MHIMA
Michigan Health Information Management Association
An Affiliate of AHIMA
American Health Information Management Association®

FOCUS

NEWSLETTER OF THE MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

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May/June
2007

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www.mhima.org

OUR MISSION

The Mission of the
Michigan Health Information
Management Association
is to be Michigan's expert voice
on health information.

Michigan Health Information Leaders

CDIP CODING ROUND TABLES

On December 5th and 6th, two CDIP Coding Roundtable sessions took place in conjunction with the MHIMA sponsored CPT seminars in Grand Rapids and in Livonia. The format of these sessions was a true roundtable fashion in which eight topics were presented to the entire group. The group was then split into smaller sub-groups for discussion of the topics. After discussion, the sub-groups then reconvened into one large group to discuss the sub-groups' comments and come to one conclusion on each topic as a large group. Note, that these recommendations are not "official coding" advice, but the advice from coding peers, working on the front lines in our coding community. This was a great opportunity for participants to seek input from their peers on these topics, network with colleagues and meet new friends. The feedback received from participants was very favorable, and we will attempt to plan similar roundtable sessions in the future.

Thank you to Mary Schafianski, Sheila Bowlds and Karen Cole for proctoring the groups. Thank you also to the participants in the roundtable sessions for their excellent comments and participation!!!

We had a lot of consensus on the topic, but also a few varying answers too! The topics and group discussion/decisions were as follows:

Issue #1 - CPT: Meniscus Tear

Issue: How would you code the following case:

PROCEDURE PERFORMED: Right knee arthroscopy with partial lateral meniscectomy and chondroplasty of the lateral tibial plateau and patella.

After marking and anesthetizing the anterior portal sites, the anterolateral portal was made with an 11 blade and a blunt trocar. The camera was placed in this portal and positioned in the patellofemoral space. The knee was infused with saline. Inspection of the medial and lateral gutters revealed there were no loose bodies. Inspection of the patellofemoral compartment revealed chondromalacia of grade II on the back side of the patella. There was also some hypertrophic synovium in this area.

The medial compartment was then entered. A medial portal was created after confirming position with a spinal needle. The portal was made with an 11 blade and a blunt trocar. The probe was placed in this portal. The medial compartment was inspected and found to be in good condition. The meniscus was intact and free from tears. There was no articular cartilage damage.

The notch was then entered. The ACL was identified and probed. It was intact. However, it was slightly lax but in good condition. The lateral compartment was then entered. Immediately obvious was grade II to III chondromalacia of the lateral tibial plateau covering most of the plateau. Also posteriorly at the posterior horn of the lateral meniscus there were degenerative changes in the form of a tear. The remainder of the lateral meniscus was in good shape.

At this point, the 3.5-mm full radius shaver was inserted into the knee and this was used to debride the lateral meniscus, posterior horn. Next, the same shaver was used to debride the loose cartilage off the lateral tibial plateau until there were no longer any free fragments of cartilage.

Finally the shaver and the camera was positioned back in the patellofemoral space and the shaver was used to debride the loose cartilage from the back side of the patella. A light synovectomy was done at this time in the anterior compartment.

(Continued on page 2)

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for July/August issue:
June 15, 2007

Please forward articles in hard copy or on disk to the Editor.

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CDIP CODING ROUND TABLES *(continued from page 1)*

At this point, the excess saline was irrigated through the knee. The knee was then exsanguinated of excess saline solution. The knee was injected with local anesthetic through the scope. The instrumentation and the scope were removed and the portal sites were closed with simple nylon sutures. Sterile dressings were placed followed by compressive Ace wrap. The patient was taken to recovery in stable condition. She tolerated the procedure well without complications.

Group's Consensus:

Grand Rapids:
The consensus of the group was to use 29881 only.
One facility (War Memorial) wanted to use 29877 also.
There was some discussion of 1 compartment vs. 2 compartment.

Royal Oak:
Apply G0289 if the patient has Medicare
29881
29875-59 – If the anterior compartment is considered separate
29877-59

Issue #2 - CPT: ORIF vs. SMR

Issue: How should this be coded ORIF vs. SMR nasal fracture repair?

PROCEDURE PERFORMED:
1. Open reduction and internal fixation of nasal fracture.
2. Submucous resection of septum.
3. Bilateral inferior partial turbinectomy.

ESTIMATED BLOOD LOSS: Less than 20 cc.

PROCEDURE: The patient was placed under general anesthetic by the department of anesthesia. The patient's family and the patient were aware of the risks, alternatives and benefits. Using Afrin soaked nerve pledgets were placed intranasally along with a total of 8 cc of 0.25% Marcaine with 1:200,000 epinephrine. After several minutes the left Killian incision was made with the septal knife and the left mucoperichondrium was elevated with sharp and blunt dissection. Transseptal incision was made with the Freer and the right mucoperichondrium was elevated. A dorsal and inferior slit were made in the cartilage and the mid portion was removed with the swivel knife. The maxillary crest was then exposed and removed with a Jazz-Milton double action biting cup forceps. Once the septum was straight and the fracture reduced, attention was brought to the left inferior turbinate. It was infractured, cauterized, trimmed, outfractured and recauterized. The same procedure done on the opposite side. An incision was then made in the Lyman vestibule on the right side and also in the piriform region of the nose. The Joseph periosteal elevator was then used to elevate the periosteum at the nasal and maxillary angle and a Park's osteotome was used to make a right lateral osteotomy. A McCullough rasp was used to rasp the nasal bones to the appropriate height and a Rubin planer was then used to shave the cartilage down to the right height. Nice reduction of the fracture was obtained. The left nasal bone immediately reached a relaxed position. Normal segments of cartilage were removed and they were approximately 3 by 4 mm in size. All intranasal incisions were reapproximated with 4-0 chromic and 4-0 plain was used for a through and through septal stitch. Blood loss was less than 20 cc. The patient received 10 mg of Decadron intraoperatively and was released to the recovery area in satisfactory condition. Discharge prescriptions, Duricef 500 mg #30 one b.i.d., Benadryl 50 mg #30, one t.i.d., Vicodin #30, one or two q.3-4h. p.r.n. pain with one refill, Medrol 4 mg #10 one q.d. Family was advised to call me if any problems. See me in the office in one week for follow up.

Group's Consensus:

Grand Rapids:
Consensus was to use 21325, 30130-50 and 30520
There was little documentation to support a septal fx.

Royal Oak:
21336
30930
Query the physician to see if an internal fixation was performed.

Issue #3 - CPT: Giant Cell Tumor

Issue: How would you code the following case:

PROCEDURE PERFORMED:
1. Excision of tumor, little finger.
2. Neurolysis of the digital nerve.

OPERATIVE TECHNIQUE: In the supine position, the left hand and the forearm were prepared with Betadine solution and soap and the patient was covered with sterile drapes in the usual fashion. The tourniquet was inflated and noted to have a bloodless field. Anesthesia was obtained with 1% Xylocaine without epinephrine solution. About three to four minutes were permitted in order for the medication to become effective.

Then, an incision was made over the volar aspect of the left little finger, right over the proximal phalanx area where the tumor was present. It was slightly extending to the ulnar side to the mid-phalanx level. The incision was made through the subcutaneous tissue. Findings were consistent with a fibroma. There were skin attachments and it was sitting right on top of the ulnar neurovascular bundle. It was essential to do a neurolysis to the ulnar tissue nerve. We first identified the nerve proximally and then by protecting the nerve, the tumor was removed. It was a fibroma. A Dupuytren contracture cannot be excluded. Complete removal was obtained.

The incision was closed with 5-0 interrupted nylon stitches and a drain was placed in the tendon stitches. A big bulky dressing was applied. The tourniquet was deflated and the patient had good capillary filling with no evidence of compromise. The patient tolerated the procedure well and left the operating room in satisfactory condition.

Group's Consensus:

Grand Rapids:
Group thought that the path report would have been beneficial.
Codes 26115-F4 and 64702 were decided upon.

Royal Oak:
26116
The groups also thought that the physician should be queried to determine the depth.

Issue #4 - CPT: Breast Procedure

Issue: How would you code the following:

(#104) Acquired absence of breasts s/p breast cancer, with capsular contraction, breast asymmetry, etc. How would a breast procedure which included the removal of the old implant, insertion of a new implant with fat graftings be reported in this scenario?

Group's Consensus:

Grand Rapids:
19340-50
19328-50
11951 times 2 for the fat grafting

Royal Oak:
19380-50 – 3 Groups
19340-50 – 1 Group
19370-50

Issue #5 - CPT: Micro Fat Grafting

Issue: How would you code the following:

(#153) Autologous micro fat grafting via injection into both nasolabial folds and both cheeks (times four). Would this be reported as:

a) 11951 – Subcutaneous injection of filling material; 1.1 cc to 5 cc; x 4 times, once for each separate/distinct area injected?
b) 11954; over 10 cc x 1 time for the total of all areas of 12 ccs?
c) Other?

There is no CCI edit triggered with reporting the code multiple times nor is there any CPT Assistant or other official guidance available. (Would not report separately for multiple injections within the same site, would use total cc for that type of procedure).

All Groups Chose: A) 11951 – Subcutaneous injection of filling material; 1.1 cc to 5 cc; x 4 times, once for each separate/distinct area injected

Issue #6 - CPT Procedure: Bilateral Bone Marrow Biopsy

Issue: How would you code a "bilateral bone marrow biopsy?" Would you code the procedure twice? Code the procedure once with a modifier 50 attached?

Group's Consensus:

Grand Rapids:
Consensus was once with a modifier 50 attached. Utilizing the code twice wouldn't tell anyone that the biopsy was done on two sides.

Royal Oak:
Code the bone marrow biopsy twice since it was two separate sites (Ischium and Sternum)

Issue #7- CPT Procedure: Secondary Diagnosis

Issue: How many secondary diagnoses do you code at your facility for outpatient surgery procedures? What documentation do you use to code these secondary diagnoses?

Group's Consensus:

Grand Rapids:
Group had a lot of discussion on this one. The final decision was:

All dx codes that meet criteria for inclusion such as:
- Pertinent to the visit
- Treated
- Documented on H&P by the physician.

There was some discussion on COPD on the anesthesia record. The group split on whether to code it or not. Especially since Blue Cross likes to take it off on inpatients.

Royal Oak:
They would assign secondary diagnoses for a surgery case when the patient's current conditions were documented (Anesthesia Record, History and Physical) and that they were being treated with medications (HTN, A Fib).

Friendship is one of the sweetest joys of life.
Many might have failed beneath the bitterness of their trial had they not found a friend.

– CHARLES SPURGEON

President's Message

This is my last President's note for the FOCUS. I have to say that this year has gone by so fast. It doesn't seem like a year ago I was looking at doing my updates and thinking that a year was a long time. I am happy with the way the year has gone. There were many exciting things that happened in our organization this last year and the one major item was the Public Act that gave Michigan a retention law. That will give our facilities a place to start with maintaining records.

In this edition of FOCUS, you will find an overview of Team Talks, Washington, DC, by Carol Jennings. Karen Schmidt and I attended Capitol Hill Day and that was very exciting. We were able to talk to Rep. Peter Hoekstra, and the aides to Sen. Debbie Stabenow, Rep. Carolyn Kilpatrick and Sen. Carl Levin. I believe we were able to give them excellent information about MHIMA and AHIMA. I have to say it was truly an educational opportunity for me in that I actually saw the workings of our government. We discussed with them the key issues for Health Information. Those issues were comprised of the following:

- Workforce Training "10,000 Trained by 2010 Act"
- Adoption of ICD-10-CM and ICD-10-PCS
- Privacy, Confidentiality, and Security of PHI – specifically genetic nondiscrimination and standardization of Health Information Infrastructure, Health Information Technology and Electronic Health Records

When all the participants convened after our Capitol Hill day, the general consensus was that our congressional representatives were very interested in our issues, but the constraints were budgetary. I would urge each and every one of you to contact your congressional representative and let them know your position on these important issues. Do not let this opportunity pass by.

The annual meeting is quickly approaching. I hope you have made your reservation already and if you have not, do so today. We have an exciting program planned for you. Where else can you get most of your CE requirements at one time and have the added bonus of spending quality time with your peers throughout the state.

I want to thank each and everyone for your support this last year. I have had the wonderful opportunity to meet many different people. MHIMA is so very lucky to have the expertise of so many highly professional members. We all have something to add to our organization and I would encourage each of you to participate on the local or state level if you haven't already.

Denise Holstege, RHIT, CCS
President, MHIMA

MHIMA MEMBERSHIP APRIL 2007

MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

CLASSIFICATION	MEMBERSHIP 2-10-07	MEMBERSHIP 4-9-07	CHANGE
Active RHIT/RHIA/CCS CCS-P/CCS/CHP	1516	1454	-62
Active Senior	34	32	-2
Associate	148	149	+1
Student	433	481	+48
Graduate	140	133	-7
Honorary	2	2	–
Corporate	13	16	+3
	2286	2267	-19
Certified Nonmembers	876	946	+70*

PLEASE NOTE: WHEN CHOOSING YOUR CATEGORY OF MEMBERSHIP, BE AWARE YOUR CHOICE OF SELECTING A STUDENT CLASSIFICATION MAY PREVENT YOU FROM VOTING IN NATIONAL AND STATE ASSOCIATION ELECTIONS.

*AHIMA changed the way they count these members.
The number includes all previous members even if dues have not been paid.

Be Creative and Informative!

If you would like to contribute to an upcoming issue of FOCUS please e-mail the editor at pchapo@botsford.org

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
DIRECTOR

Revised and Effective April 1, 2007

CONSUMER PRICE INDEX INCREASE OF MEDICAL RECORDS ACCESS ACT FEES

Subsection 1 of Section 9 of Public Act 47 of 2004 (MCL § 333.26269), states the following:

(1) Except as otherwise provided in this section, if a patient or his or her authorized representative makes a request for a copy of all or part of his or her medical record under section 5, the health care provider, health facility, or medical records company to which the request is directed may charge the patient or his or her authorized representative a fee that is not more than the following amounts:
(a) An initial fee of $20.00 per request for a copy of the record.
(b) Paper copies as follows:
(i) One dollar per page for the first 20 pages.
(ii) Fifty cents per page for pages 21 through 50.
(iii) Twenty cents for pages 51 and over.

A 'patient', as defined by this rule, shall not be charged an initial fee for his or her medical record. (333.26269(5)).

Subsection 6 of Section 9 of Public Act 47 of 2004 (MCL § 333.26269), states the following:

(6) Beginning 2 years after the effective date of this act, the department of community health shall adjust on an annual basis the fees prescribed by subsection (1) by an amount determined by the state treasurer to reflect the cumulative annual percentage change in the Detroit consumer price index.

Pursuant to the above requirements, I, Janet Olszewski, Director of the Michigan Department of Community Health recognize the State Treasurer's certification of the annual percentage increase in the Detroit consumer price index for the 2006 calendar year of 3.0%. The increased maximum charges are as follows:

Year	**Initial Fee** (333.26269(1)(a)	**Per page for the first 20 pages** (333.26269(1)(b)(*i*))	**Per page from paged 21-50** (333.26269(1)(b)(*ii*))	**Per page for pages 51+** (333.26269(1)(b)(*iii*)
2005 – 03/31/06	$20.00	$1.00	$.50	$.20
04/01/06 – 03/31/07	$20.58	$1.03	$.51	$.21
04/01/07 – 03/31/08	$21.20	$1.06	$.53	$.22

/s/
Janet Olszewski, Director

April 1, 2007

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DAVENPORT UNIVERSITY UPDATE

The following is information for MHIMA members. I would also like to remind the membership to check the Career Assist regularly for opportunities to teach in accredited programs, at Davenport University and other institutions as well.

Davenport University is pursuing hiring in academics in a number of areas including 10 new positions in the School of Health Professions (SOHP) at various locations. These positions will be posted next week. The quality of our programs, excellence in our student services, and interest in health careers are important drivers in this hiring.

Additionally, there are current openings in the SOHP for: Department Coordinator (DC) in Online Education, the associate dean of graduate studies, the DC in nursing at Dearborn, the DC in Allied Health in the tri-cities area, the Program Directors of Allied Health and Nursing AAS/PN.

If you are interested in any of these positions, please consider applying. Also, please share this information with your colleagues, professional organizations, and any other individuals who would meet the position qualifications. Visit www.davenport.edu. Under Quick Links, click on "job at Davenport."

Thank you for your assistance in this matter and again for making the SOHP at Davenport University a great place for health careers education!

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TREASURER'S REPORT

Total MHIMA Assets
APRIL 21, 2007
$107,877.38

WINTER TEAM TALKS

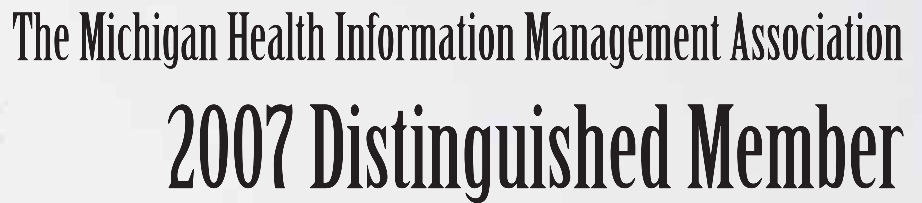
Washington, D.C.
Leadership Engagement: Larger, Louder, Faster

MHIMA president, Denise Holstege, Marsha Allen and I attended AHIMA Winter Team Talks in Washington, D.C. March 22, 2007. Discussions throughout the day covered the following issues:

- Advancing e-HIM practice and the migration to e-HIM at the state level through increased communication and the identification of leaders in each of the states.
- The role of the delegate as developed by the Delegate Work Group. Also, encouraging delegate accountability to the CSA membership.
- Inclusive membership and the updates to the AHIMA/CSA bylaws. There is a Communications/Marketing Task force working on getting the word out relating to inclusive membership.
- State-Level Advocacy relating to PHR, e-HIM and legislation.
- States to develop programs to bridge the gap from student to employment; work with HIM employers and school programs.
- Review of the policies that are shaping HIM practice and the speed of change.
    - Standards development-Legal electronic health record
    - Outreach, education and the need for applied research
    - The PHR whirlwind; everyone is offering a PHR
    - Security and privacy
    - Identifying stakeholders-all of us
    - Alignment of quality reporting initiatives - everyone is concerned about quality and developing quality indicators.
    - The adoption of ICD-10; not if? But when? October 1, 2010

As HIM professionals we need to step forward and engage in leadership in our states and regions; all of these initiatives will impact how we do our jobs. We need to be ready for change and be a part of the change.

Carol Jennings, MPA, RHIA, FAHIMA



The Michigan Health Information Management Association
2007 Distinguished Member

Marsha A. Allen, RHIA

Michigan Health Information Management Association Central Office Coordinator

Marsha has served MHIMA in the Central Office since January 2000; and as a Member: Bylaws Committee, 1989-90, Education Committee, 1989-90, 1987-88; Convention Arrangements Committee, 1987-88, 1982-83, 1975-76; Minutes Committee, 1979-80; Chair Convention Arrangements Committee, 1981-82; Director on Board, 1985-87. She has also represented MHIMA at the National AHIMA meetings and Winter and Summer Team Talks from 2000 to present. She has served NWMHIMA as Nominating Committee member; 1986-87 and 1979-81; President, 1978-79; and President Elect, 1977-78.

Marsha has made outstanding professional contributions at the regional, state, and national level.

Work Where Your Work Matters

Health Information Analyst - Coder

With the implementation of a new Open Heart program MidMichigan Medical Center-Midland has a full time position available in our Health Information Department. This position is responsible for utilizing the chart documentation management program and clinical knowledge to analyze inpatient and outpatient medical records for completeness of documentation, contacting the appropriate provider for additional documentation as needed. One year previous coding in an acute care setting and cardiovascular experience is preferred. Knowledge of ICD-9-CM and CPT-4, Registered Health Information Technician or Registered Health Information Administration required.

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WHY VOLUNTEER?

Why not volunteer? What's in it for me?

I have been a member of AHIMA, MHIMA and assorted local HIM groups for thirty-three years. My first volunteer position was immediately following graduation-Bylaws Chair for the state. My current volunteer roles include member of the AHIMA CSA Advisory Task Force, delegate for MHIMA and member of the MHIMA Convention Arrangements Committee.

Volunteering is fun for me. You get to meet new people, be on the ground floor for new adventures in HIM and feel a sense of accomplishment when the task is completed.

When I was president of the state association, the big issue of the day was the PRO nurses taking copies of hospital medical records home to review. Resolving the issue involved many discussions with MHA staff and executives from the PRO. The issue was quickly resolved to the satisfaction of our members.

Recently, I served three years on the Ethics Committee at AHIMA; the last year I was the chairperson. Addressing the issues our members encounter and the ethical decisions they have to make in their day-to-day employment is staggering. The first year I was a member, we re-wrote the Code of Ethics. The code went through many versions before we were comfortable that it addressed members' needs in today's environment. The next two years were spent addressing complaints of unethical behavior. It was a real education.

Another opportunity was as member of the AHIMA Fellowship Application Committee. The process was relatively new and was undergoing re-evaluation at the time I was on the committee. The advantage of being on this committee was the introduction to many talented people who have contributed so much to the association. Most of our members don't realize how much they have contributed until they go through the process of putting it on paper.

My most recent experience is the CSA Advisory Task Force. As a member, I was in on the ground floor dealing with the inclusive membership issue. We reviewed pros and cons and had great discussions. Now that the measure has passed, we continue to discuss how we can best serve the needs of the members and state component associations. Today we are dealing with issues in diversity, maintaining members, credentialing and recruitment. We are looking for better ways to support the CSAs and the membership.

There are a lot of opportunities to serve your profession on the local, state and national level. Try it. I think you will like it. You will find that you get more out of volunteering then you put into volunteering.

Carol Jennings, MPA, RHIA, FAHIMA

Schoolcraft College is Looking for Alumni

The Health Information Technology Club of Schoolcraft College needs your help. Each November they hold an Alumni Dinner, where all alumni come together for a meal and talk with all their previous classmates and instructors. Throughout the years an accurate log of past graduates was not kept. Mary Jo Brough, current President, is looking for all past graduates to add to the graduate roster. If you would like to be invited to this fun event, please email Mary Jo at mjb9801@comcast.net, with your name and address. She will add you to the mailing list. This last November the club had 50 alumni attend the dinner.

M.T.S.O.

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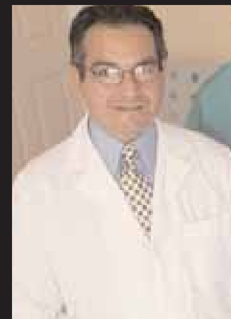

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ALLIED HEALTH LIAISON UPDATE

Happy Spring! Hope everyone is beginning to thaw out. The various national and Michigan allied healthcare groups have sprung into full action. The following is just a sampling of those activities:

The Association for Healthcare Documentation Integrity (AHDI) held its historical first partnership board meeting with the Medical Transcription Industry Association (MTIA) last week. Of significant importance was that AHDI is now reporting operating in the black again for the first time in many years. Also noted was that the AHDI Student Alliance is in need of leaders. Any transcription educators are asked to strongly encourage potential student leaders in your program to consider undertaking such an important role. Finally, AHDI has a new publication on how to select an MT school, which will be available for distribution this summer. Educators interested in obtaining a copy should contact Kim Buchanan, CMT, FAAMT, at Kim@aamt.org.

AHDI instituted a component association program titled Mission Possible in 2005. The goal was to provide documents and support to component associations wishing to align their strategic plans and goals with that of the national association. A task force is being implemented to collect data on this endeavor and report back to the AHDI BOD and HOD on the success of the program.

AHDI is now offering electronic membership at $75 annually. Benefits include a subscription to the weekly e-newsletter Vitals, discounts on Stedman's and Elsevier products, full access to the Professional Practices Network, and discounts on AHDI and vendor affiliate offerings. Interested parties can join on-line by going to www.aamt.org.

The Credentialing Development Team of AHDI has restructured the continuing education requirements for Certified Medical Transcriptionists (CMTs). These requirements now state all CMTs, out of the 30 CECs necessary in their 3-year cycle, MUST earn a MINIMUM of 8 clinical medicine credits, 4 MT tool credits, 6 medicolegal credits, and 6 technology credits, with the remaining 8 being made up of any of the approved categories. The team also voted to waive the 2 years' experience required for educators to sit for the CMT exam providing they are willing to take a prep course or complete the CMT Review Guide prior to sitting for the exam.

AHDI has worked with Perks Card to provide a fundraising project to cover annual HOD operating expenses. The Perks Card works as a convenient Entertainment Book of sorts in that you can get discounts online, including discounts on purchasing gift cards. You can also print off coupons online and see which stores in your area accept the Perks Card on a walk-in basis. The Huron River Chapter of AHDI has purchased 50 of these cards and will have them available at the MHDI (MAMT) booth at the MHIMA meeting. Please stop by if interested or to learn more. Again, proceeds go to support the AHDI HOD operating expenses.

Of note, MHDI will be holding their next BOD meeting Saturday, April 28, at Sparrow Hospital in Lansing. Meetings are open to all members. They will also have a booth at the MHIMA Annual Meeting in May.

The Huron River Chapter will be holding a heart walk in conjunction with their BOD meeting on Saturday, May 26, at Washtenaw Community College, as well as a social outing at Genitti's Hole-in-the-Wall in Northville. The social outing includes a 7-course meal with a dinner theater called In Stitches, a healthcare spoof based out of "Amazing Grace Memorial Hospital." Both events are for members and their guests. You can join the chapter by contacting the membership chair, Diane Nicholls, CMT, at dnicholl@med.umich.edu.

The Mid-Michigan Chapter and Bay Area Chapter of AHDI are holding their Spring Fling symposium at Frankenmuth on Saturday, May 19. For more information, contact Kathy Dominguez, CMT, FAAMT, the Mid-Michigan Chapter president, at kdmngz@yahoo.com.

With regard to the Michigan Medical Group Management Association (MMGMA), they are now working on their fall conference, which will be held September 26-28, 2007, at the Radisson Plaza Hotel and Suites in Kalamazoo. Some of you may be familiar with it.

As some of you may have heard, CMS announced a deadline extension on the National Provider Identifiers. The following was recently distributed by MMGMA:

"The Centers for Medicare & Medicaid Services (CMS) announced today that it is initiating a contingency plan that extends the compliance date for the National Provider Identifier (NPI) from May 23, 2007 to May 23, 2008. Physician practices, covered under the Health Insurance Portability and Accountability Act (HIPAA), are required to get NPIs for the organization and their providers, and submit those numbers on all HIPAA electronic standard transactions, including claims. Medicare is requiring use of the NPI on the revised paper 1500 claim form.

This contingency plan announcement mirrors MGMA's recommendation to CMS in testimony before a federal advisory panel in January.

The CMS enforcement process is complaint driven and will allow covered entities to demonstrate good faith efforts and employ contingency plans. If a complaint is filed against a covered entity, CMS will evaluate the entity's "good faith efforts" to comply with the standards and would not impose penalties on covered entities that have deployed contingencies to ensure that the smooth flow of payment continues. Each covered entity will determine the specifics of its contingency plan. Contingency plans may not extend beyond May 23, 2008, but entities may elect to end their contingency plans sooner. Medicare will announce its own contingency plan shortly.

The NPI contingency plan permits Medicare and commercial insurers to continue accepting legacy provider identification numbers until May 23, 2008. To avoid payment disruption after the compliance date, physician practices should strive to enumerate their providers and update practice management systems to accommodate both NPIs and legacy identifiers. To facilitate billing, practices should send their NPIs to all industry partners that require them.

MGMA has resources to assist you:
MGMA NPI frequently asked questions
MGMA NPI sample letter
MGMA NPI archived Webcast
Read the full **CMS** contingency plan announcement.
Access **CMS NPI** resources."

Finally, with regard to ASTM International, I wanted to highlight recent efforts of the Healthcare Informatics Committee - E31. Each main committee in ASTM International is composed of subcommittees that address specific segments within the general subject area covered by the technical committee. Two of the subcommittees of most interest to our members are the Healthcare Information Capture and Documentation Subcommittee and the Healthcare Data Management, Security, Confidentiality, and Privacy Subcommittee. Standards they are currently ACTIVELY working on, are listed here:

E31.15 Healthcare Information Capture and Documentation

(Continued on page 11)

ALLIED HEALTH LIAISON UPDATE *(continued from page 10)*

E2184-02 Standard Specification for Healthcare Document Formats
E2185-01 Standard Specification for Transferring Digital Voice Data between Independent Digital Dictation Systems and Workstations

E31.25 Healthcare Data Management, Security, Confidentiality, and Privacy

WK5068 Standard Healthcare Conceptual Process Model
WK7916 Practice for Pharmacotherapy Services in the Electronic Health Record Environment
WK14085 Guide for Portable Document Format for Healthcare (PDF/H) Best Practices Guide
WK14725 the Representation of the Human Name in Health Information Systems
WK14726 Healthcare Conceptual Process Model

As a member, you can also sign up to a receive free weekly standards tracker which individuals responsible for standard setting with regard to the EHR in your facility may find helpful. Go to www.astm.org to learn more.

As you can see, Michigan continues to remain very active and busy. If I can provide any further information on any of the above, please do not hesitate to email me at amartin@qidtranscription.com or visit me in the MHDI booth at the MHIMA Annual Meeting. I look forward to seeing everyone in Kalamazoo!

April Martin, RHIT, CMT, FAAMT

AAPC CEUs CLARIFICATION

AAPC is awarding free CEU approval for all non-profit in-services, CMS (Centers for Medicare Services) and AHIMA (state and nationally sponsored) meetings. All coding instructors affiliated with a post-secondary educational organization will receive one CEU per hour of instruction they provide for those courses that have received prior CEU approval. The vendor/CPC may apply for CEUs 30 days in advance. Full credit will be given for all AHIMA/MHIMA CE's without prior approval from AAPC. All Coding CE's will be fully honored and so will the six "Category B" CEU's.

Organizations wishing to schedule CEU-approved in-services must submit the initial application to AAPC 30 days in advance. Actual outlines must be received two weeks in advance. The AAPC approves of an unlimited number of CEUs in Core Coding (CPT, ICD-9-CM and HCPCS) topics as 'Category A' CEUs. We also allow CEUs to be earned for all coding related topics such as compliance, billing, HIPAA as 'Category B' CEUs. Certified members may submit up to six 'Category B' CEUs per year. The CEU index number now ends with an A or B to indicate the CEU category. Contact Nancy Reading at nancy.reading@aapc.com with questions.

From the American Association of Procedural Coders
News and Updates, March 14, 2007

AHIMA CoP NEWS YOU CAN USE

USING THE BoK HELP GUIDE

Have you tried finding a reference in the FORE Library: HIM Body of Knowledge? We hope so, as this is AHIMA's online library and contains a wealth of references for you. In the past few issues of e-alert, we have provided tips to help you find just what you need in the BoK. There is a Help Guide on the BoK Web site as well as in context help, accessed by clicking the question mark icons throughout the BoK. A printable guide is available on the AHIMA home page at http://www.ahima.org/pdf_files/BoKHelpGuide2006.pdf.

While in the BoK, be sure to read the practice brief, "Data Standards, Data Quality, and Interoperability" by Susan Fenton, MBA, RHIA; Kathy Giannangelo, MA, RHIA, CCS; Crystal Kallem, RHIT; and Rita Scichilone, MHSA, RHIA, CCS, CCS-P, from the February 2007 *Journal of HIMA* (available at http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_033589.hcsp).

To access the BoK visit http://www.ahima.org and access **myAHIMA** on the right side by entering your AHIMA ID number (seven digit number on your membership card) and your password. Once in **myAHIMA**, click on the FORE Library: HIM Body of Knowledge link.

Spotlight on Coding

Coding professionals are encouraged to join the Coding Community of Practice to utilize the resources, links, FAQs, and discussion threads. There is a new, featured topic each month. The topic for April is the future of coding and how coders can prepare for change. Current and back issues of the online coding publication *CodeWrite* are also available in the Coding CoP.

To access the CoP, go to http://www.ahima.org. Visit **myAHIMA** and enter your AHIMA ID number (seven digit number on your membership card) and your **password**. To join the Coding Community, click on the Join/visit Communities icon on the top toolbar.

From E-Alerts 4/4/07 and 4/18/07

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Kloss Among Top 25 Women in American Healthcare

AHIMA CEO Linda Kloss, RHIA, CAE, FAHIMA, has been named one of the top 25 women in healthcare by *Modern Healthcare* magazine. The list recognizes women who are successfully leading an organization, showing the ability to bring about change in the healthcare industry, demonstrating a willingness to share expertise with others, serving as a role model to other female executives, and taking a leadership position in the industry outside their own organizations. The list, which is published every two years, made its debut in 2005. Other notable names on the list include Senator Hillary Rodham Clinton; Elisabeth Belmont, president-elect of the American Health Lawyers; and Debra Osteen, president of Universal Health Services' Behavioral Health Division. The recipients are profiled in the April 16 issue of *Modern Healthcare* available at http://www.modernhealthcare.com/apps/pbcs.dll/section?category=top25womenslideshow.

CMS Proposes Payment Reforms for Inpatient Hospital Services in 2008

The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that takes significant steps to improve the accuracy of Medicare's payment under the acute care hospital inpatient prospective payment system (IPPS) while providing additional incentives for hospitals to engage in quality improvement efforts. Expanding on the work of the previous two years, the proposed rule would create 745 new severity-adjusted diagnosis related groups (DRGs) (Medicare Severity DRGs or MS-DRGs) to replace the current 538 DRGs. To view the complete proposed rule, visit http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/CMS-1533-P.pdf.

CCHIT Announces New Work Group Structure

The Certification Commission for Healthcare Information Technology (CCHIT) has announced a restructuring of its volunteer work groups to support development of a significantly expanded certification program for 2008. Under the new structure, universal electronic health record (EHR) requirements applicable to all settings will be addressed by a new EHR foundation work group. The current work groups addressing office-based (ambulatory) and hospital-based (inpatient) criteria will continue to focus on the requirements specific to those two settings, supplemented by a third work group developing criteria for emergency department systems. Another new group will be formed to begin developing certification criteria for health information networks, the third phase of the Commission's contract with the U.S. Department of Health and Human Services.

CMS Rolls Out New EHR Tool

The Centers for Medicare & Medicaid Services (CMS) recently launched a new interactive learning tool, DOQ-IT (Doctor's Office Quality Information Technology), to support health information technology in physician's offices. DOQ-IT is an interactive, Web-based tool designed to assist physician practices with HIT adoption by providing lessons on workflow redesign, culture change, and patient self-management. For more information and free registration, visit http://elearning.qualitynet.org.

FORE Triumph Award Nomination Deadline is June 1

The FORE Triumph Awards are national awards designed to honor leadership in the HIM field, reward contributions that build our knowledge base, recognize excellence in preparing future HIM professionals, and encourage fresh talent and new leadership. We need your help to ensure that worthy individuals are recognized. It all starts with a nomination. Visit http://www.ahima.org/fore/professional/awards.asp to review details of the award categories and complete the nomination form.

Keep in mind that nominations are due by June 1. Make sure your nominee has a chance at the recognition he or she deserves. If you have any questions, please contact Marilyn Render at marilyn.render@ahima.org. The 2007 Awards will be presented at AHIMA's Convention and Exhibit in Philadelphia, PA. *The FORE Triumph Awards program is made possible by a very generous grant from MedQuist Inc.*

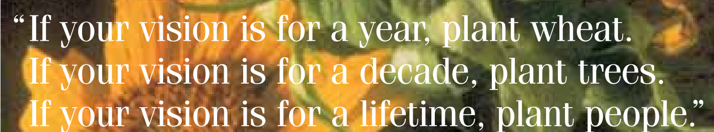
Status of POA Reporting

Currently, present on admission (POA) reporting is only required in those states that have passed legislation requiring POA reporting. There is no national POA reporting requirement at the present time. Although we expect Medicare to implement a POA reporting requirement soon, they have not yet published any information concerning the details or implementation date. If you are not sure whether your state has a POA reporting requirement, or to find out the details of your state's POA reporting requirement, contact your component state association or your state hospital association.

CMS Clarifies Guidelines for National Patient Identifier Deadline Implementation

The Centers for Medicare & Medicaid Services (CMS) announced this week that it is implementing a contingency plan for covered entities (other than small health plans) that will not meet the May 23 deadline for compliance with the national provider identifier regulations under HIPAA. CMS announced this guidance on its enforcement approach after it became apparent that many covered entities would not be able to fully comply with the NPI standard by May 23. Further information concerning this issue is available on the CMS Web site at http://www.cms.hhs.gov. The site also contains contingency plan guidance for the industry in a document titled "Guidance on Compliance with the HIPAA National Provider Identifier Rule."

From E-Alerts 4/4/07 and 4/18/07



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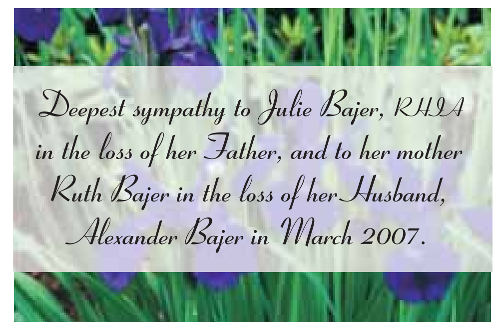

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Michigan Health Information Management Association

Calendar of Events

DATE	LOCATION	SPONSOR	TOPIC	CONTACT	PHONE
5/20/07	Kalamazoo, Michigan	MHIMA	Board Meeting	MHIMA	231-767-9717
5/21-23/07	Kalamazoo, Michigan	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717
6/1/07	Throughout State	MHIMA	EHR Presentations	MHIMA	231-767-9717
10/6-11/07	Philadelphia, Pennsylvania	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
5/19-21/08	Mission Point, Mackinac Island	MHIMA	Annual Meeting and Exhibits	AHIMA	231-767-9717
10/11-16/08	Seattle, Washington	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
5/13-15/09	Soaring Eagle, Mt. Pleasant	MHIMA	Annual Meeting and Exhibits	AHIMA	231-767-9717
10/3-8/09	Dallas, Texas	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
9/25-30/10	Orlando, Florida	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org

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