

Day 1	2019 Annual Clinical Coding Meeting   SEPTEMBER 14		
7:30–8:30 a.m.	<b>Registration and Coffee Service</b>		
8:30–10:00 a.m.	<b>National ICD-10 Policy Update</b> <ul style="list-style-type: none"> <li>• Discuss key FY2020 ICD-10-CM and ICD-10-PCS code changes</li> <li>• Review FY2020 revisions to the <i>ICD-10-CM/PCS Official Guidelines for Coding and Reporting</i></li> <li>• Describe highlights of the FY2020 Medicare hospital inpatient prospective payment system final rule</li> <li>• Provide ICD-11 update</li> </ul> <p><b>Nelly Leon-Chisen, RHIA</b>, American Hospital Association, Chicago, IL &amp; <b>Sue Bowman, MJ, RHIA, CCS, FAHIMA</b>, American Health Information Management Association (AHIMA), Chicago, IL</p>		
10:00–10:30 a.m.	<b>RACE Awards (10-10:15) &amp; BREAK (10:15-10:30)</b>		
10:30–11:30 a.m.	<b>CPT Code Set Update</b> In this session, the most notable changes to the CPT code set for 2019 will be presented. Participants will learn about: <ul style="list-style-type: none"> <li>• changes to existing CPT codes and guidelines</li> <li>• new codes and guidelines to report new procedures</li> <li>• changes to CPT coding conventions</li> </ul> <p><b>Lianne Stancik, BA, RHIT</b>, American Medical Association, Chicago &amp; <b>Zachary Hochstetler</b>, American Medical Association</p>		
11:30–12:30 p.m.	<b>LUNCH –</b>		
	<b>Compliance/Auditing</b>	<b>Facility Services</b>	<b>CDI</b>
12:30–1:20 p.m.	<b>Coding Red Flags.....Risk and Meeting Compliance</b>  HIM Coding professionals; coding staff, supervisors, managers and directors; auditors, educators and CDI staff can benefit from learning more about the risks in documentation and coding. Understand the False Claims Act and the top documentation and coding risks and targets for noncompliance. Learn about key action to take to improve coding compliance. Discuss next steps and ways to be complaint. Identification, prevention and correction of risks, targets and vulnerabilities are key! Improving auditing and education	<b>Infusion and Injection Coding</b>  Infusion and injection CPT coding has many nuances and continues to be a challenge for coding professionals. What's 'included' in infusion administration and the documentation requirements; stop and start times for infusions; rules for assigning the INITIAL drug administration; the time/route of injections and IV pushes, etc. Attend this session and review CPT coding and charging guidelines, documentation requirements and how to report appropriate units based on time and facility hierarchy.	<b>Let's Get Real: Does CDI Improve Patient Care?</b>  The evolution of CDI is paramount in today's healthcare environment. With the burden to demonstrate quality outcomes shifting to providers, the age-old question can no longer be avoided. Does CDI improve patient care? The presentation will set the stage for CDI's traditional impact and demonstrate the journey that CDI is embarking through tackling quality, risk adjustment, and utilization. In an illustrative manner through case studies, the presentation will link how CDI contributes to improving the Triple Aim of advancing healthcare: improving the patient experience of care (including quality and

	<p>can be gained from this presentation content.</p> <p><b>Gloryanne Bryant, RHIA, CDIP, CCS, CCDS, AHIMA Approved ICD-10-CM/PCS Trainer, HIM Coding &amp; CDI, Grass Valley, CA</b></p>	<p><b>Rachel Mitchell, CIC, COC, CPC, CRCR, Xtend Healthcare, Hendersonville, TN &amp; *Nancy Palmer, CCS, CHC, Xtend Healthcare, Hendersonville, TN</b></p>	<p>satisfaction); improving the health of populations; and reducing the per capita.</p> <p><b>James Fee, MD, CCS, CCDS, AHIMA-Approved ICD-10-CM/PCS Trainer, Enjoin, Eads, TN</b></p>
<p>1:30-2:20 p.m.</p>	<p><b>Do Your Providers Understand the Regulations for NPP Services?</b></p> <p>If you employ, or are considering hiring, Mid-level Providers in your medical organization this presentation will provide information on the many things that must be considered to comply with state and federal requirements, including Scope of Practice considerations. In addition, the presentation will provide information you can share with your NPPs to assure they understand the regulations.</p> <p><b>Kathleen Bailey, CPA, MPA, CCS-P, CPC, CPCO, CPMA, CPC-I, Moffitt Cancer Center, Tampa, FL</b></p>	<p><b>The 4<sup>th</sup> (2018) Universal Definition of Myocardial Infarction: New Terms &amp; Updated Definitions</b></p> <p>In 2018 new terms such as myocardial injury, MINOCA ("Myocardial Infarction due to nonobstructive coronary artery disease") &amp; the redefinition of myocardial infarction types were introduced to the medical community that are not well defined currently in ICD-10-CM. There is a need for documentation specialists, coders, and billers to have an understanding of these terms which will provide more effective communication with the treating physician to assure complete and accurate coding and documentation on these issues. It will be the purpose of this presentation to discuss how these terms should be appropriately defined in terms of documentation and coding. This is vital since this will affect reimbursement, Quality metric outcomes, and healthcare statistics.</p> <p><b>Garry Huff, MD, CCS, CCDC, Enjoin, Eads, TN</b></p>	<p><b>Clinical Documentation Compliance at the Crosshairs of EHR &amp; Enabling Technologies</b></p> <p>In this session, CDS professionals will learn the ways in which accelerated EHR adoption and other enabling technologies have increased the complexity of documentation by providing interactive choices for medical records and feedback on quality. Documentation compliance safeguards will be highlighted to instruct CDS professionals on what they need to know to manage clinical documentation to ensure quality, patient safety, and revenue integrity. Proficiency in leveraging technology, especially EHR tools and AI technologies will be a core part of the education.</p> <p><b>Mel Tully, MSN, CCDS, CDIP, Nuance Communication, Inc. Atlanta, GA &amp; Michael Clark, Nuance Healthcare, Atlanta, GA</b></p>
<p>2:30-3:00 p.m.</p>	<p><b>BREAK – Sponsored by NHR</b></p>		
<p>3:00-3:50 p.m.</p>	<p><b>Developing &amp; Implementing an Audit Program for Physician Services</b></p> <p>Attendees will learn what a physician practice should consider when they are implementing an audit program, standards and regulations that need to be adhered to and which policies and</p>	<p><b>Dissecting the Operative Report to Assign Appropriate ICD-10-PCS Code(s)</b></p> <p>Operative reports can be cumbersome and complicated – this session will cut through the narrative and highlight the main components necessary to assist</p>	<p><b>Physician Query Audits to Avoid Pitfalls</b></p> <p>Establishing a formal physician query process is critical to achieve accuracy and integrity in reporting coded data. A necessary component in any compliance plan is the assignment of correct codes in a timely fashion with</p>

	<p>procedures should be developed to support these services. Tools will be shared for establishing the policies and procedures as well as tips for communicating audit results and affecting change. The session will include important resources, regulations, revenue impacts and what areas should be audited (E/M levels, medical necessity, diagnosis coding, incident to services etc.) when developing an Audit Plan.</p> <p><b>Sandra Giangreco, RHIT, CCS, CCS-P, CHC, PCS, CPC, COC, CPC-I, COBGC,</b> CliftonLarsonAllen, Boomfield, CO &amp; <b>Kim Garner Huey, MJ, CCS-P, CHC, CPC, PCS, CPCO,</b> KGG Coding &amp; Reimbursement Consulting, Alabaster, AL</p>	<p>attendees in assigning the correct ICD-10-PCS code(s). By deconstructing several operative reports, the participants will learn to identify the objective(s) or intent of the surgery and spot the key elements that determine selection of the correct seven characters that make up the PCS code, such as body system and part, root operation, approach, device and qualifier. Audience members will learn to recognize procedures that are inherent to the procedure and not separately reportable versus those that meet the criteria for coding multiple procedures.</p> <p><b>Anita Schmidt, BS, RHIT,</b> Optum360, South Saint Paul, MN &amp; <b>Peggy Willard, CCS,</b> Optum 360, Hastings, MN</p>	<p>the assistance of a formal physician query process. To ensure the quality of your coded data, the queries must be compliant and performing query audits will help to assure this is accomplished. During this session some of the topics covered will be: what a physician query is and when to query; the difference between a leading vs. non-leading query; the risk of an inappropriate query; why you should audit physician queries; strategy for auditing and a case study review.</p> <p><b>Brian Benny Michael, CCS, COC, BCHH-C,</b> Omega Healthcare, Orlando, FL &amp; <b>Manoj Achuthan,</b> Omega Healthcare, Orlando, FL</p>
<p>4:00-4:50 p.m.</p>	<p><b>Diaries of a Professional Fee Compliance Auditor</b></p> <p>Over the past decade there have been many changes to the documentation and coding world. With the implementation of EMR's, we have seen many compliance risks in professional fee coding and reimbursement. This presentation will look at the most common issues seen during compliance audits for professional fee reimbursement. We will explore documentation issues, templates, cloned notes, modifier usage, physicians as the coder, non-physician practitioner issues (incident to/ split shared guidelines), teaching physician guidelines, critical care and more. This presentation will be helpful in identifying those risks and how to avoid them.</p> <p><b>Jacquelyn Craver, RHIA, CCS, CCS-P,</b> Healthcare Cost Solutions, Newport Beach, CA</p>	<p><b>Coding the Silent Wounds of War for U.S. Military Veterans: PTSD &amp; Alcohol Use Disorder</b></p> <p>It is critical for HIM professionals to educate clinicians on complete and accurate documentation requirements for PTSD and Alcohol Use Disorder (AUD). HIM professional ethics are needed now more than ever to ensure the clinical data integrity conversation begins between the provider and the patient; and the health record is documented to the fullest on behalf of the veteran.</p> <p>In this session, attendees will learn the key clinical data elements: diagnosis, medications, past medical history, present symptoms, functional impairments, psychosocial history and assessment, screenings, treatment goal, measurable objectives, define the clinical coding data elements required for complete PTSD and AUD coding, identify emerging treatment options for PTSD and AUD and increase clinical coding</p>	<p><b>How “Good” is Your CDI program (really)? See How the CDI Program Self-Assessment Tool (CDI PSAT) Can Help</b></p> <p>During this session, attendees will see a preview of a valuable tool, designed to provide some national guidelines for self-evaluation of your CDI program’s scope and effectiveness. The tool has been developed by a CDI physician leader. He has identified 5 domains for CDI program infrastructure, scope and effectiveness that are applicable to a wide variety and size of US hospitals. The discussion will focus on the best ways to use the tool. For less developed programs or those in flux or in technology transition, the tool will provide a valuable baseline, plus it will provide guidance for program prioritization, refinement and expansion. For well-developed programs, the tool will promote program fine-tuning and a way to ensure and validate ongoing success. By the end of the presentation, audience members will be able to take</p>

		<p>knowledge for coding PTSD and AUD.</p> <p><b>Karen Kostick, RHIT, CCS, CCS-P</b>, Leonard, MI</p>	<p>the tool home, for program self-assessment--- And they will also be able to fully explain the rationale for the selection of and scoring of each of the domain measures. So, come see how close your hospital can get to 100% performance.</p> <p><b>Victor Freeman, MD, MPP</b>, University of Maryland – University College, Washington, DC</p>
<b>DAY 1 CEUs: 6.5</b>			

<b>Day 2</b>			
<b>2019 Annual Clinical Coding Meeting   SEPTEMBER 15</b>			
Time	Revenue Cycle Sponsored by the Alpha II	Professional Services Sponsored by the American Medical Association	Innovation
8:30-9:20 a.m.	<p><b>Denial Prevention: Addressing Root Causes Through Data Analytics &amp; a Team-based Culture</b></p> <p>This session will provide attendees with a better understanding of data vs. information and the reasons that payers deny and audit claims. In order to prevent denials in the future, it is important to collect valid data based on actual root cause rather than simply relying on the reason codes returned by payers on 835/EOB/remittances. We will also differentiate reason codes on remittances, further defining the true issue from the payer and additionally defining internal operational root causes that potentially caused the denials and explore how to begin to define process improvement based on this information and data analysis.</p> <p><b>Tracey Tomak, RHIA, PMP</b>, Intersect Healthcare, Inc., Towson, MD</p>	<p><b>Optimizing Performance in the Quality Payment Program (MACRA)</b></p> <p>This presentation will focus on changes to the Quality Payment Program (QPP) for 2019 and proposed changes for 2020 that will have the greatest impact on health systems and clinicians, including significant changes to the Promoting Interoperability and Cost performance categories of the Merit-based Incentive Payment System (MIPS). It will also recommend strategies designed to optimize performance in the MIPS and Advanced APMs. Attendees will learn about strategies for optimal performance in the MIPS and Advanced Alternative Payment Models; understand the potential financial impact of performance in the QPP; learn about how the Cost performance category of the MIPS is scored; learn about major changes to the Promoting Interoperability (formerly Advancing Care</p>	<p><b>Duke’s Robust Methodology &amp; Governance for Quality Coding On &amp; Offshore</b></p> <p>Attendees will learn firsthand how offshore coding delivery can be equally successful to onshore with a consistent and robust governance process. The audience will receive documentation on how to provide the governance and oversight needed for any successful coding program. Details will be shared on effective ongoing coding audits with an industry leading methodology. Presenters will share outcomes utilizing the weighted coding audit methodology which in turn demonstrates the value and return from an effective audit/compliance program.</p> <p><b>Kelly Vroom, MA, RHIA</b>, Atos, Canton, MI <b>Jennifer Nicholson, M.Ed., RHIA, CCS, CCDC, CDIP, RRT</b>, Duke University Health System, Durham, NC</p>

		Information) that will make it more difficult to achieve high scores.  <b>Michael Marron-Stearns, MD, CPC, CFPC</b> , Apollo HIT, Austin, TX	
9:30-10:00 a.m.	<b>BREAK</b> Sponsored by Health Information Associates		
10:00-10:50 a.m.	<p><b>Keep a Watch on ICD-10-PCS Procedure Codes</b></p> <p>The presentation provides useful tools and resources to enable you to capture the appropriate ICD-10-PCS code &amp; ensure appropriate reimbursement for your facility. Your facility coding team will walk away with tips on how to code these procedures accurately and in accordance with our ICD-10-PCS Official Coding Guidelines and AHA Coding Clinic® guidance. Procedures will be discussed such as: spinal fusion, joint replacements cardiac procedures, debridement, and respiratory surgery.</p> <p><b>Leigh Poland, RHIA, CCS</b>, AGS Health, Monroe, LA</p>	<p><b>Care Management Coding</b></p> <p>In the last several years, the AMA and CMS have introduced several new codes intended to reimburse primary care 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 requirements and provides guidance on documentation and coding.</p> <p><b>Kim Garner Huey, MJ, CCS-P, CHC, CPC, PCS, CPCO, KGG</b> Coding &amp; Reimbursement Consulting, Alabaster, AL &amp; <b>Sandra Giangreco, RHIT, CCS, CCS-P, CHC, PCS, CPC, COC, CPC-I, COBGC</b>, CliftonLarsonAllen, Boomfield, CO</p>	<p><b>Moving the Needle: Where Coding Meets Quality</b></p> <p>Attendees will learn the impact of coding on quality initiatives (and the subsequent impact on reimbursement, public perception, and contracting) and review examples of different quality initiatives that rely on accurate coding. Then will follow the downstream effects when coding impacts performance in these metrics. At the conclusion, attendees will be familiar with some of the quality programs impacted by coding data and will be able to describe a successful partnership between the quality and coding departments and be motivated to learn ways to improve metric performance by starting with code review.</p> <p><b>Toni McKay, RHIT</b>, Swedish Edmonds, Mountlake Terrace, WA</p>
11:00 - 11:50p.m.	<p><b>Revenue Integrity: What Should You be Doing Right Now?</b></p> <p>Revenue Integrity is an essential component of an organization. This area requires transparency, communication, collaboration and a comprehensive understanding of both the clinical &amp; financial arenas. Attendees will learn what 150 hospital respondents think of their revenue integrity efforts and where they feel vulnerabilities</p>	<p><b>Documentation Risk, Reimbursements &amp; Rewards – E&amp;M, MDM, CPT, ICD-10 &amp; Modifiers</b></p> <p>Attendees at this session will learn how correct documentation avoids delays in payment, denials and potential audits. How do you tell the complete patient ‘story’? Are you using modifiers correctly, do you need them? Medical necessity should drive</p>	<p><b>PDPM – The Soon to be New Normal</b></p> <p>This session will review some of the information relating to the need for changes in the SNF PPS system and what the new system will address. This will include the practical application of the :Payment Driven Payment Model (PDPM) criteria to a sample resident and the determination of the per-diem rate the facility would like to receive for care provided. This will provide the</p>

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	<p>are. A review of revenue integrity components will be provided and many questions answered. Attend this session and understand the top strategies to address these vulnerabilities and how to set new benchmarks in revenue integrity success. Lastly, join in discussion as to why HIM professionals are in a unique position to lead revenue integrity efforts in hospitals.</p> <p><b>Laura Legg, RHIA, CCS, CDIP, AHIMA-Approved ICD-10-CM/PCS Trainer,</b> Besler, Princeton, NJ</p>	<p>your level of service and are there procedures that you might be missing? Review documentation dos and don'ts; know the rules for new vs. established patients, wellness visits and immunizations – what needs to be in the health record to assure accurate code assignment? At the end, you'll walk away understanding – E&amp;M, MDM, CPT, ICD-10-CM and modifiers – how to make it all work together.</p> <p><b>Melinda Chubb, CPC, CEDC,</b> Innovative Healthcare Systems, Inc., Edmond, OK</p>	<p>audience with a clear understanding of the methodology for calculating the per-diem payment for skilled nursing facility residents under the Medicare plan.</p> <p><b>Mary Ann Leonard, RHIA, RAC-CT,</b> Drexel Hill, PA</p>
<p>12:00-1:00 p.m.</p>	<p><b>LUNCH</b></p>		
<p>1:00-1:50 p.m.</p>	<p><b>Outpatient CDI: One Size Does Not Fit All</b></p> <p>This presentation will discuss the differences and distinct opportunities for the different areas of OP CDI depending on the specific setting. Data analytics is an important part of determining OP CDI needs and this, along with a review of staffing and necessary staff skill sets based on the different settings, will be included in this session. Attendees should expect to be actively involved in the case study illustrations which will include review of specific clinical and coding needs for each case study.</p> <p><b>Kathryn DeVault, MSL, RHIA, CCS, CCS-P, FAHIMA, UASI,</b> Cincinnati, OH &amp; <b>Tara Bell, RN, MSN, CCDS, CCM, UASI,</b> Cincinnati, OH</p>	<p><b>Eliminate Confusion When Coding &amp; Documenting Behavioral Health Services</b></p> <p>This interactive session will cover the guidelines for reporting inpatient and outpatient behavioral health services in various settings. Evaluation and Management Services in both the inpatient and outpatient setting will be covered. along with an in-depth discussion of psychotherapy services, documentation does and don'ts along with hands-on case studies to code. Participants will take away a solid understanding of the importance of clinical documentation in behavioral health as well as the documentation requirements to support medical necessity when providing behavioral health services.</p> <p><b>Deborah Grider, CCS-P, CDIP, CPC, CPMA, CEMC, CPC-I, COC,</b> Karen Zupko &amp; Associates, Indianapolis, IN &amp; <b>Betty Hovey, CCS-P, CDIP, CPC, CPMA,</b></p>	<p><b>Using AI at the Point-of-Care to Improve Coding, Documentation &amp; Quality</b></p> <p>This session will discuss the existing workflow most facilities have in place to ensure that the information in the medical record is reported to third party payers as required. The existing workflow relies on reporting the best available information rather than increasing the emphasis on accuracy at the point of care. Advanced AI software tools now exist to move the focus to the point of care to capture in real time the complete patient story. This process has tremendous benefits to accurate and appropriate coding, RVU capture, reimbursement, and quality metrics. Attendees will learn how to utilize computer-assisted physician documentation technologies and tools to streamline surgical clinical documentation and coding processes to drive improved clinician satisfaction, efficiency, quality and health system reimbursement.</p> <p><b>Kenneth Kolenik,</b> Nuance Communication, Inc., Pittsburgh, PA,</p>

# AGENDA

## Annual Clinical Coding Meeting | Chicago, IL

		<b>COC, CPB, CPCD, CPC-I</b> , Karen Zupko & Associates, Chicago, IL	<b>Lucian Newman, III, M.D., F.A.C.S.</b> , Vincari, Birmingham, AL & <b>Baber Ghauri, M.D., MBA, FHM, FACP</b> , St. Mary Medical Center, Langhorne, PA
2:00-2:30 p.m.	<b>BREAK –</b>		
2:30-3:20 p.m.	<p><b>Servant Leadership in the HIM Spectrum</b></p> <p>There are many ways folks can lead others. However, one that can achieve positive effects in both the led and the leader is servant leadership. Servant leadership is the positive evolution that we desperately need in our professional and personal lives. The aspect of servant leadership provides how empathy, leading and compassion in addressing the myriad of challenges that today's health information management professionals encounter. Whether one is leading themselves or leading others servant leadership prepares you in the positive accomplishment of your professional duties as well as impacting your personal life. It's time to turn the "Me" into "We" in achieving positive results!</p> <p><b>James Pfeiffer, MA-ML, CCS, CPC</b>, University of Miami Health, Miami, FL</p>		
3:30-4:45 p.m.	<p><b>Keynote – Healthcare Information from the Patient's Perspective</b></p> <p>Have you ever wondered what happens shortly after you input information into a patient's medical record? Sometimes, what you input causes an immediate chain reaction that can alter a critically ill patient's life, or at least, significantly change the course of their day.</p> <p>Bill Coon spent 70 days in the Intensive Care Unit waiting for the gift of life in the form of a heart and kidney transplant. In his presentation, Bill will share stories from his inpatient stay that will not only make us laugh but will remind us all of the importance we play in sustaining a patient's will to live.</p> <p><b>Bill Coon, Motivational Speaker</b></p>		
<b>DAY 2 CEUs: 6.5   TOTAL CEUS for the MEETING : 13</b>			

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