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November / December 2002

"Choosing Our Weapons"

Sharol Noblejas, MBA, RHIA, HCRM



Last month, I had discussed developing a strategy to win the war of the viability of the Health Information Management profession. With the strategy developed, we must now choose the weapons to fight this battle.

Pride in our profession is one of the weapons that can be used in fighting the war of our profession's viability.

Remember that National Health Information and Technology Week is November 3 – 9. Talk with your colleagues at work and introduce them to our profession. . This is a great opportunity to show our pride in the HIM Profession.

When asked, "What do you do?" Do you reply simply, "I work in a hospital." or "I am a Health Information Management professional responsible for securing the security, confidentiality and privacy of health records!" If every HIM professional was to respond to this question with the LAST response, we are sure to have more

people having interest in our profession.

The second weapon was the introduction of a resolution presented at the AHIMA, House of Delegates in San Francisco, California. Florida delegates, Ashlyn Dellenger, RHIA, Mario Perez, RHIA, Linda Stone, RHIT, Holly Woemmel, RHIA and myself were pleased to introduce this resolution that had originated at our FHIMA Leadership conference. The Florida resolution asks AHIMA's assistance to support the state associations seeking legislation requiring AHIMA credentials in hospitals, government agencies and insurance companies. It was interesting to note that California and Hawaii already have requirements for AHIMA credentials in their states. Many of the state associations were very much in support of the passing of this resolution. In fact, California has already agreed to co-sponsor this resolution with us. The final language of the resolution will be posted for voting on AHIMA's virtual HOD. In addition, we will be posting this resolution as the first item of discussion at our FHIMA virtual HOD.

The changes to the HIT and HIA Accreditation Standards were approved. The changes involved are:

- Creating separate Standards documents for HIA and HIT Programs
- Consolidating similar issues into one standard
- Incorporating more outcomes-based language.

The proposed bylaws amendment to Article III. Membership, Section 4, which broadened the definition of a student member, was also approved. Our chief delegate, Holly Woemmel, RHIA will be providing the details of the HOD activity in this issue of E-Coastlines.

[Governor Jeb Bush sent a reply to the letter](#) that I sent him seeking assistance in passing of legislation that requires credentialed health information management professionals to manage records in all Government agencies. He stated that he would be in support of any legislation that FHIMA would propose. As mentioned above, California and Hawaii have already passed such legislation. FHIMA will be working on similar legislation in the coming year. Ashlyn Dellenger, FHIMA President-Elect has sent a sample letter to each of our Regional Presidents to be used in writing our Florida government officials. **I encourage each FHIMA member to write letters to our local congressmen and state representatives recognize our education and our profession. This is yet another weapon that we can use to ensure the viability of**

our profession.

Stacie Buck, RHIA, FIRE Committee chairperson has been working on revisions to the FHIMA Recruitment packet. She has also been looking for volunteers to serve as Regional FIRE committee members. If you have a LOVE for our profession and want to share this with potential HIM students, contact Stacie Buck at staciebuck@adelphia.com. Your assistance is needed!!! The importance of recruitment cannot be more stressed in assuring that we are able to grow students into our profession **Recruitment is the “atomic bomb” that we can use to win our war.**

Our Data Quality Committee, chaired by Rae Glover, RHIT and Program Committee chaired by Sandra McDonald, RHIA is hard at work preparing for the ***FHIMA Annual Convention in July 14-17, 2003*** at the Gaylord Palms Hotel in Orlando Florida. This hotel is a 5 star hotel that offers many amenities!!! In lieu of holding a Mid-Year conference, we will be adding an extra day dedicated to coding on the last day of the convention. Mark your calendars... this will prove to be a great conference as well as a vacation getaway!!! If you have any suggestions for speakers or topics for the annual convention, contact Rae at rglover@lesburgregional.com or Sandra at mcdons@fiu.edu.

I have outlined many of the weapons that we, as Health Information Management professionals, can use to win the war of the viability of our profession. Woodrow Wilson wrote, “Armed neutrality is ineffectual enough at best”. Each of us must not only put on the suit of armor, but also use the weapons that are given to us. If all of us were to use at least one of these weapons, imagine how successful our profession would become!!!



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FIRE Committee Update

Stacie L. Buck, RHIA, Chairperson

Greetings from the FIRE Committee!!!



I hope everyone experienced a fun-filled HI&T week. The FIRE Committee is interested in hearing innovative ideas or activities that were used to promote the HIM profession during our week. Also, please feel free to share your stories of successful marketing or recruitment activities with the committee. We would love to publish them in E-coastlines and share them with the entire FHIMA membership.

There are still several regions that have not designated a FIRE Committee Volunteer to act as a liaison between FHIMA and the regions. It is vital that each region appoints a representative. The FIRE Committee cannot be a success without participation from each and every region. I encourage each regional president who has not already done so to actively recruit a FIRE Committee representative for his or her region.

The Committee continues to explore options for producing a recruitment video created by FHIMA. There are two main options being considered at this time. The first is the forming of a partnership with a college or university with a HIT or HIM program that also has video production capabilities on campus. The second option is hiring a

professional videographer to shoot and produce the video for FHIMA. If you know of someone who possesses these capabilities and would be willing to provide their services at a reasonable cost, please send an e-mail to the address below to discuss further details.

Happy Holidays from the FIRE Committee!

Send all e-mails for the FIRE Committee to:
staciebuck@adelphia.net

FHIMA'S CALL FOR NOMINATIONS



To Serve Or Not To Serve?...FHIMA Needs enthusiastic, volunteers LIKE YOU!

Each year, we seek candidates for the following positions:

President-Elect*: The position is actually a 3-year commitment. The president-elect sits on the Board and works closely with the President and Management Steering Committee. The 2nd year is the President, and the 3rd year, sits on the Board as Past President/Director.

Qualifications: 1) Experience serving as an FHIMA Committee Chair or officer in a regional association or prior HIM leadership role in another state. 2) Active Membership in AHIMA and FHIMA. Prior experience on FHIMA Board is preferred.

Director*: Each year THREE Directors are voted on to the Board. They serve as liaisons to Committees and conduct business of the Association. This is a 2-year term.

Qualifications: 1) Experience serving as an FHIMA Committee Chair or officer in a regional association or prior HIM leadership role in another state. 2) Active Membership in AHIMA and FHIMA.

Delegate to AHIMA: This is a 2-year commitment. The first year the AHIMA Delegate

attends the AHIMA Annual meeting, and the second year, attends the AHIMA Meeting AND sits on the Board as Chief Delegate*.

Qualifications: 1) Previous or present FHIMA Board experience, 2) Served as a delegate to FHIMA House of Delegates, or 3) Previous service as a delegate to AHIMA, 4) Active Membership in AHIMA and FHIMA.

Click here to obtain [2003 FHIMA Nomination Form](#).

For more information, please contact:

Jacquie Jones, RHIA
14202 Charmont Court
Orlando, FL 32837
(407) 857-9172
Jmasjones@aol.com

The deadline is December 31, 2002.

FOUR FHIMA MEMBERS RECEIVE AHIMA FORE SCHOLARSHIPS



Theresa Reynolds, AHIMA

Chicago, October 17, 2002 - The American Health Information Management Association's (AHIMA) Foundation of Research and Education (FORE) is proud to announce that the following individuals have been awarded the FORE Merit Scholarships:

Diana L. Spaulding received the Bright Future Scholarship, underwritten by a generous grant from gifts from former merit scholarship recipients and memorial gifts. Diana is pursuing a degree in Health Information Technology at Indian River Community College.

Tanjiah M. Whitaker received the FORE scholarship, underwritten by a generous grant from the Foundation of Research and Education. Tanjiah is pursuing a degree in Health Information Administration.

Heidi L. Feiner received the FORE scholarship, underwritten by a generous grant from the Foundation of Research and Education. Heidi is pursuing a degree in Health Information Administration at the University of Central Florida.

Janet S. Lundquist received the CARE Communications, Inc. scholarship, underwritten by a generous grant from

Care Communications, Inc.. Janet is pursuing a degree in Health Information Technology at Pensacola Junior College.

In 2002, a record 509 FORE Merit Scholarships were awarded nationally to outstanding students pursuing degrees in health information administration (HIA) and health information technology (HIT), as well as credentialed health information management (HIM) professionals pursuing degrees to further their careers. Since the program's inception in 1991, \$230,000 in scholarships have been awarded to more than 175 students.

The FORE Merit Scholarship program is just one of the programs benefiting from contributions to the Foundation's Fast FOREward Campaign - a two year campaign aimed at raising \$1 million to fund initiatives that will help anticipate and plan for the future of HIM; educate current and future practitioners; and support innovations that advance the profession. For additional information about the FORE Merit Scholarship program or the Fast FOREward campaign, visit AHIMA's web site at <http://www.ahima.org/fore/>.

Created in 1962, and celebrating its 40th anniversary, FORE is a separately incorporated affiliate organization founded and managed by AHIMA. FORE provides an infrastructure of knowledge, research, and education in the field of HIM.

AHIMA is the professional Association that represents 43,000 specially educated information management (HIM) professionals who work throughout the healthcare industry. AHIMA fosters the career growth of its members through education, certification and lifelong learning - promoting quality health information to benefit the public, providers and other who utilize clinical data.

NEWS FROM AROUND THE STATE



Panhandle Region, Jean Russell President

Jean reports that the October meeting was a great success. It was also her last meeting as Regional President. Anyone interested in serving as an officer should contact Jean Russell at jrussell@bhcpns.org.

Gulf Coast Region, Karla Philippou President

Gulf Coast is having a meeting on November 20, 2002 , at St. Joseph 's Medical Arts Building in meeting room 2 at 12 noon . Lunch will be served.

Speakers: Louann Sutherland and
Mary A. Roberts, CCS,
Coding Manager of Ambulatory
Services, Baycare.

Topic: "The Omega Process: Meeting
Medical Necessity for Medicare
Imaging Outpatients."

For information contact Karla Philippou at
karlap@tampabay.rr.com

Central Florida Region, Christina Martinez President

The Central Florida Region held their annual Coding Seminar in October. The seminar was a great success, with over 60 people attending. Orlando Regional Medical Center was the host facility. Dr. Howard Smith spoke on Trauma Surgery, Margaret Kendrick, RHIA, CCS, spoke on Interventional Radiology Coding, and Nancy Heldt, CCS, spoke on Hot Topics in Coding.

**NEW UCF HIM MINOR PROGRAM
OFFERING HOPES TO EASE CODER SHORTAGE**

Peggy Meli, M.S., RHIA



The University of Central Florida HIM Program is proposing an additional program of study for UCF undergraduate students. Completion of the UCF HIM Minor will qualify the student to take the AHIMA Certified Coding Associate (CCA) exam.

The Certified Coding Associate (CCA) credential was created by the American Health Information Management Associate (AHIMA) to set apart those who have developed a beginning level of coding competency. AHIMA states that the certification process allows employers to recognize that the CCA credential "supports a worker's ability to uphold industry standards and regulations thereby potentially saving organizations from fines and penalties due to errors or noncompliance." AHIMA begins testing for the CCA credential this fall.

Thomas Falen, MA, RHIA, the UCF HIM Program Director, developed the undergraduate HIM Minor in response to community need for qualified coders. The UCF HIM Advisory Committee has expressed its need for qualified coders at the last few meetings. Tom Falen stated recently, "The initial process for approval has begun for the new HIM Minor program. The approval process takes several months and we hope to have the new HIM Minor program available for the 2003-2004 Catalog Year."

Tom Falen indicated that having the HIM Minor program open to any UCF student should help to raise awareness of the HIM profession on campus.

Questions concerning the UCF HIM Minor program should be directed to Thomas Falen, MS, RHIA at 407-823-2369 or tfalen@mail.ucf.edu

SAVE THE DATE!



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We Try Harder

Nancy Heldt, CCS

Coding Quality Manager

Florida Hospital , Orlando , FL



"We Try Harder" was an advertising slogan used by Avis rent-a-car in the early 1970's. The number two rated car rental agency touted the idea that they had to try harder to stay in competition with the number one company, and thus they provided better service.

What was an advertising slogan has become an axiom in the coding arena today. Those who have the desire to code but lack the experience must indeed "try harder".

There is a core content of material that must be mastered before we are ready to code. This core content consists of general coding guidelines and conventions, familiarity with ICD-9 and CPT coding methodology, and a general knowledge of anatomy, physiology, disease process, and terminology. Beyond this core content is our peripheral knowledge that coders spend a lifetime accumulating. This peripheral knowledge and how it relates to the core content is what makes a good coder. The larger the peripheral knowledge, the greater the value of the coder.

Many people just starting out in this profession would like to instantly have the knowledge of some of the long-term coders. Many of the people I have trained in my 16-year involvement in HIM would like for me to have transferred my peripheral knowledge onto a floppy disc and download it into their brains. This would be the easiest method for both of us, if it only worked that way!

Most of our peripheral knowledge comes from the practice of coding. As we read chart after chart, we add to the depth of our understanding of the disease process. When we see the diagnosis of pheochromocytoma in the chart and take time to investigate the etiology and symptomatology of the disease we will be better able to recognize it in subsequent charts. Seeing the involvement of hypertension and the adrenal gland and knowing the relationship might make us better able to read the diagnosis when the physician scribbles the word pheochromocytoma. When we do not have the luxury of this kind of investigation due to time constraints and productivity standards, the coder must be committed to dedicating some of their own time to develop that knowledge.

For those who really want to "try harder", much of their peripheral knowledge must happen apart from on-the-job experience. This includes the conventional reading of articles in the professional publications, but one should not overlook the less conventional periodicals such as news magazines, and newspapers and made-for-television health documentaries. I remember one employee a number of years ago who read an article in the Readers Digest about Congenital Long Q Syndrome. He brought the article to work and shared it at a staff meeting. As is so often the case, it was only a matter of months before we saw the diagnosis in a real chart.

A good mastery of peripheral knowledge develops coder confidence in communicating with physicians, either in person or through the query process. Nursing staff and ancillary communication is also improved and elevates the professional stature of the coder.

Aspiring coders will not be able to find spoon-feeding in the current high pressure health care environment and must "try harder" to compete. Even coders who have been in the profession for a long time benefit from trying harder to add to their peripheral knowledge. It is possible to learn something every day, no matter how long you have been in the field. In short, it never "Hertz" to try harder

**AHIMA HOUSE OF DELEGATES 2002
SAN FRANCISCO**

REPORT OF THE CHIEF DELEGATE

*Holly Woemmel, MA, RHIA
Chief Delegate*



The House of Delegates this year was held in the great city of San Francisco , with 206 voting members present. All 52 Component State Associations (CSA) were represented. Of special note, this is the first full year that business was conducted year round using the online Communities of Practice. The year-round House of Delegate's showed the progress that AHIMA has made using information technology. Issues were discussed in a timely manner, decisions on those issues were made, and the processes were instituted before the yearly meeting. In mid-May the House of Delegates approved standards for a new credential that will formalize HIM professionals' competencies in health information privacy. This certification is the Certified in Healthcare Privacy (CHP) credential. The standards permit HIM professionals who have an RHIA or RHIT credential, a baccalaureate or higher degree, and a minimum of two years of on the job experience to take the exam. In June the House went back to work and adopted a proviso to the approved standards that allows RHITs' to take the exam who do not meet the educational qualifications for candidacy but who have five or more years experience in healthcare management. The first privacy exam was held on October 15th.

The two action items that the House of Delegates voted on and approved at the 2002 meeting were changes to the standards for Health Information Technology (HIT) and Health Information Administration (HIA) educational programs and a change to the AHIMA bylaws related to eligibility for student membership in AHIMA. The Council on Accreditation and a panel of reviewers evaluated the standards for HIT and HIA programs, a process that is done every five years. The revision this year consisted of creating separate standards documents for HIA and HIT programs. This revision consolidated similar issues into one standard and incorporated more outcomes-based language. The second item was the expanded eligibility for student membership, which now includes, students enrolled in an approved master's or coding program and a program for which AHIMA accreditation or approval is pending.

There were five issue forums that were brought forth this year as well. The first issue forum included the two action items for bylaw changes, as discussed above. A third item

was brought to this forum from our own state association concerning AHIMA supporting the need to have our credentials become a requirement in order to fulfill the roles that we currently have and are developing for the future. This resolution was discussed during FHIMA's Leadership meeting in August. After much discussion during this forum, FHIMA was asked to go back and reword the resolution and submit it again. The state association will be able to post this on the AHIMA CoP HOD for voting. All in all, we found that the Florida Association was supported heavily by the other component state associations and FHIMA will pursue this issue in the coming month.

The second issue forum was the question of what barriers exist to member recruitment at the Component State Associations level. Barriers brought forth included recruitment tools are available but not utilized, lack of money and time, fewer employers paying for membership, individuals not taking the initiative within their sphere of influence, and lack of connection between academic programs and employers.

The third issue forum was e-HIM initiatives for 2003. This issue was brought forth to discuss and provide input into the vision of HIM practice in the year 2010. Some topics of discussion were electronic health record (EHR), voice recognition, and virtual coding. This issue forum was broken down into two perspectives and two barriers.

The first perspective was from the HIM practitioners whose comments included:



HIM is not quite virtual yet.



Many people will start working from home.
We need to be proactive and not reactive
with this chaotic change.



We will have decreased customer service
requests in HIM due to patient access control,
and physicians having more direct access to data.

The second perspective was from providers, whose concerns include:



Centralization of processes.



Palm Pilot at point of care.



Implanted chips for security and patient care.



Changes in facilities structure.



Use of HL-7 standards.

Some of the barriers that HIM will face are resistance to change, shortage of HIM professionals, and lack of visibility and support. Some of the industry barriers are budgetary constraints, workforce shortages and governmental interventions.

The fourth issue forum was the HIM workforce initiatives for 2002-2003. What are some of the ways to recruit students into HIM educational programs? Some of the discussion was on what the CSA could do with promoting state scholarships, practitioner/student mentoring, actively using the new tools that AHIMA has provided. In the same breath, AHIMA should provide additional guidance, implementation plans and training. Also, AHIMA should do more national level multimedia marketing using television and the Internet, to promote the healthcare and technology connection interaction in HIM to attract students. Lastly, AHIMA needs to publish current accurate salary data and advocate for salaries commensurate with responsibility.

The fifth and final issue was standards and position statements for HIM practice. What are some of the priorities for future AHIMA standards and position statements that HIM practitioners would like to see? Some of the items discussed are standard coding guidelines followed by all payers, and harmonization of state, federal and Joint Commission requirements. Other discussion was role clarity for various AHIMA credentials, standard nomenclature, definitions and interoperability for the EHR and increased attention to non-acute practice settings.

The 2003 Nominating Committee Election Results Report were announced with the following three candidates as winners: Barbara J. Manor, RHIA, Toni Cade, MBA, RHIA, CCS, Mark Dietz, RHIA, The following members complete the 2003 Nominating Committee: Barbara Fuller, JD, RHIA, chair Michelle Bouly, RHIA, CCS, CPC, Perry Ellie, MA, RHIA, Eleanor Joseph, MPA, RHIA, Roberta Peters, RHIA, Rebecca Reynolds, MHA, RHIA, Barbara Siegel, MS, RHIT, ex officio and Linda Kloss, RHIA, CAE, ex officio.

San Francisco was a great city to host the 2002 AHIMA National Convention. It was a privilege and an honor to represent FHIMA as the Chief Delegate along with my esteemed colleagues, Mario Perez, Sharol Noblejas, Ashlyn

Dellenger and Linda Stone.

**EATING AN ELEPHANT
Or
HOW TO EDUCATE YOUR
FACILITY ON HIPAA**

*Sherry Davis, RHIA
HIM Specialist
Orlando Regional Healthcare
and*

*Linda Noel, M.Ed., RHIA
Corporate Privacy Officer
Orlando Regional Healthcare*



You've heard the old saying, "How do you eat an elephant?" The answer is simple, "One bite at a time." HIPAA education in your facility can be looked at in the same way. Well, perhaps eating a Hippo is a better metaphor. In addition to small bites, Hippos can't be eaten all at one sitting. Different people may start on different parts of the Hippo and use different utensils. There is enough meat to provide lots of meals for everyone. There are different cuts of meat too. It's not all just Hippo-burger!

So enough with the metaphor already. What does this have to do with training over 10,000 employees in seven facilities and multiple clinics spread over five counties? . It basically describes the approach that Linda Noel, Corporate Privacy Officer for Orlando Regional Healthcare, is taking. A lot of small steps, a lot of different approaches, tools and techniques, and the help of a lot of people.

Last year, a dedicated HIPAA trainer was the first step to let everyone know that HIPAA existed and what areas it would affect. Overview presentations were made to key management groups and at department meetings. This year, general HIPAA information has been incorporated into employee orientation and in the annual mandatory education required of all employees. In addition, a HIPAA Education Team has taken over the process of laying out a formal, ongoing training plan. This process includes determining who to train, what to train them, how much training to do, how to do it and how often.

An intra-company website has been set up that all employees can access to get information on HIPAA. HIPAA

articles have also been placed in the bi-monthly corporate newsletter for all employees. Many other avenues are being considered, including computer based training, written materials, classroom sessions, materials for use in departmental meetings, and many others.

A monthly HIPAA newsletter is emailed to all departments. Its purpose is to explain specific aspects of HIPAA in terms that relate to the employee's everyday work. It is distributed to all employees, posted in the departments, and can be used for departmental training. It is a simple one-page flyer with short topics and catchy graphics. It is designed to be simple to use and easy to understand. It also gives contact information for questions or additional information. The following two excerpts are examples of the information included in the newsletter.

Why We Should Safeguard Protected Health Information (PHI)

Public awareness has heightened during the past few years regarding the confidentiality of PHI. Violations of patient confidentiality are common knowledge. Recently, a Tampa man stole a list of 4,000 HIV-positive patients from a state health worker and sent the list to the Tampa Tribune, which fortunately did not publish the list. The man was found guilty and sentenced to jail. In another scenario, an employee of a large Blue Cross/Blue Shield plan obtained unauthorized access to the medical records of the ex-wife of a friend and sent them to his friend. Why do we need to become HIPAA compliant? Because it's the Law! Civil penalties may result for non-compliance. It is good business to protect patient's health information.

Privacy & Security Corner

**Begin Protecting Patient Privacy and Rights Now!
Don't wait for HIPAA.
Begin making changes now!**

Do you leave medical information where people can see it?

Do you control access to your department?

Do you keep your desk clean and turn over your unused files?

Do you use screensavers and shut down your computer when you leave?

Do you identify patients properly before giving information?

Do you guard PHI when discussing a patient on the telephone or with a colleague?

Do you use shred bins to dispose of unneeded copies of PHI?

As you can see, these are simple and straight to the point. That's our job as HIM professionals. Take the thousands of complex pages of HIPAA law and break them down into small bites that employees can "digest". A little antacid and a couple of aspirin might help this epicurean delight go down better too!

New Codes, New Treatments, and Additional Payment for Severe Sepsis

*Barbara J. Flynn, RHIA, CCS
Vice President, Health Information Management Services
Florida Hospital Association Management Corporation, Inc.*



Severe sepsis is a condition that occurs when an infection in the body triggers a response from the immune system that can lead to acute organ dysfunction and often death. Thirty percent of all patients with severe sepsis will die within one month following onset of the condition. Severe sepsis can be brought on by trauma, surgery, burns or even cancer and can be present in the absence of septicemia.

The incidence of severe sepsis cases has been rising 300% over the last 25 years and is expected to continue to climb. Research suggests that more than 6.8 million new cases of severe sepsis will occur in the U.S. between 2003 and 2010. Ninety-five percent of these cases will be occur in patients over the age of 65.

Eli Lilly, Co., the manufacturer of a new drug called **Xigris™**, drotrecogin alfa (activated), received FDA approval in November 2001 for the use of the drug for the reduction of mortality in adult patients with severe sepsis.

The drug appears to be effective when a patient has severe sepsis with acute organ dysfunction. Patients with acute organ dysfunction are most at risk of mortality. The safety and efficacy of the use of Xigris™ in patients with a lower risk of death and in pediatric patients has not been established.

Side effects of the drug include bleeding during the 96-hour administration period. Intracranial hemorrhage may occur in patients with severe sepsis, therefore the chance of an intracranial bleed in patients treated with Xigris™ is slightly higher than in severe sepsis patients not treated with Xigris™.

Xigris™ became the first drug (new technology) approved for pass-through payment under the Inpatient Prospective Payment System on October 1, 2002. When properly prescribed and administered to a Medicare patient, the hospital may be eligible to receive additional (pass-through) payment, over and above the payment for the DRG. To be eligible for the special payments, a technology must meet three criteria:

1. The technology must present a substantial improvement in the diagnosis or treatment of Medicare beneficiaries,
2. The technology must be new; and
3. The total charges per case for patients undergoing procedures involving the new technology must be demonstrated to be significantly more than the average charges for all cases in the DRG to which the new technology would be assigned.

This means that CMS will make additional payments to hospitals, on a case-by-case basis, and cover 50 percent of the costs of the case in excess of the standard DRG payment for cases involving new technologies. The additional payment cannot exceed 50 percent of the established average cost of the new technology. The pass-through payment would be made for up to three years. In the case of Xigris™, the maximum pass-through amount would be approximately \$3,500.

From a Coding Perspective

For the first time, the Coordination and Maintenance committee for ICD-9-CM has established new procedure codes to identify new technologies. They did this by adding a chapter to ICD-9-CM that appears numerically before the other established procedure chapters. This chapter is known as "Chapter 0" because all of the codes

assigned are in the numeric rubric of "00."

When Xigris™ is ordered and administered to the patient, it is administered over a 96-hour period through IV infusion. The procedure code (00.11) should be used once for the entire treatment. At the present time, it is unlikely that the drug would be administered more than once during a single hospitalization.

Coders should be careful to make sure that the procedure code 00.11 appears as one of the first six procedures to be sure that the code is submitted on the claim. Whenever Xigris™ is administered, the coder should look carefully through the record for the diagnosis of "severe sepsis with acute organ failure."

It is important for the coder and the pharmacy to realize that Xigris™ may be administered to patients that either have severe sepsis without acute organ failure or in other infectious diseases with organ failure. However, Medicare will only pay an additional amount (over and above the DRG payment) if:

1. The patient has the diagnosis of "Severe Sepsis with Acute Organ Failure (995.92),"
2. The patient is given the Xigris™ (00.11) in accordance with the drug protocol, and,
3. The charges for the case are significantly higher than the average charge for the DRG.

Appropriate and complete physician documentation will be the challenge in correctly coding these cases. Many hospitals have chosen to include the Xigris™ drug protocol in the Physician Orders of the patient's record. In addition, the hospitals have included on the drug protocol the descriptions of the new codes 995.90-995.94. The physician can then check the type of "systemic inflammatory response syndrome (SIRS)" that is being treated with Xigris™. This procedure could be very helpful in providing the documentation necessary to correctly code these cases.

PROFILES IN HIM

Education As An Alternative Career

Peggy Meli, M.S., RHIA



As an HIM instructor at UCF for 6 years Tom Falen earns the respect and admiration of the HIM students. Comments about his teaching style by current students include: dedicated, effective, uses real world analogies, animated, funny, flexible and " in tune with the job market."

"The students are our customers," states Tom Falen, the new UCF HIM Program Director. "We are moving many of the Health Information Management and other required courses to distance learning and web based class offerings. We want to make access to the HIM program easier regardless of the student's personal circumstances. Many of today's students are working full-time and raising families."

Tom's dedication to education and his enthusiasm for HIM have already begun to shape the UCF HIM program. Tom at this writing, is well into his first semester as the new HIM program director. His current projects include: processing and working on an articulation agreement with St. Petersburg College; formalizing an HIM/HSA dual major track; developing a "Fast Track to HIM" for students with Health Science and Health Services Administration majors/degrees; and working on an HIM Minor which is open to all students in the university. The HIM program will now accept applications for processing throughout the year and start students in the spring as well as the fall term.


Tom values teaching students and the excitement of seeing students learn. Tom grew concerned that most "How to" coding books do not explain the actual processing of information from the medical record into ICD-9-CM codes. Drawing on his own analysis and the experiences from teaching coding to hundreds of students, Tom Falen and Aaron Liberman are writing a new textbook, *Learning to Code with ICD-9-CM for HIM and HSA*. Lippincott Williams & Wilkins will tentatively publish the book by 2004.

Tom's educational, work and publishing accomplishments are many and varied. He has an extensive background in HIM as a Coder, Supervisor, Manager, Director of HIM, and Risk Management. Tom was the FHIMA Literary Award winner in 2001, writing at least 6 different articles on various topics including Management, Oncology Coding and Health Policy.

Tom is a down-to-earth teacher who enjoys a good joke maintains his sense of humor and loves to tinker with

gadgets like taking apart and rebuilding computers. Recently, Tom was seen using an ink pen held together with scotch tape to jot notes while exploring new ideas a group of students gathered in his office. Tom also loves a bargain and computer fairs.

Tom and Cindy Falen, live in Lake County with their two daughters. Cindy is an RHIT, CCS, and coding consultant for MARS, INC. located in Tavares, FL. Tom Falen has an MA in Health Services Administration, is a RHIA and Licensed Healthcare Risk Manager. He is working towards a PhD in Public Affairs at UCF.



HIM & ONCOLOGY SUPPORT SERVICES

Backlog woes?

FHIMA

Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARD

PRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

AHIMA Update

November / December 2002

COP VERSION 2 IS NOW AVAILABLE

AHIMA has been busy updating the CoP website to make it easier to use and customize to your individual needs. The new functions encompass three areas. A brief outline of the revisions is given below. For complete information go to

<http://cop.ahima.org/COP/Public/Content/HomepageLinks/whatsnew.fusion>



Improvements to your Personal Page

- *Community Discussions*--Save "shortcuts" to a list of threads you're interested in, and go directly to the discussion.
- *My Communities*--Adds a display of community/neighborhood hierarchy to community listings.
- *My CoP Bio*--Enter a brief bio on yourself, along with a photo.
- *Preferences*--Set the time according to your local time zone and also set CoP email preferences.
- *Search/Advanced Search*--Search by module, keyword, and community.

Improvements to Community Pages

- *Body of Knowledge*--Links you directly to topic directories in the AHIMA library information.
- *Chat*--A complete revision of chat software gives you much better control and easier use.
- *Community Discussion*--Subscribe to specific discussion threads, which then appear on your Personal Page and are listed separately on the Community Page.
- *Notifications*--Select which features in the Community you want to be notified about
- *FAQs, Resources, News, and Links*--Now the Community facilitator(s) can categorize and group all of these areas.
- *My Communities*--Now you can move from one community to another without going back to your Personal Page.
- *Related Communities*--Provides a list of related communities to the Community you're in.
- *Search/Advanced Search*--Search all the communities or the community you are in with a simple search or advanced search by module, keyword, and community.

Improvements to Navigation Bar Functions

- *E-Mail*--The new system now has "out of office," "cc:" and "bcc:" functionality.
- *Join/Visit Communities*--Search for Communities of interest based on keyword--then visit and join them from the same page.
- *Unsubscribe*--There's a separate, simpler page for unsubscribing from Communities.
- *Body of Knowledge*--AHIMA Library has been renamed but contains the same resources from AHIMA publications, Journal articles, etc.

2002 NATIONAL CONVENTION AND

EXHIBIT HANDOUTS

September 21–26, 2002, San Francisco , CA

To download handouts and more from the convention go to:

<http://www.ahima.org/convention/>

AHIMA CALL FOR NOMINATIONS FOR 2003 NATIONAL BALLOT

Deadline – January 24, 2003

Each year future leaders of the Board of Directors, the Council on Accreditation, and the Council on Certification are selected through a national election. The Nominating Committee, based on criteria for the elected positions, selects the slate of candidates for the election. As we begin the process of selecting those individuals who will assume office in January 2004, our first appeal is to you the member. We encourage you to seek one of the national elected positions or assist the Nominating Committee by identifying AHIMA members who will provide strong leadership for AHIMA in the years ahead.

For qualifications and nomination forms go to:

http://www.ahima.org/directory/2003_call_for_nominations.html

MERIT SCHOLARSHIPS 2002 RECIPIENTS ANNOUNCED

This year the scholarships included several students from Florida . For a complete listing and detailed information on applying for the 2003 scholarships, go to:

<http://www.ahima.org/fore/programs.html>

AHIMA CALENDAR OF EVENTS

Date	Event	Information
November 2002		
November	Coding (SCC)	Nov. 4-5

4	Community Fall Meeting	Philadelphia , PA
October 2003		
October 18	Oct. 18-23 AHIMA National Convention and Exhibit	Minneapolis , MN
October 2004		
October 9	Oct. 9-14 AHIMA National Convention and Exhibit	Washington , DC . In conjunction with the IFHRO Health Records Congress.

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](#).