ahima.org/commerce/index.hipaa.html>.



### UPCOMING CONFERENCE-HIPAA: REAL WORLD STRATEGIES

Mark your calendar NOW! The Joint Healthcare Information Technology Alliance (JHITA) will be presenting THE conference on HIPAA in May, 2001. HIPAA: Real World Strategies is brought to you by JHITA, composed of the impressive list of associations: American Health Information Management Association (AHIMA), Center of Healthcare Information Management (CHIM), Center of Healthcare Information Management Executives (CHIME), American Medical Informatics Association (AMIA), and Healthcare Information Management Systems Society (HIMSS).

When: May 23-25, 2001

Where: Hilton La Jolla Torrey Pines  
10950 North Torrey Pines Road  
La Jolla, CA 92037

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### Contacting AHIMA

For general queries, email [info@ahima.org](mailto: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](mailto: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](mailto:info@ahima.org). For general questions, contact [AHIMA Online](#).