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THE CODE

The Official Medical Coding Newsletter of MiraMed, A Global Services Company

A Note From Tony

Tony Mira
President and CEO
MiraMed Global Services

It's hard to believe that our first year of publication of *The Code* has passed. As our readers know, *The Code* is a monthly publication from MiraMed Global Services. *The Code* features articles by experts in the industry covering the latest news in the world of healthcare and healthcare coding. MiraMed strives to be a resource for you on that front by offering *The Code* and our weekly eAlerts free of charge via email to over 10,000 readers. The information is also shared via our social media networks of Facebook, Twitter, Linked In and Google+.

The Code is released via an eBlast the first of each month and is available on our website as well at http://www.miramedgs.com/news/the-code-newsletter. It, like our weekly eAlerts, offers insight, perspective and news on coding-related issues and healthcare in general. And I think you will agree with me when I say that the healthcare industry is ever-changing and it takes effort to keep up on the latest developments. This next year in healthcare promises to be no different, with ICD-10 on the horizon, among other topics.

We are a resource for you, the reader, so please share any request you might have for topics of interest. If you aren't currently receiving *The Code* and our weekly eAlerts and would like to, please email info@miramedgs.com and ask to be added to the listing. If you'd like to review any of our previous issues, they can be found on our website www.miramedgs.com.

I hope you have been enjoying *The Code* and find it to be a worthwhile supplement to your business reading.

MiraMed
A GLOBAL SERVICES COMPANY

If you have an article or idea to share for *The Code*, please submit to:
Dr. Denise Nash
denise.nash@miramedgs.com

Accept the challenges so that you can feel the exhilaration of victory!

George S. Patton

Reflections of the Inaugural Year

Denise M. Nash, MD, CCS, CIM
Vice President of Compliance and Education
MiraMed Global Services

This has been a year full of uncertainty for ICD-10 implementation. When this publication was started, we all thought that ICD-10 was a go, only to find out that there was an 11th hour reprieve when President Obama signed legislation entitled "Protecting Access to Medicare Act of 2014," otherwise known as "doc fix," on April fool's Day (April 1, 2014). This piece of legislation not only prevented the decrease of the conversion factor, essential in the prevention of a decrease in physician reimbursement, but it included a caveat that pushed the go live date of October 1, 2014 for ICD-10 to October 1, 2015. Since then, we have all tuned in fervently to the goings on Capitol Hill.

First, there was the letter sent in November of 2014 to Speaker Boehner asking to delay the ICD-10 implementation until October 2017. Then there was the House Energy and Commerce Subcommittee on Health meeting held January 2015 to try and find a permanent solution to the Sustainable Growth Rate (SGR). And lastly there was a meeting held February 2015 by the Energy and Commerce Committee's Subcommittee on Health regarding the benefits and cost of ICD-10 transition. Per the vote taken by the subcommittee, ICD-10 seems to be a go for now.

However, the ICD-10 future is not the only thing that happened this past year. We know that we are currently in a code freeze for ICD-9 but there is no code freeze for CPT or HCPCS so we had to not only deal with all the new, changed and deleted codes that were effective January 1, 2015, but we also had to deal with the expansion of the 59 modifier to X {E, P, S, U}. As I see it, just one more reason to create even more denials.

We also saw much turmoil with the Recovery Audit Contractor (RAC) program and a hold on auditing until new contracts were awarded. On June 2, 2014, the Centers for Medicare and Medicaid Services (CMS) announced the establishment of a Provider Relations Coordinator to help increase the RAC program transparency and offer more efficient resolutions to providers affected by the medical review process. On August 4, 2014, CMS announced that due to the continued delay in awarding new RAC contracts, CMS was initiating contract modifications to the current Recovery Auditor contracts and allow the Recovery Auditors to restart some reviews.

As the first year of publication ends, *The Code* has added two new columns to our newsletter entitled "Are you a Good Auditor," and "Brush Up on Medical Terminology." As we look towards a new year, with the combined organization's talent and skill, we hope to be able to add additional columns for our readership community. We welcome contributions whether they pertain to coding, quality, process streamline or information that should be shared across the network. So get those ideas flowing, submit an article and see your name in print.

Let's have another great year together!

> Consult not your fears but your hopes and your dreams. Think not about your frustrations, but about your unfulfilled potential. Concern yourself not with what you tried and failed in, but with what it is still possible for you to do.
>
> Pope John XXIII

Looking Beyond the Obvious: Focusing and Listening for Coding, Medical Billing and Collection Success

Joe Antonacci
Senior Vice President, Operations
MiraMed Revenue Group

Whether your job involves coding, medical billing problem solving or bad debt collection, it is essential to look beyond the obvious to determine the facts behind a patient's situation so you can take a proper course of action. It helps if you enjoy being a detective and looking for clues when striving to become a top coding, medical billing and insurance or collection representative.

The world of medical coding faces a perfect storm of challenges for a coding professional to overcome. Only with a careful attention to detail and a detective-like approach to looking beyond the obvious, will a coding representative maintain top performance standards. The Affordable Care Act (ACA) established new accuracy rules while also demanding that healthcare providers maintain strict documentation and record keeping standards. The ACA also stresses the importance of the turnaround time of patient billing. Speed and accuracy are the rules of the day for today's coding professionals working under ACA guidelines.

While medical coding needs to play its role so that federal patient billing requirements can be completed quickly and accurately, new coding challenges are a regular occurrence. Current Procedure Terminology (CPT) codes are used to report medical procedures or services to identify medical services and procedures furnished by physicians and other health care professionals or by hospital outpatient departments. These codes are updated much more often than ICD-9-CM updates are issued. In fact, because CPT Category III codes are used to update "emerging technology" procedures, they are updated every six months. The only constant in the world of coding is change.

If there was ever any doubt of the challenges faced by coding professionals, a quick look behind the numbers involving the ICD-10 vs. ICD-9 upgrade makes the situation crystal clear. Under ICD-9 there are 3,824 procedure codes to choose from and 14,025 diagnosis codes. Under ICD-10 those numbers will skyrocket to 71,924 procedure codes and 68,823 diagnosis codes. Being faster and more accurate is one challenge facing coding professionals, but being faster and more accurate while also juggling new CPT Category III codes every six months and facing a vast array of new procedure and diagnosis codes under the impending ICD-10 upgrade will force coding professionals to be sharper and more focused than ever.

Insurance representatives, medical billing customer service problem solvers and bad debt collectors face daunting challenges as well. Unlike customer service pros and collection representatives in the credit card, student loan or other finance-related areas, medical customer service and collection representatives must determine if Medicare, Medicaid, private insurance, automobile insurance, workers compensation, charity care or the patients themselves are responsible for the bills that appear on the agents' computer monitors.

Attention to detail is no less important to a customer service representative in medical billing or collections than it is to a coding professional. These first-party customer service and third-party collection agents need to both look and listen to their patients' situations in order to look beyond the obvious and solve the mystery of who is responsible for the bill and why. Active listening and developing a conversational rapport with patients are two keys to this detective-like process. Common phrases that a customer service or collection representative who is also an active listener can use as conversation starters include: "Help me understand your situation." "Believe me, I've been there too." "Let me help you resolve this." Or, "I'm here to help, and I certainly can understand how you feel."

(Continued on page 4)

Looking Beyond the Obvious: Focusing and Listening for Coding, Medical Billing and Collection Success

(continued from page 3)

Coding, insurance billing, customer care and collection representatives all need to look beyond the obvious to do their jobs effectively. As federal regulators and medical providers both demand faster turnarounds as well as more accuracy and higher patient satisfaction, it's more important than ever that every MiraMed employee looks beyond the obvious to follow the clues and unravel the facts of the coding or medical billing cases we face every day.

Okay, Coding, Insurance, Customer Care and Collection Detectives, let's see how effectively you are able to "look beyond the obvious" to find new details so you can better understand the clues that are in front of you.

Examine the popular logos below. Each contains a detail beyond the obvious.

Can you spot the "hidden factor" that makes each logo below unique? (Answers on the next page)

Answers:

FedEx: Look for the right facing arrow symbolizing the speed of their delivery service.

Baskin Robbins: How many flavors is this ice cream legend famous for offering?

Goodwill: Is that a smile or a letter?

Hershey: There's a kiss hiding in the letters, just for you.

Toblerone: The beautiful city of Bern, Switzerland is the home of this chocolate creator. A bear is the city's emblem/mascot. He's not hibernating anymore now, is he?

Are you a Good Auditor?

Evan Lendle Ramos, RN, CCS
Senior Manager, Training Department
MiraMed Philippines Group, LLC—Philippines Branch

Direction: All Medical Coding staff is encouraged to send their correct codes based from the case provided. They must present their codes along with coding clinics, coding guidelines or any coding references applicable for any codes that are to be **Added**, **Deleted** or **Revised**.

A 75-year-old male patient, known to have emphysema, was advised by his physician to be admitted to the hospital to evaluate and treat his worsening lung condition. The patient complained that his coughing and wheezing had become worse and his sputum was streaked with blood. A chest x-ray, done on an outpatient basis the previous week, showed a mass in the main bronchus. A fiber optic bronchoscopy and needle biopsy of the bronchial mass was performed. The pathologic diagnosis of the biopsy examination was small cell type bronchogenic carcinoma located in the main bronchus. A nuclear medicine bone scan found areas of suspicious lesions that were determined to be bone metastasis. The diagnoses provided by the physician at discharge were bronchogenic, small cell carcinoma of the main bronchus, with metastatic disease in the bones, and emphysema.

	ICD-9-CM	ICD-10-CM
Principal Diagnosis	162.9	C34.00
Secondary Diagnosis	198.5	C79.51
Secondary Diagnosis	492.8	J43.8
Secondary Diagnosis	496	Z87.891
	ICD-9-CM	**ICD-10-PCS**
Principal Procedure	33.25	0BB47ZX

Answers to this auditing scenario will be published in our next issue!

PLEASE TAKE A MOMENT …

It is our mission to grow and improve this newsletter with each issue. In order to accomplish this goal we need your help! Your input is extremely valuable. Please take a moment to answer the following:

- Tell us what you would like to see in future publications?
- What types of articles would be most beneficial?
- Has this newsletter been of value to you?
- Would you be interested in submitting an article for publication?

You may send your responses via e-mail to kim.capello@miramedgs.com.

ICD-10 Update

Denise M. Nash, MD, CCS, CIM
Vice President of Compliance and Education
MiraMed Global Services

The House of Representatives' Energy and Commerce Committee's Subcommittee on Health held a hearing on the transition to ICD-10 the week of February 11, 2015 that supported the movement towards implementation of ICD-10 on October 1, 2015.

As we know, there is always for and against on almost every issue and ICD-10 is no exception. Of the seven panel members partaking in the debate on Capitol Hill, one voice spoke out against the transition; panel member William Jefferson Terry, M.D. from the Mobile, Alabama Urology Group. Committee member, Representative Larry Buschon, M.D., (R-IN), also addressed the ICD-10 transition in an unfavorable manner. Others that were not present and still want the delay include the Medical Group Management Association and the American Medical Association.

The debate centered on the cost and benefits of the ICD-10 transition. Of note, one of the panel members was Sue Bowman, the Senior Director of Coding Policy and Compliance for the American Health Information Management Association who listed the benefits that included analysis, the ability to measure outcomes, public health measures and many more. Dr. Terry stressed the cost aspect of ICD-10 and suggested an implementation timeline of two to three years.

After initial testimony Committee Chair Representative, Joe Pitts (R-PA), took a vote asking panelists if the health industry was ready to implement ICD-10. Everyone, except Dr. Terry, said yes. When he asked if another delay should be opposed, everyone again said yes, except Dr. Terry. Representative Kathy Castor (D-FL) did urge no more delays and Representative Chris Collins (R-NY) said we should get ICD-10 sooner rather than later.

At this time there does not seem to be any obstacle to the go live on October 1, 2015, but stay tuned.

Medical Billing Terms Word Search

Joe Antonacci
Senior Vice President, Operations
MiraMed Revenue Group

Q J Q H C O I N S U R A N C E H S W T L W B
L A X F O K V G B S W Q P F M F F K P E C B
L P K L O C K T A W C B H O Q F F M D M W L
I O G Q R A G C Y P O Q H W B I O Y D O U Q
R W N E D I M D A G O O D B B C E O R Z S T
I E I D I L Z A D L H K L K S Z T S P K D D
H R L V N M C H P A X O Q N M G I E X A E O
N O I T A T N E S E R P E R F O R E T T E L
Q F F C T O P P O X X M H Y C S W A S A R P
K A Y H I E C V V H K O A C O P L U H D O E
N T L W O O F Y S R V P B N R P A M S J T B
R T E C N B L F O O O N A E E H U K X U U X
A O M C O B Y W D C Z L E T X E T L F S C S
N R I Y F L G Q Y S I X A E X R C G A T E Z
H N T A B K C R B N I T S U G K A U V M X H
G E V N E Z B B J S Z T L K S B R I R E E O
A Y F A N R C U T Q I Z O O E T T G V N X G
W X A B E M R I G F P T C M Z P N U U T Y G
L H L X F Y N G E U N P Z P I S O C X S R A
H D P O I G I N T E Y X Z D I A C I D E M V
D B H O T D E A T H C E R T I F I C A T E D
S R R B S B O F N I T N E D I C C A G L S N

Find the following words in the table above:

ACCIDENTINFO
ADJUSTMENTS
BENEFITSEXHAUSTED
COB
COINSURANCE
CONTRACTURALWRITEOFFS
COORDINATIONOFBENEFITS
COPAY
DEATHCERTIFICATE
DOS
EOB
EXECUTOR
HMO
LETTEROFREPRESENTATION
MEDICAID
PERSONALINJURY
POWEROFATTORNEY
PPO
PREEXISTING
TIMELYFILING
WORKMENSCOMP

Brush Up On Medical Terminology

Evan Lendle Ramos, RN, CCS
Senior Manager, Training Department
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GENITOURINARY SYSTEM

Term	Word Origin	Definition
Anuria	**an-** without **-uria** urinary condition	Condition of no urine
Cystitis	**cyst/o** sac, bladder **-itis** inflammation	Inflammation of urinary bladder
Dysuria	**dys-** painful, abnormal **-uria** urinary condition	Condition of painful urination
Hematuria	**hemat/o** blood **-uria** urinary condition	Blood in the urine
Hydronephrosis	**hydr/o** water **nephr/o** kidney **-osis** abnormal condition	Dilation of the renal pelvis and calices of one or both kidneys resulting from obstruction of the flow of urine
Oliguria	**olig/o** scanty, few **-uria** urinary condition	Condition of scanty urination
Polyuria	**poly-** excessive, frequent **-uria** urinary condition	Condition of excessive urination
Pyonephrosis	**py/o** pus **nephr/o** kidney **-osis** abnormal condition	Pyogenic (pus-producing) infection of the kidney
Renal Failure		Inability of the kidneys to excrete wastes, concentrate urine and conserve electrolytes. May be acute or chronic
Urinary incontinence		Inability to hold urine
Urinary tract infection		Infection anywhere in the urinary system, caused most commonly by bacteria, but also by parasites, yeast, protozoa
Anorchism	**an-** no, not, without **orch/o** testis **-ism** condition	Condition of being born without testicle.
Balanitis	**balan/o** glans penis **-itis** inflammation	Inflammation of glans penis
Cryptorchidism	**Crypt-** hidden **Orchid/**o testis **-ism** condition	Condition in which the testicles fail to descend into the scrotum before birth

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Brush Up On Medical Terminology *(continued from page 8)*

Hydrocele	**hydr/o** water, fluid **-cele** herniation, protrusion	Accumulation of fluid in the tunica vaginalis testis
Hypospadias	**hypo-** below **-spadias** a rent or tear	Urethral opening on the ventral surface of the penis instead of on the tip
Oligospemia	**olig/o** scanty, few **sperm/o** sperm **-ia** condition	Condition of temporary or permanent deficiency of sperm in the seminal fluid; related to azoospermia
Phimosis		Condition of tightening of the prepuce around the glans penis so that the foreskin cannot be retracted. May also be congenital.
Priapism		An abnormally prolonged erection
Female pelvic inflammatory disease		A general term that usually refers to a bacterial infection of the uterus, fallopian tubes and/or ovaries
Amenorrhea	**A-** without **men/o** menses **-rrhea** discharge, flow	Lack of menstrual flow. This is a normal , expected condition before puberty, after menopause and during pregnancy
Dysfunctional uterine bleeding (DUB)		Abnormal uterine bleeding not caused by a tumor, inflammation or pregnancy
Dysmenorrhea	**dys-** painful **men/o** menses **-rrhea** discharge, flow	Painful menstrual flow, cramps
Endometriosis	**endometri/o** endometrium **-osis** abnormal condition	Condition which the tissue that makes up the lining of the uterus, the endometrium, is found ectopically
Menometrorrhagia	**men/o** menses **metr/o** uterus **-rrhagia** bursting forth	Both excessive menstrual flow and uterine bleeding other than that caused by menstruation
Menorrhagia	**men/o** menses **-rrhagia** bursting forth	Abnormally heavy or prolonged menstrual period; may be an indication of fibroids
Metrorrhagia	**metr/o** uterus **-rrhagia** bursting forth	Uterine bleeding other than that caused by menstruation. May be caused by uterine lesions
Oophoritis	**oophor/o** ovary **-itis** inflammation	Inflammation of an ovary
Salpingitis	**salping/o** fallopian tubes **-itis** inflammation	Inflammation of the fallopian tubes

Coding Case Scenario

Evan Lendle Ramos, RN, CCS
Senior Manager, Training Department
MiraMed Philippines Group, LLC—Philippines Branch

Each month we will offer a coding question for our staff to solve. If you'd like to quiz yourself, feel free. We will gladly let you know the results of your answer. The first coder from each Team (United States, Philippines and India) who correctly answers will be given a prize and recognition in the next issue of our newsletter.

Direction: Code for ICD-9-CM Diagnosis and Procedure and its corresponding ICD-10-CM and PCS.

Inpatient: A 55 year old man was admitted because of severe anemia leading to altered mental status. He has two pressure ulcers on sacrum and right hip. The sacral ulcer now appears to be oozing blood. The patient received one non autologous red blood cell transfusion percutaneously through a peripheral vein, as per documentation, he had acute blood loss anemia. The nurse treated the pressure ulcer and also noted a stage 3 sacral pressure ulcer and a stage 2 hip pressure ulcer. The patient is known to have IDDM and chronic lumbar pain due to his spinal osteoarthritis with radiculopathy.

Correct Answer from Previous Case Scenario:

Category	Condition	ICD-9-CM	ICD-10-CM
Principal Diagnosis	Encounter for antineoplastic immunotherapy	V58.12	Z51.12
Secondary Diagnosis	Malignant neoplasm of right breast – unspecified	174.9	C50.911
Secondary Diagnosis	Estrogen receptor status, positive	V86.0	Z17.0
Secondary Diagnosis	Acquired absence of breast	V45.71	Z90.11
Secondary Diagnosis	Personal History of antineoplastic chemotherapy	V87.41	Z92.21

RATIONALE:

Principal Diagnosis:

As per Coding Clinic Third Quarter of 2009 page 3, Herceptin is considered cancer treatment but not antineoplastic chemotherapy. It is a biological adjuvant treatment for women with breast cancers that are HER2 positive (with cancer cells overexpressing Human Epidermal Growth Factor Receptor 2). Herceptin is a type of targeted cancer therapy also referred to as a monoclonal antibody. The monoclonal antibodies are generated in the laboratory by reproducing a hybrid cell line, which is designed to produce a specific antibody protein. These antibodies attach to the cancer cells and signal the body's immune system to destroy them in a targeted attack. The drug is administered weekly for an extended time period via intravenous infusion or a central line. Herceptin is used to decrease the risk of the cancer recurring, stop cell growth and prevent cancer cells from continuing to grow.

(Continued on page 11)

Correct Answer from Previous Case Scenario *(continued from page 10)*

As per Coding Guideline, If the patient is admitted solely for administration of chemotherapy, immunotherapy or radiation therapy assign the V code for ICD 9 CM while Z code for ICD 10 CM appropriately as first listed diagnosis. The malignancy for which therapy is being administered should be assigned as secondary diagnosis.

Secondary Diagnosis:

When a primary malignancy has been excised but further treatment, such as an additional surgery for malignancy, radiation therapy or chemotherapy is directed to that site, the primary malignancy code should be used until the treatment is completed.

Code for estrogen receptor status is appropriate as per the coding convention stated on the Category 174 for ICD 9 CM and C50 for the ICD 10 CM.

Status post procedure and personal history of chemotherapy treatment are necessary to code as additional diagnosis to give a clear picture of the patient's condition.

CONGRATULATIONS!

Last Month's Winner from the Philippines:

Adriane Rina Resoso, RN, COC-A
Degree: B.S. Nursing
Coding Experience: 1 Year and 8 Months
Certification: COC-A
Specialty: Inpatient

Last Month's Winner from India:

Minugeeth Rangarajan, CPC
Degree: Bachelor of Physiotherapy
Coding Experience: 2 Years and 3 Months
Certification: CPC
Specialty: Emergency Department (Professional and Facility