HIM is Good Medicine for Physician EHRs

Although primary care physicians report that use of an electronic health record (EHR) improves quality of care, most of the more than 800,000 physician practices in the US are slow in implementing them. But if the nationwide health information network is to become reality, physician practices must step up efforts—and HIM professionals have a role to play in guiding them.

Christine Lee, MHA, RHIA, CPC, is one of a growing number of HIM professionals working in this setting. As medical coding coordinator at North Platte Nebraska Physician Group, a rural, multi-specialty physician group based in North Platte, NE, Lee and her EHR implementation teams have been able to achieve the e-prescribing requirements for the federally funded meaningful use incentive program for the past two years. Earning incentive money to offset the cost of their physician practice EHRs puts them in an elite group. “We’re way ahead of the curve. We’ve been able to do it because HIM and IT are working closely together,” said Lee.

When vendors or technology professionals don’t communicate with the physician, “it’s like trying to bake a cake without a recipe,” said Lee. And this is a decidedly high-tech, expensive, and complicated recipe. “HIM can speak both languages and be a bridge between the technical and clinical. So HIM should be involved when building templates. And we can inform the team about compliance guidelines and rules,” said Lee.

While earning incentive funds can be frosting on the cake, HIM professionals have an even greater role in safeguarding the physician’s revenue cycle, according to Cheryl Gregg Fahrenholz, RHIA, CCS-P, president, Preferred Healthcare Solutions, LLC in Bellbrook, OH. “There’s so much to do in an EHR implementation. Action plans, time frames, implementation plans. It’s a lot of work, and often, physicians forget about the impact on the revenue cycle. They don’t always understand the compliance implications of their EHR decisions, and the next thing they know, they are noncompliant in their coding and billing,” said Fahrenholz, who wrote the book Documentation for Medical Practices and is currently working on AHIMA’s ICD-10-CM/PCS Toolkit for Physician Practices.

continued » page 3
Welcome to the October 2011 issue of AHIMA Advantage. AHIMA professional practice resource manager Melanie Endicott, MBA/HCM, RHIA, CCS, CCS-P, demonstrates analysis of an ICD-10-CM/PCS code during a recent AHIMA ICD-10 Academy session.

How to Use the Digital Edition of AHIMA Advantage

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Whether you are working for a physician practice or at a hospital acquiring a physician group, your HIM skills are valuable. Here’s how you can help.

• Help physicians handle the load. “In addition to EHR implementations, physicians are still dealing with physician quality reporting systems (PQRS), trying to get a grip on meaningful use, and now people want to talk to them about ICD-10. But in most cases, they really just want to practice medicine,” said Melody Mulaik, MSHS, RCC, PCS, FCS, CPC, CPC-H, Coding Strategies, Inc. in Powder Springs, GA. “So physicians need people around them who understand how EHRs work.” Sometimes, physicians may not be aware of the field of HIM. Be prepared to explain your skills and what you offer.

• Clarify the financial component. Cost is the biggest challenge of EHR implementation. In fact, it’s leading many private practice physicians to integrate with large healthcare systems. Other physicians may not even intend to pursue an EHR. Help physicians understand the meaningful use incentives that can help them offset costs…and that these carrots will eventually turn to sticks as the government begins levying fines in a few years. “Some physicians are not willing to make these outlays and may not believe they will be impacted financially,” said Fahrenholz, whose consulting firm focuses on revenue cycle integrity for physicians and healthcare organizations.

• Follow the physician office workflow. If you work at a hospital that is acquiring a physician practice, you’ll need to discern the workflow of the new physician practice; it’s likely a very different outpatient workflow engine from the hospital. (See the sidebar: “Physician Practices 101”) Don’t try to force the inpatient flow. Above all, take a firsthand look at how the record is used in the practice, advised Gretchen L. Segado, MS, CPC, PCS, CCP-P, deputy compliance officer, Hospital and Professional Fee Billing at The Children’s Hospital of Philadelphia in Philadelphia, PA. “Our big takeaway is to understand how the record works. Spend a day with the physician as he or she is trying to document with the record. That will help you learn how to help build it,” said Segado, chairperson of the American College of Medical Coding Specialists, which partnered with AHIMA on the 2011 Clinical Coding Community Meeting.

• Avoid over-standardization in the record. “Standardization in documentation is not bad,” said Mulaik, “But if reports for different patients look exactly the same, they won’t be perceived to be patient specific.” That’s a red flag for auditors. One common problem to look out for: defaults that automatically populate data, which the physician must then delete or uncheck—or risk assigning a higher level of evaluation and management than really occurred. Another problem: cloned notes, which replicate information from patient to patient.
Physician Practices 101

Are you new to this setting? Here are five things to know about physician practices. “It’s all about workflows. They are totally and completely different in hospitals and physician practices,” said Segado.

1. **Evaluation & Management.** E&M coding is the lifeblood of many physician practices. Hospitals may bill E&M codes, especially for emergency medicine, and every hospital can create its own criteria for E&M. Hospital E&M generally represents the facility’s expense for the services being performed. Physician E&M codes represent the physician’s work effort, and the guidelines are set by the American Medical Association (AMA) through the Current Procedural Terminology (CPT) guidelines.

2. **Other Coding Issues.** To a large extent, each setting uses different codes. While the physician practice may use inpatient codes, they mainly rely on CPT and ICD-9-CM. In hospitals, the record follows the patient through treatment, and a coder does the coding when the patient is ready to go home. Often, in a physician practice, doctors do their own coding during the visit.

3. **Volume of Visits.** A large 750-physician practice could have more than 20,000 20-minute patient visits in a month. Needless to say, getting patient records to the correct person immediately is a must.

4. **Release of Information.** An inpatient record is an encounter that can be closed. But in a physician practice, the longitudinal record is kept open and added to. So when releasing information in a practice, it’s important to specify the type of information desired, as well as timeframes and dates.

5. **Orders for Services.** In a smaller physician practice, it’s easy for a physician to sign off for a small order for a test. But in a hospital setting where residents, nurse practitioners, nurses, and others are putting orders into the system, it’s a much larger task for the attending physician to sign off on all of them.

- **Discern the unique needs of the practice based on specialty...** “Anytime you add complexity based on the type of specialty, you must integrate all the data,” said Mulaik, whose consulting and publishing firm works with physician practices, hospitals and billing companies across the country. For a pure office-based practice, such as for an endocrinologist who only sees patients in the office, capturing patient visits is the focus. For an orthopedic surgeon who does surgery in the hospital, you must ensure that the documentation provided to the hospital makes its way into the physician’s EHR. Very specialized groups, like radiation oncologists, have the potential complexity of multiple systems that house different components of the patients’ treatments and data.

- **Or size.** Most physician practices in the United States have fewer than 10 doctors. Medium-sized practices might include 10-100 physicians. The largest practices are run like a hospital, with in-house labs or possibly radiology departments. As a result, in these largest practices, more interfaces are built within the EHR, so as the patient flows from doctor to doctor in the system, all relevant information is available. Many EHR vendors tailor their products according to practice size.

- **Look to the RECs.** Federally funded regional extension centers are cropping up across the country. Designed to help physicians select, acquire and implement EHRs while meeting incentive requirements, RECs are tremendous resources for HIM professionals who are working at or with physician practices. To locate a REC near you, go to the Journal Web site. And, they also can be the next step in your career—RECs are hiring HIM professionals. Visit AHIMA’s Advocacy and Public Policy Web site to find workflows, job descriptions, and HIM skill sets that are helpful to RECs.

**AHIMA Resources**

AHIMA offers many resources to help you understand the physician practice setting and work efficiently in it.

- Practice Brief: “Migrating from Paper to EHRs in Physician Practices”
- Practice Brief: “RFP Process for EHR Systems”
- Communities of Practice, including Ambulatory Surgical Centers, Coding for Physician Practice, Physician Chart Auditors/Coding Auditors, and Physician Practice.
- AHIMA’s Physician Practice web page, which includes Journal of AHIMA articles (look for the November/December 2010 issue of the Journal focused on EHR adoption and physician offices) and links to authoritative external resources. An Education and Training Products area features AHIMA education programs.
- Upcoming: "Managing Non Text Data in Physician Practice" in the November/December 2011 issue of the Journal of AHIMA.
Listen Up on ICD-10, ACE Member Says

Lynda Smith, MBA, RHIA

Lynda Smith, MBA, RHIA, loves to teach everyone and anyone. Get within earshot, and you’ll learn something about HIM from the ACE member. Offer some interest, and she’ll help guide you to a happy and successful career in the profession. Just like she has done with countless mentees over the course of her 30-year HIM career. HIM is her roots, her life’s work, and she likes to pass on that passion. Especially when it comes to ICD-10-CM/PCS.

ICD-10 is Serious

Smith is general partner with Clearview Consulting, based in Warwick, NY, and an AHIMA-approved ICD-10 trainer. When the AHIMA Academy for ICD-10-CM/PCS train-the-trainer sessions launched in 2009, Smith was one of the first to enroll. ICD-10 is going to have a major impact on the HIM profession, and Smith, a former coder, wanted to help others make the transition to the new code set.

The announcement of the switch to ICD-10 partly prompted Smith to jump into consulting. ICD-10 is a huge transition that will impact every corner of the healthcare industry. She remembers the switch from ICD-8 to ICD-9, which came with less “commotion” in the pre-DRG era. But the ICD-10 transition is a different animal, and taming it will take different techniques and attention.

“This is big, and it is totally different,” Smith says. “It involves a lot of people and ICD-9 can’t even compare.” Some haven’t been taking the transition as seriously as Smith had hoped. So whenever she gets a chance—with HIM and general health professionals alike—Smith talks up the importance of having a well planned and executed conversion to ICD-10.

“We have a system that is over 30 years old in ICD-9, and we are the last ones really in the world to use ICD-10…,” she said. “It really is wonderful for the coder. It gives them a lot of choices. Also for payment and logistical purposes, ICD-10 is much, much better.

“But people think they have a lot of time yet. If I was a coder, I would want to learn it now and become an expert because you don’t want to wait until the last minute.” She has given presentations to healthcare facilities, a state AHIMA organization, non-provider health companies and even individual coders on ICD-10. She has also worked as an ICD-10 project manager at healthcare organizations—always reminding that ICD-10 is not just a coders concern, but physicians’, payers’—the gambit of healthcare’s concern too. For example, without amped up physician documentation, Smith warns, ICD-10 will not reach its full potential to create better medical documentation.

Meeting one’s full potential is not a concern of Smith’s that is limited to codes. Helping people meet their potential has been a longtime passion as well. (See page 16 for Smith’s take on being a part of the ACE program.)

Mentoring a Lifelong Calling

Many of Smith’s past employees and acquaintances have been taken under her professional guidance. One of the most rewarding aspects of her career is helping others enter and enjoy the HIM profession. “I help them get into the field one way or another, encourage them and mentor them, whatever I need to do,” she said.

Students seeking a professional practice internship location always found one at Smith’s facilities. Once there, she would encourage them to earn their credentials and become an active and ethical member of AHIMA and the HIM industry as a whole, she said.

At one facility Smith was handed the responsibility for managing the meetings department, registration, emergency room administration and guest relations. She soon realized that no one in the other departments had received training on basic HIM caveats like confidentiality and quality documentation. She rounded up each department’s staff and gave a course on HIM values and issues, and how they affected their job. Several entry level staff in the departments showed interest in learning more, and with Smith’s mentorship were cross-trained and are now enthusiastic HIM professionals.

It Never Gets Old

Smith has held nearly every HIM position in the hospital directory, starting her career as a volunteer in the HIM department at 15, then becoming a file clerk, a coder, and eventually working her way up to her long-held role of HIM director.

While working her way through the field, Smith says she didn’t receive much guidance or help. She had to fend for herself, but she doesn’t want other HIM professionals to have the same experience. So she mentors, helping entry level staff decide whether or not to make HIM not just a job but a career. She aids people studying for the RHIA, or offers advice to prospective students about just what HIM jobs involve.

HIM has been an eternally interesting profession for Smith. During these changing times with ICD-10, the conversion to EHRs, and ongoing federal regulation revamps, she’s not discouraged but excited to see what comes next. “I’ve done this all my life,” she says. “It is very exciting. No matter how many years go by or whatever I do I always get excited about HIM.”

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AHIMA Rolls out New Advocacy Initiatives

The Role of Regional Advocacy Liaisons

An integral part of the membership training will be the Regional Advocacy Liaisons (RALs). After a delay through 2010, we expect to unveil our RAL program and will again be searching for candidates to serve as RALs. So if you are interested in further serving AHIMA on the advocacy front, keep looking for the call to serve the association as a RAL.

The goal of the RAL project is to improve AHIMA’s CSA Advocacy structure by developing a model to enhance CSA advocacy participation, effort, communication, and education. This will be done by dividing the United States into 12 regions and having a Regional Advocacy Liaison/Representative for each region.

The RAL will be an individual who acts as a primary liaison with the AHIMA Director of Government Relations and the CSAs in their region and a communication and training conduit between AHIMA and the CSA advocacy leaders. Primary responsibilities for the RAL would include:

• Assist CSAs with developing and filling their advocacy positions
• Receive monthly updates from CSAs and report these to AHIMA along with reporting on HIM issues arising in the region, including issues that the SAC or AHIMA may need to consider
• Receive training in advocacy, advocacy presentations, and related skills and be able to provide that training to the CSAs advocacy chairs or members in their region whether in-person or via webinar.
• Provide communications to CSA advocacy leaders in their region on:
  – Other advocacy developments in their region, at AHIMA, and throughout
    the US
  – Legislative/regulatory and other policy developments, including potential collaborative projects across states
  – Ways to improve their advocacy efforts (information that may be supplied by AHIMA or other sources).

Next Steps

How will AHIMA move forward with this plan? First, AHIMA will establish a training program for the RALs in which the 12 volunteers will be trained to help educate, communicate, and coordinate between AHIMA CSAs on a regional basis and with the SAC as well as the AHIMA Advocacy and Policy staff.

Next, AHIMA will establish a program of education, liaison, and support to CSAs in order to:

• Educate CSA volunteers and leaders on industry/community activities that need the involvement and participation of HIM leaders or the CSA.
• Provide through a regional and CSA/AHIMA liaison program two-way communication and education that can support CSA advocacy and influence programs and provide an on-going environmental assessment process for the regional CSAs and AHIMA.
• Provide ongoing leadership and advocacy training for CSAs through a program offered by AHIMA directly (webinar) and indirectly through the liaisons.
• Provide ongoing support and consultation to CSAs developing or carrying through their advocacy or influence agendas.

Effective advocacy will ensure the most positive outcomes for HIM. As our healthcare system continues to change, the HIM professional will continue to be impacted by the evolving environment that surrounds them. Therefore, it is imperative for us to not only be prepared for that evolution, but to be in a position and have the ability to drive the evolution in a direction that is best for AHIMA, the CSAs, and the HIM profession.
Author Offers Guidance on Legal Health Records

A court subpoena for medical records is dropped on your desk. Are you confident that your facility’s legal health record will stand up in court? As more healthcare organizations move from paper to electronic records, the definition and care of one’s legal health record has morphed.

Record custodians need to change as well, developing processes and safeguards to ensure their medical records can both enable great healthcare and serve as a sound legal document.

In his book *The Legal Health Record: Regulations, Policies, and Guidance*, author Kelly McLendon, RHIA, CHPS, offers clarity and best practices to professionals in charge of defining and using the legal record set—usually HIM professionals.

**There are various definitions for the “legal health record.” What is your definition?**

The most basic is the record set that has been designated to respond to legal requests. However, that is a beginning phase, many times, of a legal process. So by extension, (it is) the records and data that are useable throughout necessitated legal processes including discovery and e-discovery.

**Why write The Legal Health Record?**

The term “legal health record” is a somewhat difficult concept with imprecise meanings to many healthcare professionals. The intention of this publication is to promote a real-world usage of the term ‘legal health record’ in the context of defining the record set that is primarily utilized to respond to the initial steps of a legal process based disclosure.”

— Kelly McLendon, RHIA, CHPS

**What is the biggest legal concern or risk HIM professionals and healthcare providers should watch out for when transitioning from paper health records to electronic health records?**

It’s not so much a “legal concern” as the confusion that arises from moving from a single sourced record (i.e., paper) into hybrid records with multiple sets of perhaps paper and electronic records.

HIM and other record management professionals should be proactive in defining their records, data and documents prior to their required use in court or other legal process, where time will be a critical factor. These types of projects are not speedy in execution, they take time due to the requirement to reach consensus amongst numerous stakeholders.

**What is the most important chapter in your book, and why?**

Probably Chapter 2; “Setting the Stage for Legal Health Records.” Since the subject matter is not directly known by many HIM professionals and record custodians this chapter sets up the thoughts behind the practices that are later defined. Chapters 3-6 take the reader through the mechanics of planning for and setting up policies and procedures which guide any healthcare organization through creating the most accurate and defensible records for use in legal processes.

**What is one bad record management practice that can lead to inaccurate or unsound legal medical records? A practice that can compromise lawsuits?**

First, the record custodians should always present a knowledgeable, professional appearance with respect to the record sets they are discussing. (This) necessitates forethought and proactive preparation. Also, failing to adequately plan for and deliver well-prepared, on-time records during legal proceedings can lead to sanctions. 📚
**Upcoming Meetings**

**AHIMA Academy for ICD-10-CM/PCS (multiple dates and locations)**

**Upcoming Audio Seminars, Webinars**

- **October 13**
  - RAC Program Management: Appeals Process
  - *Presented in cooperation with ACMCS*

- **October 20**
  - Interventional Cardiovascular Coding
  - *Presented in cooperation with ACMCS*

- **November 8**
  - ICD-10-CM A&P Focus: Neoplasm Review

- **November 10**
  - How ICD-10-CM/PCS Impacts Your CDI Program
  - *Presented with the support of 3M*

- **November 17**
  - 2011 Coding Clinic Updates

- **December 1**
  - Quality Measures for Meaningful Use and Value-based Purchasing
  - *Presented with the support of 3M*

- **December 6**
  - ICD-10-CM/PCS A&P Focus: Respiratory System Review

- **December 8**
  - CY12 CPT Code Updates
  - *Presented in cooperation with ACMCS*

- **December 12**
  - Data Structures and ICD-10-CM/PCS
  - *Presented with the support of 3M*

**House of Delegates Meets**

The House of Delegates met October 1-2 in Salt Lake City, UT. The six House teams met on October 1 to carry out their programs of work. Glenn Tecker led strategic work sessions where the delegates discussed issues critical to HIM professionals. This is a list of the House action items from the agenda:

- AHIMA Proposed Bylaws revision
- Code of Ethics
- House Resolutions
  - Resolution on Diversity and Inclusion
  - MPI in an Integrated Delivery System Resolution
  - HIM Professionals Manage the Quality of Health Data Resolution

Outcomes from the strategic work sessions and results from the business meeting will be reported in the State Leaders and House community, topic 2011 House of Delegates Meeting in Salt Lake City, UT.

**New Ambassador Program Unveiled**

Enrollment for the AHIMA Ambassador Program is now open. If you have attended an AHIMA ICD-10 Training Academy and are an AHIMA ICD-10 trainer, you can enroll in the program. There are no obligations to being an Ambassador and as an Ambassador, you would receive the following benefits:

1. Program continuing education units prior approval (waived fees)
2. Special discount on ICD-10 Academy student manuals
3. ICD-10 Ambassador Web page
4. Dedicated ICD-10 Ambassador Community of Practice

If you are interested in enrolling in the program contact Thomas Duffy, MPH, for more information.

**New AHIMA Publication Available**

*The Legal Health Record: Regulations, Policies, and Guidance* explains, from a record manager’s perspective, how to create and execute projects that result in medical records that are better organized and increasingly offer better legal defensibility. As the migration toward electronic records continues, professionals responsible for addressing this evolution will find content in this book that assists in meeting the challenges these changes bring.

**MD, CA Receive Continuing Education Core Service Achievements**

Maryland HIMA (MdHIMA) and California HIA (CHIA) received Core Service Achievements in continuing education for coding and HIM respectively.

MdHIMA determined that it was essential to provide education to the coders to maintain their level of efficiency and quality for coding. The program’s effect was the improvement of documented case mix information, the reduction of coding errors, the increase in revenue for accurate coding, the infusion of additional certified coders, and the easy transition from ICD-9 to ICD-10. The impact of this program will continue with the educational development of our coders to ICD-10 and a four-year plan for training individuals on ICD-10.

CHIA designed an aggressive, high-caliber educational program to bring continuing education programs related to HIM practice topics to its members and others with an interest in HIM. This program was designed to meet a wide range of HIM educational topics as well as late breaking topics utilizing a variety of delivery methods. Success was seen in revenue generation, attendance, availability of delivering hot topics quickly to members, and adoption by HIA programs.

**AHIMA Volunteer Opportunities**

Volunteer for AHIMA and reap the benefits. Here are the current opportunities.
• Volunteer for one of the nine 2012 Practice Councils. Applications are due October 28.

• Volunteer for the new Council for Excellence in Education (CEE). Positions include elected council seats (which are voted on by the academic community) and appointed positions for five standing workgroups. Applications are due November 11.

New CEU Center Now Available

Certification is always striving to make your AHIMA experience better. Now recertifying is easier than ever. AHIMA recently launched a newly redesigned Continuing Education Unit Center. The new CEU Center is more user-friendly to make recertification more convenient. Certificants can access the new CEU Center to save and report CEUs online by logging into their CEU center at myAHIMA. What else is new? CEUs for AHIMA’s Annual Convention will be auto-populated in the CEU Center upon completing evaluation forms. CEUs for quizzes and self-reviews will be auto-populated as well. Visit the new CEU Center.

Free Voucher for HIT Pro Exam Available

Prepare now for new jobs needed for the transition to electronic health records. AHIMA has been working to grow jobs for members while helping to fill the estimated 50,000 new positions that will be needed for the US transition to EHRs. Join the HIT Pro Facebook page or visit www.hitproexams.org to learn more. You may now request a free voucher directly through AHIMA to sit for a HIT Pro exam.

CEU Requirements for ICD-10-CM/PCS

AHIMA certified professionals are required by the Commission on Certification for Health Informatics and Information Management (CCHIIM) to participate in a predetermined number of mandatory baseline educational experiences specific to ICD-10-CM/PCS. These ICD-10-CM/PCS specific CEUs will count as part of all AHIMA certificants’ total CEU requirements for the purpose of recertification. Learn more about CEU requirements for ICD-10-CM/PCS.

AHIMA Member Benefit

PDA Verticals has been authorized by AHIMA to offer selected hardware and software to AHIMA members. A portion of all purchases are rebated to AHIMA and in turn this helps fund valuable education programs. To browse the PDA center, call PDA Verticals at (800) 462-0388 and order over the phone. If you have questions about any of these products, call (800) 462-0388 to speak to a PDA Verticals representative.

Don’t Forget to Renew Your AHIMA Membership

AHIMA is committed to your success and provides the benefits and resources to enhance your career. Renew your membership today and continue receiving exclusive benefits like:

• Publications such as the Journal of AHIMA, AHIMA Advantage, and e-newsletters
• AHIMA professional development programs, services, and credentials
• Online and in-person networking opportunities
• Discounts on career-enhancing products and services
• The Career Assist Job Board

Don’t forget with the ICD-10 transition close at hand, this is a more critical time than ever to renew your membership. We look forward to another year of supporting your professional endeavors and delivering opportunities to advance your career.

There are three easy ways to renew online by logging into myAHIMA at http://www.ahima.org/, mailing in your renewal notice, or by phone at (800) 335-5535. ❖

Upcoming Meetings (cont.)

December 13
Catch and Release: Processing Electronic ROI Requests

December 15
CY12 CMS OPPS Updates
Presented in cooperation with ACMCS

Online Training

Coding Assessment and Training Solutions
ICD-10-CM/PCS A&P Focus Courses and Assessments

2012 Meetings

April 16-17
Annual ICD-10 Summit
Baltimore, MD

April 18
Computer Assisted Coding Summit
Baltimore, MD

June 18-19
Long-Term and Post-Acute Care Health IT Summit
Baltimore, MD

July 21-25
Assembly on Education Symposium/Faculty Development Institute
Orlando, FL

September 29–October 4
AHIMA Convention and Exhibit
Chicago, IL

Visit www.ahima.org/events for info on these and other AHIMA meetings.
AHIMA Fellowship Program Hits 100 Members

Last September, AHIMA broke the 100 mark for the number of Fellows. There were eight new Fellows awarded in September 2011 bringing the number to 107. The newly awarded Fellows are listed in the box below. We congratulate all these new Fellows. Also, AHIMA thanks all the Fellows. See the complete list of Fellows here. In honor of reaching this milestone, Fellows will receive a new pin from AHIMA.

The Fellowship program began in 2001 and was developed to acknowledge AHIMA’s outstanding members. The purpose of the Fellowship program is to:

- Recognize significant and sustained contribution to advancement of the HIM discipline through meritorious service, excellence in professional practice, excellence in HIM education, and advancement of the profession through innovation and knowledge sharing.
- Provide an incentive for members to contribute to the advancement of the profession.
- Bring together senior HIM professionals as an organizational resource for continued promotion and development of the profession through a variety of activities.

The first members to reach Fellowship status in 2001, when the program was initiated, were Bonnie S. Cassidy, MPA, RHIA, FAHIMA, FHIMSS; Lynn M. Kuehn, MS, RHIA, CCS-P, FAHIMA; Elizabeth Layman, PhD, RHIA, CCS, FAHIMA; Donna J. Slovensky, PhD, RHIA, FAHIMA; and Mary Mike Pavoni, MSMOB, RHIA, FAHIMA.

Layman discusses why she applied. “I wanted to encourage the development of our field's body of knowledge. One purpose of the Fellowship program is to recognize significant and sustained contribution to the advancement of the discipline of health information management. Therefore, I applied for Fellowship because I wanted to demonstrate that by publishing scholarly articles, practitioners and educators could both achieve Fellowship and advance our field's body of knowledge,” said Layman.

Bonnie Cassidy, MPA, RHIA, FAHIMA comments, “I am very proud to have been recognized by my peers, to be a Fellow of AHIMA, and to be included in this group of distinguished HIM professionals. It is a special privilege to serve as an inspiration for my outstanding HIM colleagues to apply and also be asked to be a reference and write a letter on their behalf as they are applying for Fellowship.”

The members of the first Fellowship Committee in 2001 are listed below. We would like to thank these members as well as all the committee members past and present. AHIMA would like to see the Fellowship program grow even more. Consider filling out an application today. Program information is available on ahima.org as well as the Fellowship application. There is information on qualifications, and processes to help you complete the application as well as the availability to have a mentor. There are quarterly submission dates with the next one being November 30. Consider applying for this prestigious recognition.

September 2011
Awarded Fellows
Kimberly A. Baldwin-Stried Reich
MBA, MJ, RHIA, CPHQ, FAHIMA
Diann H. Brown
MS, RHIA, CHP, FAHIMA
Denise A. Dunyak
MS, RHIA, FAHIMA
Wannetta C. Edwards
MS, RHIA, FAHIMA
Susan H. Fenton
PhD, RHIA, FAHIMA
Marjorie H. McNeeil
PhD, RHIA, CCS, FAHIMA
Laurie A. Rinehart-Thompson
JD, RHIA, CHP, FAHIMA
Lynette M. Williamson
MBA, RHIA, CCS, CPC, FAHIMA

First Fellowship Review Committee
Charlotte Barrett
MBA, RHIA, FACHE
Rose T. Dunn
MBA, CPA, RHIA, FACHE, FAHIMA
Shirley Eichenwald Maki
MBA, RHIA, FAHIMA
Mary Alice Hanken
PhD, RHIA, CHPS
Peggy H. Wood
RHIA
Margaret A. Skurka
MS, RHIA, CCS, FAHIMA, Board liaison

Note: All degrees and credentials are as of September 2011

Current Fellowship Review Committee
Teresa M. Foley
MA, RHIA, CPHQ, FAHIMA; Co-chair
Patricia L. Shaw
MED, RHIA, FAHIMA, co-chair
Eve- Ellen Mandler
MS, RHIA, CCS, FAHIMA
Vickie L. Rogers
MS, RHIA, FAHIMA
Nanette B. Sayles
EDD, RHIA, CHPS, CCS, FAHIMA
Lou Ann Schraffenberger
MBA, RHIA, CCS, CCS-P, FAHIMA
Carolyn R. Valo
MS, RHIT, FAHIMA
Carol A. Venable
MPH, RHIA, FAHIMA
Meet the 2012 New Board Members

In the June 2011 issue of AHIMA Advantage, the 2012 Board of Directors (BOD) was announced and will kick off their three-year term soon. The new President-elect is Kathleen A. Frawley, JD, MS, RHIA, FAHIMA. The new directors are Ann Frischkorn Chenoweth, MBA, RHIA; Dwayne M. Lewis, RHIT, CCS; and Melissa M. Martin, RHIA, CCS. Each new member of the BOD is looking forward to the challenge.

Incoming AHIMA President-elect Kathleen A. Frawley, JD, MS, RHIA, FAHIMA, said, “I am honored to serve AHIMA and look forward to working with the Board on the challenges impacting our healthcare delivery system, AHIMA, and its members. This is a great time for the HIM profession to showcase its expertise with the transition to ICD-10-CM/PCS and electronic health records. I am constantly amazed at all of the great contributions AHIMA and its members have made over the years.”

In addition, the three directors are honored to have the privilege of leading AHIMA as well as bringing their unique perspectives to the table. Melissa M. Martin, RHIA, CCS said, “I am looking forward to meeting other members and learning how we can help to advance our profession. The continued development of EHRs, ICD-10, and accountable care organizations will challenge our way of thinking, therefore these next three years with the AHIMA Board will be extremely valuable to me professionally and personally.”

Dwayne M. Lewis, RHIT, CCS, is also honored to be serving. “I have been humbled by the election to know that I have the faith and belief of the membership to represent their voices and interests for the collective good of AHIMA. As the CEO of my own HIM company, I intend to bring my years of integrity, experience, knowledge, and no-nonsense attitude to the table to further elevate AHIMA into a world-class organization for the 21st century.”

Ann Frischkorn Chenoweth, MBA, RHIA comes to the Board with a varied background that includes more than 25 years of leadership experience across a wide range of health systems and technology companies. “Healthcare leaders are wrestling with a number of complex issues—healthcare reform, meaningful use criteria, improving patient safety and outcomes, new care models such as accountable care organizations, as well as the complex transition to ICD-10. AHIMA is uniquely positioned to lead the way. I am honored to be a part of AHIMA’s leadership during this pivotal time,” said Frischkorn Chenoweth.

Look for these Board members in 2012 and view a list of the current ones here.

Serve AHIMA on the National Level

The new Board of Directors members are eager to serve the Association on the national level. Why not consider doing this yourself? There are many benefits to you and your profession.

For you:
- Recognition as a leader who has a commitment to the profession
- Networking with peers in the profession
- Possible speaking and authorship opportunities
- Innovative ideas to utilize in the work setting
- Access to bright, imaginative people who will keep enthusiasm high
- Demonstrated leadership for career enhancement and future roles in the Association
- Opportunities to enhance technology skills
- Making a difference

For the profession:
- Advancing practice standards, and influencing legislation.
- Guiding valuable products and services for member continuing education
- Enhancing public awareness and image of the field
- Recruiting new professionals

To be eligible for an elected position at the national level, the first step is to review the current open positions for the AHIMA Board of Directors (President-elect and Directors positions) or the Commission on Certification for Health Informatics and Information Management (Privacy Professional, HIA Educator, and CCS-P Professional). Next review the candidate qualifications. Then complete the Volunteer Leadership Competencies Self Assessment, and finally fill out the Application to Serve. All are online for easy access. The deadline for the elected positions is January 31, 2012, and we look forward to your application.
The Commission on Certification for Health Informatics and Information Management (CCHIIM) is pleased to announce that the new Certified Documentation Improvement Practitioner (CDIP) exam will launch on October 31.

The new CDIP exam, which will launch in a beta format with no immediate scoring, addresses a critical need in the HIM field. CDI experts are needed to initiate, implement, and maintain CDI programs and processes in order to ensure long-term, high-quality documentation.

HIM professionals who earn the CDIP certification can help move the industry forward to achieve the goals of RAC audits, ARRA/HITECH, and other important initiatives with the overarching goal of improving the quality of healthcare. The CDIP certification will distinguish those professionals serving as clinical documentation practitioners as knowledgeable and competent to provide guidance relative to clinical documentation in the patient’s health record, thus promoting the HIM profession overall.

Candidates who would like to sit for the CDIP exam must meet one of the following eligibility requirements:

- An RHIA, RHIT, CCS, CCS-P, or RN and two years experience in clinical documentation improvement
- An associate's degree or higher and three years of experience in clinical documentation improvement (candidates must also have completed coursework in medical terminology and anatomy and physiology)

CDIP exam registration is now open on the AHIMA Web store or by paper application. The discounted beta price is $149 for members and $199 for non-members. CDIP exam beta candidates are required to sit for the exam between October 31 and December 9. No exceptions will be made. For more details on the CDIP exam blueprint and exam specifications, please visit the CDIP certification Web page.

RHIT Exam Updates

In 2010, CCHIIM conducted a job analysis for the RHIT exam. As a result of the job analysis, a new RHIT exam content outline, or blueprint was developed. On October 4, the RHIT exam launched with the new exam blueprint, in beta format with no immediate scoring. Exam candidates who sit for the RHIT exam during the beta period will receive score reports via mail within two to three months of their exam date. If you plan to sit for the RHIT exam, please make sure to check out the new exam blueprint, effective October 4. To review how the new blueprint compares to the current exam, check out the exam crosswalk.

CCA, CCS, CCS-P Exam Updates

The CCA, CCS, and CCS-P exams are also undergoing some changes. The CCS and CCS-P exams recently launched with new alternate item types.

Learn more about the new alternate item types, CCHIIM has also been working on expanding the eligibility requirements for the CCA, CCS, and CCS-P exams. The new requirements will not go into effect until January 1, 2013. Beginning in 2013, the eligibility requirements will be the following:

CCA

Required:

- High school diploma or equivalent (no change)

Training and Recommendations (expanded recommendations):

- Six months of coding experience directly applying codes; or
- Completion of an AHIMA-approved coding program; or
- Completion of other coding training program to include anatomy and physiology, medical terminology, basic ICD diagnostic/procedural, and basic CPT coding.

CCS and CCS-P

Candidates must meet one of the following eligibility requirements:

- By credential: RHIA, RHIT, or CCS/CCS-P; or
- By education: Completion of a coding training program that includes anatomy and physiology, pathophysiology, pharmacology, medical terminology, reimbursement methodology, intermediate/advanced ICD diagnostic/procedural and CPT coding; or
- By experience: Minimum of two years of related coding experience directly applying codes; or
- By credential with experience: CCA plus one year of coding experience directly applying codes; OR Other: Coding credential from other certifying organization plus one year coding experience directly applying codes.

For any questions regarding the CCA, CCS, or CCS-P changes, please contact certification@ahima.org.
BoK, CoP Survey Results Show Satisfaction with Member Benefit

In July, AHIMA members participated in two surveys designed to solicit member feedback on the AHIMA Body of Knowledge (BoK) and Communities of Practice (CoP). An online survey launched this past July and there were links to the survey in the weekly e-alert and on the BoK homepage. A paper-based survey devoted to the CoP was also distributed at Summer Team Talks. We want to thank the 299 members who completed the online survey and 68 who completed the paper version. The objective of the surveys was to assess satisfaction, obtain member input on BoK and CoP enhancements, and gather feedback on difficulties members currently are having using the sites.

BoK Survey Results

The primary focus of the online survey was the BoK, which AHIMA is planning to upgrade in 2012. This survey queried members on BoK and CoP satisfaction, use, and enhancements. When asked about overall satisfaction, 80 percent responded they were either extremely or somewhat satisfied with the current BoK. Only eight percent indicated some dissatisfaction (mild). (See Chart 1 for more detail). The primary reasons members in the survey sample use the BoK are to perform research for work or to search for a particular resource.

Members were asked about future enhancements to the BoK. Just over half of the respondents thought the ability to search within or across all AHIMA resources within the BoK would be a desirable feature, while almost 40 percent indicated that they would like to see all suggested upgrades and features implemented. Members shared additional comments on the BoK, which have been reviewed and incorporated into planning for the BoK upgrade.

CoP Survey Results

Combined results from the two surveys indicate that 56 percent of members are extremely or somewhat satisfied with the CoP. Only two percent said they were extremely dissatisfied (See Chart 2 for more detail). The need to fix software bugs and increase functionality awareness so members can fully utilize the system is evident. Ten user demos have been developed to help members navigate the CoP.

CoP features important to members include the ability to connect with other professionals, notifications of recent activity, a wide variety of niche communities to join, and the ability to use the CoP as a communication tool at the state level.

Easier navigation was the most common response to the question “if you could change one thing, what would that be?” Based on the survey and comments, the CoP Advisory Committee has made the following recommendations: evaluate navigation issues and develop fixes, evaluate the search function, provide additional training, and discuss additional marketing/training suggestions. Another suggestion, which has been added to the list of enhancements, is to develop a mobile app for the CoP.

Thank you for your input on both surveys. AHIMA asked, you responded, and now we are incorporating your responses into our planning. Stay tuned for more updates on both of these member benefits.

Overall BoK Satisfaction

When asked for the overall BoK satisfaction, 80% (top-two box score) indicated that they were either extremely or somewhat satisfied. Only 8% of the sample indicated some form of dissatisfaction (mild).

*Question: Overall, how would you rate your satisfaction with the AHIMA BoK? (N=293)*

![Overall BoK Satisfaction Chart](chart.png)

Overall CoP Satisfaction

When asked for the overall CoP satisfaction, 56% (top-two box score) indicated that they were either extremely or somewhat satisfied. Another 28% fell into the neutral opinion category, and only 2% of the sample had indicated some form of extreme dissatisfaction.

*Question: Overall, how would you rate your satisfaction with the AHIMA CoP? (N=347)*

![Overall CoP Satisfaction Chart](chart.png)
Enhance your HIM Network by Connecting with a Mentor

Engaging a mentor to be part of your professional development delivers a broad range of benefits, including building your confidence, enhancing focus on key areas, obtaining exposure and visibility, and the opportunity to learn and grow in a safe environment. Mentors can be an important influence in your growth through modeling appropriate professional behavior, providing guidance and support, and teaching the intricacies of the work environment. In addition, he or she can be an advocate, offer help with networking, and share insights and understanding of the profession. When considering mentor candidates, keep in mind that it could be a supervisor or teacher, a respected professional, a coach, or a colleague who cares about your development.

AHIMA offers several ways for members to engage with seasoned professionals who can offer HIM advice.

The ACE Directory

The Action Community for Excellence (ACE) is an engaged network of HIM experts and change agents working to transform the HIM profession and create a more robust health information industry. Access the ACE Directory to contact a subject matter expert interested in serving as a mentor. Those ACE members with a ‘contact’ icon next to their name have rated themselves as advanced in mentoring and are willing to assist individuals.

Student, New Member Mentors

Just starting out with AHIMA and looking for some guidance? Mentors provide a convenient way for new members to explore the benefits of AHIMA membership. Don’t be shy! The following people are available to speak with you about using AHIMA resources for career development. Review the profiles, select a mentor, and send an e-mail.

Student mentors are available to help guide AHIMA student members in their transition into the HIM field; help with resume editing, answer general questions, give tips on landing a first job, and share their own general experiences in the HIM field. Student mentors can help students form connections with other HIM professionals and lead them to discover new opportunities to grow and network through their CSA as well. Though AHIMA does not have an externship program, mentors may also be able to offer job shadowing opportunities. Access a list of student mentors by visiting the Student Community of Practice.

Professional Practice Experience

Bridging the gap from student to employee is difficult to do. To assist Health Information Management students with this important transition, students participate in a Professional Practice Experience (PPE), which is an internship, affiliation, or clinical practicum through their HIM educational program. The PPE is often the first time many students will find themselves working closely with an HIM professional. Making that connection is crucial to their future success, and by extension, to our overall success as a profession.

AHIMA has developed a comprehensive guide for students, programs, and affiliation sites that outline the process for HIM students to have meaningful exposure to the HIM practice environment. PPE opportunities are arranged by your CAHIIM accredited or AHIMA approved HIM program. Please contact your Program Director for more information.

Communities of Practice

Many conversations about career moves and job searches happen in our Communities of Practice. Try posting a question in a related community, such as “Students” or “Recent Graduates including Exam Prep and Job Hunting.”

Component State Associations

Your local AHIMA chapter is a great way to connect with nearby professionals and learn about career opportunities in your area. Visit our CSA Web page to find your CSA’s website and start connecting with local AHIMA members.

Becoming a Mentor

AHIMA is looking for new mentors! If you are interested in serving as a mentor with AHIMA, fill out the application to serve and choose “Mentor” in the “Appointed Groups” application.
Assisting HIM Colleagues through the AHIMA Foundation HIRO Fund

As we continue through a severe weather season fraught with destruction and losses, it is more important than ever that we provide the support our HIM colleagues need. In June 2011, AHIMA and the AHIMA Foundation announced the creation of the Health Information Relief Operation (HIRO) Fund, an ongoing recovery source to assist communities of health information professionals whose personal or professional lives have been severely disrupted by a natural or man-made disaster. HIM professionals in areas affected by disasters face a unique challenge as they struggle to piece back together their own lives while working to recover as much of their community’s patient information as possible.

To support these efforts, the HIRO Fund provides immediate material relief made possible through an initial $10,000 donation from AHIMA and the generosity of AHIMA members and the greater professional community of health information management.

For Members Affected by Disaster

Provided they meet the eligibility requirements, AHIMA members in recently-declared disaster areas are invited to submit an application for up to $500 to assist in their efforts to return to work while recovering from the disaster. Only applicants who meet the following criteria will be considered for financial assistance:

- Applicant must live and/or work in a county that has been declared a FEMA-designated disaster area within the past six months
- Applicant must have an active registered AHIMA membership prior to the date that the county was declared a FEMA disaster area
- All applications will be verified by the member’s local CSA

HIRO Fund Assistance Recipient

The first recipient of financial assistance from the HIRO Fund was Debra S. Nelson, RHIT, from Minot, ND. Nelson’s home was submerged completely underwater due to severe flooding in that region this past summer. In order to stay in the area and not resign from her job, she needed assistance to help cover the significant costs of staying in temporary housing and replacing her work clothing. The AHIMA Foundation was pleased to be able to assist Nelson during this time of great need.

“The HIRO Fund was helpful in two areas; the first was the early financial issues that a disaster victim faces (replacing clothing and helping with unexpected expenses) which allowed me to keep working,” Nelson said. “The second area was the moral support of knowing that I wasn’t alone in the battle. It was so heartwarming to see the check coming from my organization and knowing their thoughts and prayers were being sent along with the check.”

Through the HIRO Fund the AHIMA Foundation would like to help as many members as possible like Nelson, who are struggling to piece back together their own lives while, in many cases, also helping restore healthcare services for neighborhoods that have been torn apart by disaster. We are asking for all AHIMA and Foundation supporters to please consider making a donation to this extremely important cause.

This is not the last year that disasters will strike, but it will be the last year that victims of these tragedies have to do without the immediate support of their HIM colleagues—but only with your help and support. For more information on the fund, to donate to the relief effort, or to download the assistance application, visit the AHIMA Foundation HIRO Fund Web page.

AHIMA Foundation Acknowledges Memorial Gifts

The following memorial gifts were made to the AHIMA Foundation between May 16 and September 1.

- In Memory of Ruth B. Daniels, RHIA
  Betsy J. Shiland, RHIA

- In Memory of Maria de la O Rivero
  Kathleen A. Frawley
  JD, MS, RHIA, FAHIMA

- In Memory of Bobbie & Bryce Hall
  Debra W. Harris, MA, RHIA

- In Memory of
  Karen J. Lambert, RHIT, CCS
  Rhonda L. Edgecomb, RHIT, CHP

- In Memory of Diane G. Massey, RHIA
  Alabama HIMA

- In Memory of
  Kathleen L. McCaffrey, RHIA
  Elizabeth Z. Allan, RHIA
  William Corbett
  Kathleen A. Frawley
  JD, MS, RHIA, FAHIMA
  Joyce Hengesbach

- In Memory of
  Susan C. McDermott, RHIA
  Cassina A. Hunt, RHIA

- In Memory of Annie G. Norris, RHIT
  Alabama HIMA

- In Memory of Doris J. Trabert, RHIT
  Diana R. Lindo, RHIT, CCS

- In Memory of David E. Westlake
  CHC, RHIA, CHP
  Melanie Endicott,
  MBA/HCM, RHIA, CCS, CCS-P

The AHIMA Foundation welcomes and greatly appreciates support from AHIMA members, friends, and other individuals, as well as corporations and component state associations. Your contribution helps us continue to provide important HIM education and research funding. Gifts can be made in honor or in memory of someone special, and named scholarship funds can also be established. Visit the AHIMA Foundation Web site to learn more about ways to support the AHIMA Foundation.
Lead, Influence, and Transform with ACE

The Action Community for Excel-

cence (ACE) is an exciting community

that mobilizes a powerful and engaged

network of HIM experts and change

agents. It identifies, prepares, engages,

mentors, and recognizes individuals

working to transform HIM practice and

create a more robust health informa-

tion profession.

What ACE Means to Members

“I volunteer with ACE because I believe

that through this program I can assist

AHIMA in broadening the HIM profes-

sion. I have been fortunate enough to

mentor members who went on to be-

come HIM leaders, hold key positions,

and launch into promising careers,” said

Lynda B. Smith, MBA, RHIA.

The ACE designation indicates that

these members are committed to lead,

influence, and transform while making

difference in their organizations and

and communities at the local and national

levels. “Sometimes people expect the

big, transformational activities to be

what ACE is all about. But I think it can

also be the accumulation of relatively

small activities that make a difference,” said Susan Wallace, MED, RHIA, CCS, CCDS. “For example, providing an inter-

view to a non-AHIMA publication on

the impact of a new regulation broadens

the awareness of our profession and our

importance to the healthcare team.”

Sarah Glass, MA, RHIA, CCS, likes be-

ing a part of the ACE network–people

with the commitment to support and

drive change. “I was inspired by the

work of an AHIMA task force with a vi-

sion of leading the transition to e-HIM

by the year 2010, helping members be

change agents within their organiza-

tion,” Glass said. “We are now into a new
decade, with 2011 bringing the promise

of even more change. My employer has

been supportive of my ACE activities,

which included speaking at local, state,

and national conferences, mentoring

students, and being interviewed by the

media about our teleworking initiative

made possible by the EHR. Consider be-

ing an agent of change by joining ACE.”

Take the Next Step

Joining ACE begins with a self-nomina-

tion, and preparation includes a self-

assessment. The self-assessment enables

you to assess your experience through

a personalized gap analysis. “ACE is

a great way to recognize your com-

mitment to volunteer leadership and

promotion of AHIMA,” states Wallace.

Visit the ACE Web site to learn more

and apply.
Two years ago, the final rule was released, putting us at the halfway point for ICD-10-CM/PCS implementation today. You should be halfway through your planning and implementation activities too. If you aren’t, it’s definitely time to catch up. If you’re already well into your implementation, great job! Keep it up!
GETTING STARTED

Planning
If you’re late to the game and need to catch up quickly, read the ICD-10 Top Ten Lists for Phases One and Two of AHIMA’s Implementation Timeline. They focus on what’s most critical and give you a jumpstart on implementation.

Implementation
Access AHIMA’s interactive Role/Setting-Based Model for ICD-10-CM/PCS Implementation for a customized implementation plan and timeline, specific to your healthcare setting. The model outlines the steps needed for each phase in the implementation timeline, and is available for free at ahima.org/icd10.

Training
Whether you seek to train an individual from your organization to become an AHIMA ICD-10 Trainer, want awareness training for some of your team members, need A&P refreshers for yourself or your staff, are ready to plan your coder training, or require a comprehensive training plan for your organization through AHIMA’s Corporate Solutions program, AHIMA has the necessary tools for a successful ICD-10-CM/PCS implementation.
NEW E-BOOK

Root Operations: Key to Procedure Coding in ICD-10-PCS (e-book)

Ann Zeisset, RHIT, CCS, CCS-P, Ann Barta, MSA, RHIA

The tools and strategies in Root Operations: Key to Procedure Coding in ICD-10-PCS address all sections of ICD-10-PCS, provide detailed explanation of all root operations, offer a snapshot of anatomy and physiology for ICD-10-PCS, and define and illustrate code structure for each section. Coding professionals and coding students learn the essential root operations and ICD-10-PCS definitions to perform accurate coding.

Order Information
AC211010 • ISBN 9781584263494 • Price: $48.95
Member Price: $48.95 • e-Book

UPDAtEd BooK

ICD-10-CM Coder Training Manual

Ann Barta, MSA, RHIA; Kathryn DeVault, RHIA, CCS; and Ann Zeisset, RHIT, CCS, CCS-P

This manual is for experienced ICD-9 coders trained by AHIMA-certified ICD-10-CM trainers to build their knowledge of ICD-10-CM. It includes a textual adaptation of AHIMA’s “ICD-10-CM Overview: Deciphering the Code” distance education course, explanations of ICD-10-CM coding guidelines and conventions, and numerous ICD-10-CM coding exercises.

Order Information
Prod. No. AC206811 • ISBN 9781584262862 • 241 pages • Price: $92.95
Member Price: $74.95 • © 2012 • Spiralbound

UPDAtEd BooK

ICD-10-PCS Coder Training Manual

Ann Barta, MSA, RHIA; Kathryn DeVault, RHIA, CCS; and Ann Zeisset, RHIT, CCS, CCS-P

This manual is for experienced ICD-9 coders trained by AHIMA-certified ICD-10-PCS trainers to build their knowledge of ICD-10-PCS. It includes a textual adaptation of AHIMA’s “ICD-10-PCS Overview: Deciphering the Code” online course, explanations of ICD-10-PCS coding guidelines and conventions, and numerous ICD-10-PCS coding exercises.

Order Information
Prod. No. AC207811 • ISBN 9781584262886 • 266 pages • Price: $92.95
Member Price: $74.95 • © 2012 • Spiralbound
ONLINE TRAINING

ICD-10-CM Overview: Deciphering the Code
Familiarize yourself with ICD-10-CM’s organization and structure and its similarities and differences with ICD-9-CM. You’ll also cover chapter specification modifications, including general coding conventions and guidelines.

Price: $195, Member Price: $160  Earn 4 CEUs

ICD-10-PCS Overview: Deciphering the Code
Gain a greater understanding of ICD-10-PCS’s organization and structure, and explore the history of the development of this classification system. All 16 sections of ICD-10-PCS, the system’s characters and values, and its coding conventions and guidelines are covered.

Price: $195, Member Price: $160  Earn 4 CEUs

ICD-10-CM/PCS A&P Focus Courses and Assessments
Prepare yourself for the transition to ICD-10! These courses and assessments give you the targeted training you need as related to ICD-10-CM/PCS codes for particular body systems and medical conditions. Use the courses and assessment together or separately. Complete an assessment to identify specific areas where further learning is needed. Take a course to receive targeted instruction that will fill in knowledge gaps quickly. The following assessments and courses are available:

• Central and Peripheral Nervous Systems
• Circulatory System
• Musculoskeletal System
• Pregnancy, Childbirth, and the Puerperium
• Neoplasms
• Respiratory System

CDI: Clinical Documentation Improvement in Preparation for ICD-10-CM/PCS
This training provides information on the terminology utilized in ICD-10-CM/PCS that impacts clinical documentation. The objectives of this six-lesson course are to identify areas in ICD-10-CM/PCS that include new terminology, define areas in ICD-10-CM/PCS that enable improved data capture if more specific conditions/procedures are documented and coded, and discuss methods to employ to educate physicians of new documentation opportunities.

Price: $96, Member Price: $80  Earn 2 CEUs
E-BOOKS
ICD-10-CM/PCS
Most AHIMA ICD-10-CM/PCS books are now available as e-books. Visit ahimastore.org for the full list of e-books.

AUDIO SEMINARS
Past seminars are available on web replay and CD. Visit our website for a complete list of available audio seminars.
Hot ICD-10 Audio Seminars:

ICD-10-CM: Annual Updates on Codes and Coding Guidelines March 22

ICD-10-PCS: Annual Updates on Codes and Coding Guidelines March 24

ICD-10-Prep: Assessing Coders’ A&P Proficiency June 9

Getting Started with ICD-10-CM: What Coders Need to Know Now August 16

Getting Started with ICD-10-PCS: What Coders Need to Know Now August 23

ICD-10-PCS A&P Focus: Musculoskeletal System Review September 20

ICD-10-CM A&P Focus: Neoplasm Review November 8

How ICD-10-CM/PCS Impacts Your CDI Program November 10

ICD-10-CM/PCS A&P Focus: Respiratory System Review December 6

VIRTUAL MEETING
Data Structures and ICD-10-CM/PCS
December 12, 2011—12 noon-3 p.m. CT
Data analysts: do you want to avoid failures in operational and financial forecasting opportunities? This virtual meeting includes information about ICD-10-CM/PCS data structure and concepts, and offers discussion of the tasks and challenges associated with legacy data management, to facilitate compliance in 2013! Attendees earn three AHIMA CEUs. Registration fees are per attendee.
**ICD-10**

**AVAILABLE SOON!**

**Coder Training**—Online training for coding ICD-10-CM and ICD-10-PCS  
Spring 2012

**Awareness and Implementation Online Training**—Overview about managing the impact of ICD-10-CM/PCS  
Fall 2011

**ICD-10 Online Assessments**—Offers coders tools to assess strengths and identify areas where additional skill-building and learning is needed  
Fall 2011

**Monthly ICD-10 Audio Seminar Series**—Prepare your coders and staff for the 2013 transition from ICD-9 to ICD-10-CM/PCS  
Spring 2012

**ICD-10-PCS: An Applied Approach** *(book)*  
Fall 2011

**AHIMA Academies for ICD-10-CM/PCS**  
Ongoing with new locations being added soon

**2012 ICD-10 Summit**  
April 16–17, 2012 in Baltimore, MD

**ICD-10 Mapping Tool**  
Spring 2012

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**FREE RESOURCES**

- **Subscribe to ICD-TEN**, AHIMA’s free monthly e-newsletter,  
  Filled with top emerging news and practical advice on transitioning to ICD-10-CM and ICD-10-PCS.

- **From Point A to ICD: Successfully Implementing ICD-10-CM/PCS**  
  Audio seminar web replay

- **ICD-10 Top Ten List**:  
  Phase One and Phase Two

- **Interactive Role/Setting-Based Model for Implementation**

- **Physician practice and long-term care implementation models**

- **Revamped ICD-10 website**  
  With customized training recommendations

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Go to [AHIMA.ORG/ICD10](http://AHIMA.ORG/ICD10) for details on our full suite of ICD-10-CM/PCS resources.
ICD-10-CM/PCS CEU REQUIREMENTS FOR AHIMA-CERTIFIED PROFESSIONALS

To ensure that AHIMA-certified professionals are prepared as key leaders in the transition to ICD-10-CM/PCS, they are required by the Commission on Certification for Health Informatics and Information Management (CCHIIM) to earn continuing education credits (CEUs) specific to ICD-10-CM/PCS. These are not additional CEUs, but count as part of each certificant’s regular, total CEU requirements.

The number of required ICD-10-CM/PCS CEU(s) are as follows: CHPS–1; CHDA–6; RHIT–6; RHIA–6; CCS-P–12; CCS–18; CCA–18. Certificants holding more than one AHIMA credential only report the highest number of CEUs from among all credentials held. Certificants can earn ICD-10-CM/PCS-specific CEUs from January 1, 2011, to December 31, 2013. Certificants are encouraged to tailor their education specifically to their job role.

For further role-based information, visit [ahima.org/icd10/role.aspx](http://ahima.org/icd10/role.aspx).

FREQUENTLY ASKED QUESTIONS

**Will these requirements apply to all AHIMA certificants?**
Yes, all current AHIMA certificants are required to comply with this mandatory CEU policy.

**Why are there different requirements for different AHIMA credentials?**
The credential-specific requirements primarily reflect the competencies associated with the credential.

<table>
<thead>
<tr>
<th>AHIMA Credential</th>
<th>Requirements</th>
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<tbody>
<tr>
<td>CCS/CCA</td>
<td>Must know ICD-10-CM/PCS code application to demonstrate the competence for these credentials as reflected in the content outline for the exams.</td>
</tr>
<tr>
<td>CCS-P</td>
<td>Must know ICD-10-CM code application (will not use or apply ICD-10-PCS codes within daily duties).</td>
</tr>
<tr>
<td>RHIA/RHIT</td>
<td>Must know ICD-10-CM/PCS code use to demonstrate overall knowledge of positions supervised or performed as reflected in the content outline of the exams.</td>
</tr>
<tr>
<td>CHDA</td>
<td>Must know differences between ICD-9-CM and ICD-10-CM/PCS code sets, focus on the awareness of the transition, be familiar with coding conventions and guidelines, understand how data is comparable or not (legacy data), and understand mapping and crosswalks between the classification systems.</td>
</tr>
<tr>
<td>CHPS</td>
<td>Must have general awareness of ICD-10-CM/PCS coding systems.</td>
</tr>
</tbody>
</table>

**If I attended an AHIMA Training Academy for ICD-10 in 2009 or 2010, will those CEUs meet the requirement?**
Yes, CCHIIM recognizes CEUs awarded to participants of all AHIMA Academies for ICD-10.

**Will the baseline ICD-10-CM/PCS CEU requirements be additional CEUs from the established CEU requirements for a credentialed professional?**
No, CEU requirements are included within the total number of CEUs required for a given CEU cycle.

**Are there stricter guidelines for the ICD-10-CM CEUs than for my normal CEU requirements for my credential?**
No, as with all CEU requirements, you may refer to the basic HIM domains described in the Recertification Guide, which can be found at [ahima.org/certification/recertification.aspx](http://ahima.org/certification/recertification.aspx).

**Will there be any specific mandated activities?**
No, you may use your judgment to choose activities that best support the current job duties.
The TIME IS NOW

Find everything you need to plan your successful ICD-10-CM/PCS implementation at ahima.org/icd10.