## 2017 Annual Clinical Coding Meeting, Day One, October 7, 2017

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| 7:00–8:30 a.m. | **Registration and Coffee Service** | | |
| 8:30–10:00 a.m. | **National ICD-10 Policy Update**<br>· Learn about key updates to the ICD-10-CM/PCS Official Guidelines for Coding and Reporting.<br>· Hear an overview of the FY2018 ICD-10-CM/PCS code changes<br>· Get the highlights from the FY2017 MS-DRG changes.<br>· Understand the process for submitting and answering coding questions submitted to the AHA Central Office Clearinghouse<br>· Understand the process for creating or modifying ICD-10-CM/PCS codes<br>**Sue Bowman, RHIA, CCS, FAHIMA, MJ**, American Health Information Management Association (AHIMA), Chicago, IL & **Anita Rapier, RHIT, CCS**, American Hospital Association, Chicago, IL | | |
| 10:00-10:30 a.m. | **BREAK and RACE Award presentations** | | |
| 10:30-11:30 a.m. | **CPT Code Set Update**<br>In this session, the most notable changes to the CPT code set for 2018 will be presented. Participants will learn about:<br>· changes to existing CPT codes and guidelines<br>· new codes and guidelines to report new procedures<br>· changes to CPT coding conventions<br>**Lianne Stancik, BA, RHIT**, American Medical Association, Chicago, IL | | |
| 11:30 -12:30 p.m. | **LUNCH** | | |
| | **Auditing/Compliance** | **Physician Practice Sponsored by the AMA** | **Coding/Revenue Cycle/Reimbursement Sponsored by GeBBs Healthcare Solutions** |
| 12:30-1:30 p.m. | **Audit Landscape 2017**<br>Review the RAC transition process along with the current appeal situation and how Office of Medicare Hearings and Appeals (OMHA) are handling the backlog. We will also review RAC activity as well as other government and commercial audits to see what they are reviewing. Look into ways to analyze your audit data to find the root cause for denials and use that information to develop an education plan to help prevent future denials.<br>**Jennifer Ogden, MBA,** Ciox Health, Alpharetta, GA | **Care Management Coding**<br>In the last several years, several new codes have been introduced intended to reimburse physicians for managing patients with chronic illness, including transitions in care from inpatient to community-based settings and overseeing care for patient in home care. Designed to provide better care as well as to reduce costs by reducing hospital readmission rates and emergency room visits. However, these codes have multiple requirements and documentation issues. This session reviews the coding options and documentation requirements to help determine which best describes the services physicians are already performing - and how to ensure | **What did they say? Turn the Grey into Black & White: Understanding the Payer Language to Improve Compliance & Reimbursement**<br>One of the biggest issues facing providers is understanding what the payer wants. Payers can have their own unique set of rules and navigating the payer language can be time consuming and confusing. It is important to understand what the payer wants, where to find critical information, and how to apply that information to your revenue cycle operations in order to get paid. By attending this session you will know how to find the claim coding requirements |

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| | | appropriate reimbursement for those services.<br><br>**Kim Garner Huey, MJ, CCS-P, CHC, CPC, PCS, CPCO, KGG** Coding and Reimbursement Consulting, Alabaster, AL & **Sandra Giangreco, RHIT, CCS, CCS-P, CHC, PCS, CPC, COC, CPC-I, COBGC, CHAN** Healthcare Auditors, Clayton, MO | when they won't tell you what they are. You will know how to define medical necessity and how to prove it. You will be able to interpret the information on your Explanation of Benefits (EOB) and know how to work any denials. Finally, you will be able to get ahead of changes in policy before they disrupt your payments.<br><br>**Emmy Clancy, MHA, CMPE, CPC, CCS, AHIMA approved Trainer ICD-10-CM/PCS,** Emmy Award Healthcare Consulting, LLC, Englewood, CO |
| 1:30-2:30 p.m. | **A New Focus on Coding Quality Audits**<br><br>What is driving today's increased interest in coding quality audits? First and most obvious is the specificity of ICD-10. However, coding audits that validate DRG shifts and/or identify illogical DRGs have also become more critical, not only for achieving revenue cycle success, but also because of the direct impact of coding on the validity of quality outcomes data. This session will describe a step-by-process for developing and applying new documentation compliance and audit techniques. Using a variety of case study examples, the presenter will detail steps for pinpointing DRG shifts and/or identifying illogical DRGs. Attendees will leave with a checklist for building a comprehensive coding audit plan.<br><br>**Susan Belley, MEd, RHIA, CPHQ**, Consulting Services, 3M Health Information Systems, Atlanta, GA | **Revolutionizing the Clinical Encounter – It's About Time**<br><br>Unfortunately, an unintended consequence of current EMR solutions is the increased time required of physicians to complete encounter documentation and perform administrative duties resulting in loss of productivity and provider dissatisfaction. In addition, the quality of documentation is impacted by proliferation of copy and paste. As payment models evolve to span the entire episode of care, the quality of ambulatory documentation is gaining importance. Clinical documentation improvement solutions that are available at the point of care are in high demand. HIM professionals have traditionally been less involved in ambulatory record quality but these new challenges impact HIM roles. This presentation will present recent research that describes the state of physician acceptance of EMRs and offers a solution that is being used at a variety of clinic sites across the country. We will also describe how HIM leadership can impact the overall quality of documentation and data in the ambulatory environment.<br><br>**Chris Meyers, RHIA** & **Sandra Fuller, MA, RHIA**, eCatalyst Healthcare Solutions, Glendale, AZ | **Revenue Integrity – Coaching the Team & Achieving the Goal**<br><br>Most healthcare systems already have a proven process in place to monitor and measure revenue integrity in a fee-for-service world. The concept of revenue integrity is not new. However, revenue cycle silos that worked smoothly in a fee-for-service model must be torn down and re-engineered to thrive in the era of value-based care. Attendees to this session explore the importance of revenue integrity from all perspectives and across the entire revenue cycle. The intersection of coding and CDI provides a powerful example. During this session, attendees will review proactive approaches to maintaining value-based revenue integrity with real-world strategies to inspire Coding, CDI and Revenue Cycle teams.<br><br>**Nena Scott, MSEd, RHIA, CCS, CCS-P, CCDS**, TrustHCS, Springfield, MO |

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| 2:30-3:00 p.m. | **Networking break sponsored by National Health Resources** | | |
| 3:00-4:00 p.m. | **Queries: To Audit or Not to Audit…That is the Question**<br><br>Share the University of Utah Health Care's journey to create a query audit process, and the challenges they faced. An in-depth review of their tool will provide you with a better understanding of their tool definitions and weighted scoring methodology, as well as the rationale behind the selection of audit elements. They will share wins, challenges, and lessons learned. Attendees will be provided with a copy of their tool and detailed definitions, an opportunity for other organizations to share their experience or initiative to implement a query audit process. This session will hopefully lead and inspire attendees to embark on their own innovative journey of monitoring query compliance and implementation of/ enhancement to their own query audits process.<br><br>**Michelle Knuckles, RHIT,** & **Nancy Treacy, MPH, RHIA, CCS,** Health Information, University of Utah Health Care, Salt Lake City, UT | **Non-physician Provider services, Compliance with Rules for Proper Coding & Billing**<br><br>Does your healthcare organization employ, or are they considering hiring, a Non-Physician Provider (NPP)? Clinical Nurse Specialists (CNS), Nurse Practitioners (NP), Certified Nurse-Midwives (CNM), and Physician Assistants (PA) are all considered NPPs by CMS. Understanding the rules to code and bill correctly to comply with state and federal requirements, (including Scope of service considerations) for these services is imperative. This presentation will provide details on how to correctly code and bill for these providers and address compliance issues that must be considered.<br><br>**Kathleen Bailey, CPA, MBA, CCS-P, CPC, CPCO, CPMA, CPC-I**, Practice Management Solutions, Tampa, FL | **The ABCs of CPT and Outpatient reporting**<br><br>Review important basic CPT and ICD-10-CM coding guidelines that should be used for the reporting of all outpatient claims. Utilize the National Correct Coding Policy and Procedure Manual, the CPT manual, and the ICD-10-CM Official Guidelines for Coding and Reporting to discuss conventions relative to each coding system that will ensure compliance with coding and billing of outpatient claims.<br><br>**Suzanne Drake, RHIT, CCS,** Bon Secours Virginia, Richmond, VA |
| 4:00-5:00 p.m. | **Key Strategies to Build Ethics into your Coding Compliance Program**<br><br>Understanding where your vulnerabilities lie and how to mitigate risk is essential for coding compliance. This session will explore how to identify and avoid unethical coding situations and present steps to resolve ethical issues when they occur. What would you do?<br><br>Whistleblower of a 2014 large False Claims Act case shares tips on how to prevent activity leading to whistleblower actions and explores how to identify those high-risk | **Exploring the Benefits of a Physician Office CDI Program**<br><br>A Clinical Documentation Improvement (CDI) program is no longer a concept that applies only to the inpatient hospital setting. The push towards quality care as demonstrated by the supporting documentation, has exposed how effective a Physician Office CDI program can be in yielding complete and accurate documentation.<br><br>Clinicians understand how to provide quality patient care, but by collaborating with a CDIP, the provider can also learn how quality documentation supports quality care | **Facility Specific Guidelines: The Keystone for Consistency**<br><br>The documentation of facility guidelines is a key step in promoting consistency within an organization. The transition to ICD-10-CM/PCS has provided many codes that can be applied and facility guidelines will promote consistency and focus coding professionals on the information that is important and impact your facility data. Another benefit realized from developing facility guidelines is to review the data that is collected, should be collected, and why the data is collected. Do you know what |

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| | areas and present steps to take to correct problematic behaviors. Let Ethics drive coding compliance at your organization.<br><br>**Elin Baklid-Kunz, MBA, CPC, CPMA, CCS, CHC,** Ayfie, Inc, Boca Raton, FL | and what is meant by quality documentation.<br><br>This session highlights techniques for implementing a Physician Office CDI program, goals and objectives of a successful program and lessons learned from a Physician Office CDI program one year after implementation as told through the lens of the physician office CDIP professional.<br><br>**Lisa Campbell, PhD, RHIA, CDIP, CCS, CCS-P**, Physician Practice Resources, Matteson, IL | ICD-10-CM codes impact Hierarchical Condition Categories (HCCs)? Should the coding staff assign the radiology portion of cardiac catheterization procedures? Which diagnoses impact the All Patient Refined Diagnosis Related Groups (APR-DRG)? It is important to have the coding professionals focus on data that is meaningful so that productivity is optimized and the development of facility guidelines is a beginning step.<br><br>**Laurine Johnson, MS, RHIA, FAHIMA** |
| | | | **DAY 1 CEUs: 6.5** |

## 2017 Annual Clinical Coding Meeting, Day Two, October 8, 2017

| Time | CDI<br>Sponsored by 3M | Physician Practice<br>Sponsored by the AMA | Hot Topics |
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| 8:30-9:30 a.m. | **Outpatient CDI: Where to Start & How it will Impact Medical Necessity Denials & Compliance**<br><br>Understand the definition of outpatient clinical documentation improvement (CDI) and distinguish why the staff performing inpatient CDI may not be the most appropriate resources to staff your OP CDI program. Learn why an outpatient CDI program is necessary in today's healthcare reimbursement world and what the necessary skill sets and knowledgebase will be for the OP CDI team. Discuss types of denials by payer which result from a lack of solid, supportive outpatient documentation and identify areas for providers to begin their outpatient clinical documentation focus to get their own program started. | **MACRA & it's effect on Physician Coding**<br><br>In this session attendees will identify and define MACRA, review changes in physician reimbursement decreed by MACRA and identify changes in physician documentation and coding to ensure successful reimbursement. Some of the items to be covered are:<br><br>• How to document and code to paint the accurate picture of the patients you are treating<br>• Understanding the impact of the words: with, due to, caused by, secondary to<br>• When "history of" is important<br>• Participating in Merit-Based Incentive Payment System | **Getting to the Heart of Accurately Defining Cardiac Ischemic Syndromes**<br><br>Appropriate recognition and sequencing of acute myocardial infarction as principal diagnosis is essential not only for accurate DRG assignment but also for correct assignment to the acute myocardial infarction cohort used to assess 30-day readmission and 30-day mortality payment adjustments. Additionally, with the new release of the cardiac payment bundles and introduction of the episode of care cost delineations, the importance of correct delineation and sequencing of acute myocardial infarction as principal diagnosis has increased further.<br><br>This presentation will assist coding professionals and clinical |

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| | **Anny Pang Yuen, RHIA, CCS, CCDS, CDIP, AHIMA Approved ICD-10-CM/PCS Trainer**, Intellis, Deland, FL & **Tracey Tomak, RHIA**, Revenue Cycle Operations, St. Vincent Health, Indianapolis, IN | • How physician quality ratings will be made public – and how to talk to patients about it<br>• What accommodations are made for small practices<br><br>**Kim Garner Huey, MJ, CCS-P, CHC, CPC, PCS, CPCO,** KGG Coding and Reimbursement Consulting, Alabaster, AL & **Sandra Giangreco, RHIT, CCS, CCS-P, CHC, PCS, CPC, COC, CPC-I, COBGC,** CHAN Healthcare Auditors, Clayton, MO | documentation specialists to recognize and resolve the communication gap challenges between terms used by physicians, ICD-10-CM and coding guidelines as it pertains to acute myocardial infarction. The impact on payment and claims based quality measures will also be discussed.<br><br>**Garry Huff, MD, CCS, CCDS**, Enjoin, Eads, TN |
| 9:30-10:00 a.m. | **BREAK** | | |
| 10:00-11:00 a.m. | **Utilizing Physicians in CDI**<br><br>Physicians are an undiscovered resource in CDI and because of their vast medical background are very essential in ensuring that a CDI program is effective. This session will enable the audience to think outside the box in regards to their current CDI program and provide a platform to discuss the potential impact of engaging physicians in the CDI program. It will also provide tools on how to develop a CDI program custom built for a specific facility via in house training.<br><br>**Chinedum Mogbo, MBBS, RHIA, CDIP, CCDS, CCS**, Data Quality, Prime Healthcare Management, Ontario, CA | **Residents, Medical Students & Teaching Physician Guidelines**<br><br>Attendees will receive a detailed overview of the Teaching Physician guidelines along with reviewing actual case studies. Learn CMS Teaching Physician guidelines on topics such as: inpatient and outpatient E/M services, Primary Care Exception, minor & major procedures & diagnostic studies. Modifiers GC & GE. Review Medical Student documentation guidelines. Teaching Physician attestation documentation. Case studies will cover areas such as: Primary Care Exception, Inpatient late night admissions by a resident, surgeries and E/M<br>Attendees will leave with a clear understanding of the documentation requirements for each type of service performed by/with a resident and a Teaching Physician.<br>**Janae Ballard, CPC, COC, CPMA, CEMC**, Professional Coding and Audit, CodingAID, Long Beach, CA | **Management & Appeal Strategies for Post-payment DRG change Recommendations**<br><br>This session will share processing steps to appropriately assess and manage the non-RAC post-payment DRG change payment cycle including opportunities to eliminate losing appeals due to correspondence processing issues; provide general appeal response techniques and considerations; examine current trends in post-payment denials, and discuss options for successful appeal content.<br><br>**Suzanne Drake, RHIT, CCS**, Bon Secours Virginia, Richmond, VA |
| 11:00 a.m.-12:00p.m. | **EHR Codesets & Terminologies – Improving the Specificity of Clinical Documentation & Coding** | **Physician Compensation, Do your Physicians Know How they Get Paid?**<br><br>Most physicians complete their medical training with little or no | **Coding for Pressure Ulcers: How the New Coding Guidelines will affect POA Assignment** |

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| | This presentation will give attendees a better understanding of the terminologies, codes & identifiers that interact with the natural language processing (NLP) engine that drives computer assisted coding (CAC). The interactions with LOINC, RxNorm, SNOMED-CT & others are important catalysts for code generation and selection. The structured data and free text are important components that can be combined with the code sets to search and eliminate the barriers for consistent documentation improvement and better coding specificity.<br><br>See that technology can regularly identify cases with unsupported or conflicting diagnoses. Attendees using CAC will be able to define recall and precision and see examples of coding and documentation improvement as well as the challenges associated with diverse algorithms, dictionaries and formats that don't always align with physician dictation and practices.<br><br>**Tom Scholomiti, RHIT**, RecordsOne, Naples, FL & **Amy Czahor, RHIT, CCS, CDIP**, RecordsOne, Conroe, TX | knowledge about how they are paid. It seems counterintuitive that, after such extensive education, physicians still need to learn about something so fundamental that will affect the rest of their professional lives.<br><br>This presentation will cover aspects to help you obtain physician support to assure correct payments in a timely fashion by providing information on topics such as: how to correctly correlate RVUs with CPT® codes; key elements of RVUs & their impact on physician earnings.<br><br>**Kathleen Bailey, CPA, MBA, CCS-P, CPC, CPCO, CPMA, CPC-I**, Practice Management Solutions, Tampa, FL | This presentation will focus on the coding of pressure ulcers for both ICD-10-CM and ICD-10-PCS, the new coding guidelines for reporting pressure ulcer stages, applying the correct Present on Admission (POA) indicator, and the impact on reimbursement. Attendees will also evaluate the impact on documentation by the providers to assure coding professionals assign the correct POA and review data that will illustrate the increase in provider queries due to these new guidelines.<br><br>**Mazette Edwards, MA, CDIP, CCS**, Health Information Management, Montefiore Health Systems, Tarrytown, NY |
| 12:00-1:00 p.m. | **LUNCH** | | |
| 1:00 – 2:00 p.m. | **Physician's Query Process – Striking a Balance between Missed Query Opportunities & Missed Queries**<br><br>The implementation of ICD-10 has had an impact on the amount of queries that are generated as well as the content of provider query templates. The level of specificity needed to assign the most accurate ICD-10 code is much greater and requires the provider documentation to be | **Psychiatric & Geri-psych Care: Coding & Clinical Documentation Concepts**<br><br>This program will enhance comprehension of payment methodologies, coding concepts and clinical documentation pitfalls common to hospital-based behavioral health care. Attendees will have a better understanding of common terminology used in acute care and behavioral health care by employing hands-on techniques as well as demonstrate | **Managing Rising Stakes for Accuracy in Modern-Day Coding**<br><br>This presentation will cover the evolving role of coded data in healthcare quality measurement as well as the wide-reaching implications of coding inaccuracy. The concept of 'coding accuracy' will be probed in depth to address such topics as the conspicuous absence of industry accuracy standards, variables influencing coding accuracy, and expectation |

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| | much more granular. Timing and physician participation/response is critical; concurrent vs. retrospective queries are preferred. When striking a balance between missed query opportunities and missed queries, it is imperative to make sure the providers have a clear understanding of the intention of the query process, that the CDI team is fully aware of the coding guidelines and AHA Coding Clinics ® surrounding the disease process they are investigating, and that the coding professionals have an intimate understanding of clinical indicators for any focus DRG groups that the facility has determined.<br><br>**Dawn Foerst, CCS,** Medical Coding, AGS Health, Huntingdon Valley, PA | comprehension of the unique world of behavioral health revenue cycle systems.<br><br>**Lynette Thom, RHIT, CCS, CDIP, AHIMA-Approved ICD-10-CM/PCS Trainer**, Revenue Cycle/HIM Services, Blue & Co., LLC, Indianapolis, IN | management around coding accuracy. The presentation will conclude with recommendations for a universal scoring technique so as to enable meaningful accuracy benchmarking. Attendees will be provided with a scoring template and instructions and are encouraged to participate in a brief follow-up survey<br><br>**Scot A. Nemchik, CCS, CIRCC,** Coding Education, CIOX Health, Green Bay, WI |
| 2:00-2:30 p.m. | **Networking break sponsored by HIA** | | |
| 2:30-3:30 p.m. | **Increase Coding Accuracy with Action Plans**<br><br>Does your facility struggle with educating coding and CDI professionals in problematic coding areas? Is time and staff management a problem in scheduling education? Are you unsure if the education is effective? In this session, "Increase Coding Accuracy with Action Plans," the participant will learn how to construct succinct one topic, one hour, action plans with a quiz. Learning styles are explored. Participants will learn how to build a library of Action Plan topics within a learning management system for coding and CDI staff that are specific to one coding topic. We will discuss action plan construction from topic selection through content inclusion and quiz writing. The importance of succinct, specific problem area content will be explored. We will then look at how to utilize pre and post action plan audit findings to discern improvement in coding quality.<br><br>**Patricia Maccariella-Hafey, RHIA, CDIP, CCS, CCS-P, CIRCC**, Health Information Associates, Inc., Pawleys Island, SC | | |
| 3:30-5:00 p.m. | **It Wasn't Like This in the Brochure –Surviving and Thriving by Embracing Change in the Workplace**<br><br>It could be argued that the four scariest words in the business world are, "change in the workplace." Just the mere thought of a workplace change often evokes fear, stress, and sometimes even anger.<br><br>The worse news is, if there is one thing you can count on, it's that things – the world, the economy, your life, and yes, your workplace – **are going to change.**<br><br>Whether it's your job to lead the entire organization through change, lead your team through a change, or just managing your own life through a change, your ability to so successfully is tied to your capacity to **embrace and adapt to change in the workplace.**<br><br>Attendees will learn How To:<br><br>- Be a Change Leader, whether for the entire organization, their team, or just for themselves<br>- Overcome the fear of change | | |

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| | - Deal with the Inefficiency and Uncertainty that comes with change<br>- Live with the idea that things may get worse, before they get better<br>- Embrace uncertainty, focus on the positive in the face of change, with a "yes, and," attitude, rather than a "yes, but," attitude, thereby making the new reality better than the old<br><br>**Frank King, Certified Laugh Coach, Professional Comedian, Mental Health Activist,** Eugene, Oregon |
| | **DAY 2 CEUs: 6.5**<br>**TOTAL CEUS for the MEETING : 13** |
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