MHIMA CONNECTION

Winter 2019
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Happy 2019—winter is here! I hope everyone had a safe and enjoyable holiday season. It is most definitely a busy time of year at MHIMA. Work is well underway for the upcoming 2019 MHIMA Conference, which will be in Duluth. There has been a lot of work going on to put together an excellent program this year and I hope everyone is able to attend!

Work has begun on the **MHIMA Strategic Plan**, which will become the foundation for the next couple of years for MHIMA to build off of. The main focus of the Strategic Plan is you, the members of this great association. The pillars we are building off of focus on member and consumer engagement, and how MHIMA will encourage value in the Component State Association membership with AHIMA while engaging in efforts to inspire, acquire, and retain members while attracting consumer relationships.

The next main focus is on Education and MHIMA’s commitment to members by supporting the competency and expertise of its multigenerational membership by providing robust educational and professional development opportunities.

The last pillar is centered on technology and how MHIMA will advance and expand the use of technology within its daily operations and communication mechanisms. There is a lot of work happening at various levels to support the overall strategic plan all the way from the Executive Board level down to you as members. If you are ever interested in how you can do more or discover what opportunities are available, please do not hesitate to contact any of your Board Members or committee chairs!

Coming up in March is the **2019 AHIMA Advocacy Summit** in Washington DC. This 2 day event is our chance as HIM professionals to meet with US House and Senate representatives to advocate and address policies specific to AHIMA’s members.

It is also a busy time of year as we look to electing new Board members, as well as recognizing members and students for their success and professionalism in the HIM field. Keep up to date on all the latest happenings as they are emailed or posted to social media.

Stay warm and stay safe this winter and I hope to see you all at the 2019 MHIMA Convention in Duluth!

Best,
Ryan Johns
President, MHIMA
Hello everyone!

We are getting very excited for our upcoming “Up North” MHIMA Annual Meeting Conference.

This year it is being held at the Duluth Entertainment Convention Center (DECC) in Duluth, MN on May 1-3, 2019. Our theme this year ties in well with northern Minnesota: “Set up Camp for S’More HIM Updates!”.

We have fun and exciting things planned: a smore’s bar, roof deck pictures, Canal Park scavenger hunt, and Visit Duluth to name a few. The Annual Meeting Planning Committee has been hard at work making sure things are in place and ready to go.

We have a jam-packed agenda full of local speakers and emerging hot topics in healthcare and we couldn’t be more excited! Registration will be available soon as well as a link to the hotel block at the Holiday Inn, which is connected to the DECC via skywalk.

Can’t wait to see everyone in May!

Heather Feltus and Lisa Schultz
2018-2019 MHIMA Annual Meeting Co-Chairs
The Nominating Committee is requesting nominations for our MHIMA Distinguished Member. The Distinguished Member award honors those whose dedication to the profession has been demonstrated through exemplary work, service, achievement or lasting contribution to the HIM profession in a tangible way.

**Eligibility**

Nominees must have been an active member of MHIMA for five (5) years or longer, and be members at the time of nomination. The nominee must have an outstanding contribution to our profession in one (1) or more of the following areas: volunteer service to our organization, outstanding achievement in professional practice, dedication to education, contributions in research or published materials.

**Examples**

- Leadership in specialty areas or innovative approaches to methods improvement
- Significant number of years (25+) in employed service, practice or mentorship within HIM
- Respected professorship or instruction (adjunct through emeritus) in an academic program; development of teaching strategies; regular presentations at HIM conferences or other educational events
- Service as an officer, director, committee member, project or task force member, Engage Community facilitator or a representative of the HIM field at governmental or state healthcare associations
- Authorship, editing or service on editorial boards for journals, books or other HIM-related publications
- Other activities that show passion and dedication to the HIM profession

To submit a nomination for the Distinguished Member Award, contact the **Nominating Committee Chair**, the **Executive Director**, or your **Region President** by **February 28th**.
2019 Outstanding Student Award

The Nominating Committee is excited to announce and to request nominations for the MHIMA Outstanding Student award.

Do you know a student who has demonstrated excellence, leadership and commitment to the future of the HIM profession and their future career?

Eligibility
Nominees must be a student member of MHIMA, currently enrolled in and beyond the first 2 quarters or semesters in their CAHIIM accredited program or AHIMA approved coding program, at a grade point equivalent of 3.5 or higher out of 4.0, and have demonstrated the qualities of leadership and commitment to the profession.

Examples
- Coordinated an HIM study group or club
- Volunteered at a MHIMA or Regional event or meeting
- Provides mentorship to classmates
- Other activities that show passion and dedication to the HIM profession

To submit a nomination for the Outstanding Student Award, contact the Nominating Committee Chair, the Executive Director, or your Region President by February 28th.
2019 Rising Star Professional Award

The Nominating Committee is excited to announce and to request nominations for the MHIMA Rising Star Professional award!

Do you know or employ an HIM professional who has demonstrated progressive leadership in, and commitment to the future of the HIM profession?

Eligibility
Nominees must be an active member of MHIMA and be employed in an HIM-related field or position. Nominees must have earned and maintained at least one AHIMA-approved credential, and have been employed for five (5) year or less from the date of credential award. Nominees must have demonstrated leadership and commitment to the future of the HIM profession through excellence in the workplace and/or participation in local, regional, state, or national related HIM activities.

Examples
- Demonstrates progressive leadership
- Innovative approaches in HIM work
- Has served as an officer, chair, member of a task-force or committee on a national, state or regional HIM association
- Other activities that show passion and dedication to the HIM profession

To submit a nomination for the Rising Star Award, contact the Nominating Committee Chair, the Executive Director, or your Region President by February 28th.
Please complete as much as is known and return this form to Christina Snaza, MHIMA Past President and Nominating Committee chair, via email at pastpresident@mnhima.org and Joy Schmitt, Executive Director, at executivedirector@mnhima.org, no later than February 28th.

Here’s the information we’ll need from you for consideration - submit your application now!

AWARD CATEGORY:
- Distinguished Member
- Rising Star Professional
- Outstanding Student

Name/credential of Nominee:
Mailing Address:
Phone Number:
E-mail Address:
Current Professional Position:
Past Professional Positions:
Education:

PROFESSIONAL ACTIVITIES:
- AHIMA:
- MHIMA:
- REGIONAL HIM:
- OTHER:

Why do you think this person is a good candidate for the award?

Please provide additional information to support your nomination of this individual.

*Please attach a resume, a Curriculum Vitae, an unofficial transcript or letter confirming grade point average (for Outstanding Student), and anything else to support your nomination of this member for the Achievement Award.
The MHIMA Region E meeting was held on October 3, 2018 at Carris Health in Willmar, Minnesota, President Lisa Schultz, Treasure Emily Geers, and Secretary Brittany Johnson introduced themselves and welcomed everyone to the meeting.

Lisa had us partner up and talk about an experience you had with the service of an organization, positive and negative characteristics and/or behaviors. Lisa had the group list some of the customers we all deal with: doctors, co-workers, patients. Anyone that relies on us to do our job is a customer. She discussed the value of feedback, some organizations have Press Ganey reports or employee engagement process improvements. The important thing with customer service is to listen and learn.

Rachael Barby, RHIT presented on CMS Quality Data Abstraction.
Rachael is a Clinical Data Abstractor at Fairview. She talked about core measure reporting, abstracting, and tracking of the data in the medical record. At Fairview Rachel reports core measures at 8 hospitals, including inpatient and outpatient records. Certain data is needed for this reporting including demographic information, admit/discharge dates/times, dispositions, order dates/times, test result findings. All data needs to be documented in the record or it will be a failed measure. If it’s not documented, it wasn’t done.

Jeanne Jacobs, LPCC presented on Skills of Living Effectively.
*Dialectics reminds us that the universe is filled with opposing sides, everything and every person is connected in some way, change is the only constant, and change is transactional. *Mindfulness is defined as awareness without judgement of what is, via direct and immediate experience. There are different states of mind including, reasonable, emotion, and wise mind. When you start making decisions with emotional mind it is most always harmful. Mindfulness is about catching yourself and pulling it back. *Interpersonal Effectiveness- Dear Man is Objective Effectiveness, Give is Relationship Effectiveness, Fast is Self-Respect Effectiveness. *Emotion Regulation- understand and name emotions, check the acts: changing emotional reaction, opposite to emotion action: changing emotional responses, problem solving; changing emotional responses, accumulate positive emotions; reducing emotional vulnerability. *Distress Tolerance- crisis survival skills, self-soothe, distracting, improve the moment, pros/cons.

Continued on next page...
Lori Diederichs, MS, RHIA MHIMA Delegate Update

Lori went through the strategic initiatives that AHIMA and MHIMA are currently working on. This includes membership engagement, communications, internal structure, expanding social media, etc. Lori went through the upcoming events with MHIMA including webinars. The 2019 MHIMA Annual Meeting is May 1st-3rd at Duluth Convention Center. The 2018 AHIMA Convention was in Miami, Florida in September.

Business Meeting, Called to Order by President Lisa Schultz

The 2017 secretary report and treasure report were reviewed and approved. During the treasure discussion, a motion was made to donate $2000 to the MHIMA Scholarship Fund. This was approved.

Election of Officers:

• President Elect: Elaina Nichols volunteered to be Vice President and will serve 2018-2019 term. She will be president 2019-2020.
• Treasurer: Janine Ellingson nominated herself for the treasurer position to replace Emily after service 8 consecutive years in this position. Darlene made a motion to approve and Brittany seconded.
• Secretary Officer: No volunteers for secretary officer. Brittany Johnson volunteered to remain as secretary. This will be her third term.

Sue Nathe, RHIT Presented on HCC Documentation and Coding.

Sue’s presentation went through risk adjustment methodologies. The characteristics of CMS-HCC model are; diagnostic sources, prospective in nature, multiple chronic diseases, demographics, and disease interactions. Sue talked about pertinent conditions and chronic conditions, also codes that are forever that are active status. The best practices in medical coding is accuracy, specificity, thoroughness, and consistency.
Change and healthcare have become almost interchangeable terms. But for many members of the healthcare team, change is a challenging topic that brings about anxiety and stress. As an HIM professional, we need to understand that change happens because we need to move from one state to a new, more desired state, which then brings about efficiencies and growth to our organizations. Understanding this concept can put us in a lead role for change management, which can propel our careers and profession.

First, we need to realize that the change and the need for change must be clearly communicated early on in the change process, along for asking for feedback on the change. Feedback and discussion brings about understanding of the change, which then brings about acceptance of change. Even if we can’t meet the expectations of the feedback, we can communicate why those expectations can’t be met.

Second, we need to understand that everyone accepts change differently and that we need to recognize those differences. Even without realizing it, many team members process change similar to the grief process, in which the ‘loss’ is for a well-known process, a perceived loss of turf or loss of control. It is important to recognize these losses and allow time to accept and adjust to the change.

Finally, once the change has been implemented, we need to continue to communicate about the change. This could include sharing important milestones of the change, data metrics involved with the change and why, or why not, the change was successful. Communication shows transparency and helps to connect the dots as to why we needed to change. If the change wasn’t successful, admit it. Show where the breakdown was and what we are going to do to assure success on the next attempt. If we decide not to try to attempt the change again, share that and state why another attempt won’t be made.

Change is inevitable. As HIM professionals, we can implement practices to alleviate bumps along road of change, which lessens stress and anxiety while bringing about success for our organizations.

Continued on next page...
REFERENCES:


Jick, T. Implementing Change, HBS Case # 491-114


Each quarter a sample OP report will be presented with suggested ICD-10-PCS codes with rationale. Suggested codes are based upon the information in the most current draft form of ICD-10-PCS and the Official Coding Guidelines and are subject to change when the final version is available.

Procedures:
1. Small left thoracotomy
2. Ascending aortography
3. **Transapical transcatheater aortic valve replacement with a number 26 Sapien XT valve**
4. Closure of ventricular apex
5. Closure of thoracotomy

Procedure:
Small lateral thoracotomy was performed through the sixth intercostal space on the right, exposing the apex. The left femoral artery and vein were approached with microneedle, and Platinum Plus wires were left in place for possible establishment of cardiopulmonary bypass. The left femoral artery was then approached with a microneedle, and a 6-French radial sheath was placed, though which a pigtail catheter was placed into the right coronary sinus and aortography was performed for proper valve alignment. Under rapid ventricular pacing, 2 mattress sutures of 2-0 Prolene were placed with pledgets. The patient was fully heparinized, and the apex was then punctured with a Cook needle.

A J-wire was then placed across the aortic valve and directed around the aortic arch with a JR4 catheter and placed into the descending thoracic aorta. This was replaced with a Super Stiff Amplatz wire. Over the Amplatz wire, the ascender introducer was then placed at 3.5 cm mark and directed toward the valve. **A number 26 Sapien XT valve was then placed on the delivery device** and was inspected from proper orientation. This was then placed through the sheath into the ventricle. The Valve was de-sheathed and placed across the valve, and under rapid ventricular pacing, the valve was deployed in proper position.

*Continued on next page...*
A mild paravalvular leak was noted, and therefore, the valve was re-ballooned with an extra milliliter of saline. This ameliorated the paravalvular leak issue. The delivery device was then placed again across the valve. The wire was retrieved. The delivery device was then removed from the sheath, and under rapid ventricular pacing, the sheath was removed from the patient. The thoracotomy was then closed in anatomic layers with Vicryl in the subcutaneous tissue and Dermabond on the skin. Blake drain was used for intercostal drainage. Exparel was used for analgesia. The patient was returned to cardiothoracic intensive care unit.

**Rationale:**
For this case a transapical approach was performed for a transcatheter aortic valve replacement with a number 26 Sapien XT Valve.

The coding handbook states “Endovascular and transapical replacement of aortic valves is a catheter-based procedure that allows for implantation of a prosthetic valve within the diseased native valve without invasive surgery or cardiopulmonary bypass. A bioprosthetic valve is delivered by catheter across the diseased native valve through the femoral artery or vein (endovascular approach) or through the apex of the heart by means of a thoracotomy incision (transapical approach). In both approaches, a balloon valvuloplasty catheter is advanced through the aorta and placed over the diseased native aortic valve. A balloon valvuloplasty is then performed. The delivery catheter is placed over the native valve, and the new bioprosthetic valve is put in place, destroying the native valve underneath it. Endovascular or transapical replacement of the aortic valve is coded to the root operation “Replacement.”

This transcatheter aortic valve replacement is indexed under Replacement, Valve, Aortic where we are directed to 02RF in the code table.
INDEX:
Replacement
Valve
  Aortic 02RF
  Mitral 02RG
  Pulmonary 02RH
  Tricuspid 02RJ

Let’s look at the code in table 02R.
Section: Medical and Surgical, Value 0
Body System: Heart and Great Vessels, Value 2

Root Operation:
Root Operation: Replacement, Value R
The root operation of “Replacement” is defined as putting in or on biological or
synthetic material that physically takes the place and/or function of all or a por-
tion of a body part.

Body Part:
Body Part Value F, Aortic Valve is assigned since the aortic valve was replaced.

Approach:
Approach Value 3, Percutaneous is assigned since the valve was delivered by
“transcatheter.”

Device:
For the device a number 26 Sapien XT valve was used. If we look up manufacture
information, we are made aware that the 26 Sapien XT valve is a Bovine pericar-
dial tissue valve, therefore Value 8, Zooplastic Tissue would be assigned. Zoo-
plastic tissue valves represent animal heart valve tissue/animal pericardial tissue.
Bovine tissue is from cow tissue.

Continued on next page...
Qualifier:
Value H, Transapical
Per the operative report a “small lateral thoracotomy was performed through the sixth intercostal space on the right, exposing the apex.” The sixth intercostal space is the most common access site for a transapical approach. An incision is then made over the apex.

Transapical TAVR needs hemostatic control of the left ventricular apex. Care must be taken when placing two large pledgeted orthogonal mattress sutures to obtain full thickness of the left ventricular wall.

Note per Third Quarter Coding Clinic 2013 reference pages 26-27, the balloon valvuloplasty is not coded separately and is inherent in the valve replacement procedure.

Note again that “under rapid ventricular pacing, the valve was deployed in proper position.” Ventricular pacing is required for the implantation of balloon-expandable prostheses.

This is not to be confused with a “rapid deployment” device valve. We would need to see the word “Intuity” or “Perceval”.

ICD-10-PCS Code Suggestions:
02RF38H, Replacement of Aortic Valve with Zooplastic Tissue, Transapical, Percutaneous Approach

INDEX: Replacement, Valve, Aortic 02RF
02R

02RF38H, Replacement of Aortic Valve with Zooplastic Tissue, Transapical, Percutaneous Approach
References:

AHA ICD-10-CM and ICD-10-PCS Coding Handbook 2019, Nelly Leon-Chisen, RHIA

American Hospital Association Coding Clinic® for ICD-10-CM and ICD-10-PCS; Third Quarter 2013, pages 26-27


If you have any questions, please contact us at: imedx.training@imedx.com
iMedX offers other education opportunities, learn more about our services at university.imedx.com

NEED MORE CODING IN YOUR LIFE?

Check out this fantastic article on Opioid Abuse, Dependence, and Overdose by Wendy Laxdahl Johnson, RHIA, here: http://bok.ahima.org/PdfView?oid=302374

**NOTE:** You will need to log in to AHIMA to view this article.
## CALENDAR OF EVENTS

### January 2019

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<thead>
<tr>
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<th>EVENT</th>
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<tbody>
<tr>
<td>Jan. 29, 2019</td>
<td>Data Analytics Webinar Series: Part 1</td>
<td>Data Analytics Webinar Series: Part 1:</td>
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<tr>
<td>12:00 PM - 1:00 PM</td>
<td></td>
<td>Basic Data Analytics with MS Excel</td>
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<tr>
<td>Jan. 30, 2019</td>
<td>MHIMA Coding Roundtable</td>
<td>MHIMA Coding Roundtable: 30-Jan-19</td>
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### February 2019

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<tbody>
<tr>
<td>Feb. 5, 2019</td>
<td>Data Analytics Webinar Series: Part 2</td>
<td>Data Analytics webinar Series Part 2</td>
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<td>Advanced Data Analytics with MS Excel</td>
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<tr>
<td>Feb. 12, 2019</td>
<td>Data Analytics Webinar Series: Part 3</td>
<td>Data Analytics Webinar Series: Part 3</td>
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<td>12:00 PM - 1:00 PM</td>
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<td>Data Analytics with Tableau</td>
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### March 2019

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<tr>
<td>Mar. 15, 2019</td>
<td>MHIMA Board Meeting</td>
<td>The MHIMA Board Meeting will be held Friday,</td>
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<td>10:00 AM - 2:00 PM</td>
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<td>March 15, 2019 from 10 am to 2 pm at Allina</td>
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<td></td>
<td></td>
<td>Commons, Room 762. This meeting will also be</td>
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<td></td>
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<td>available via WEBEX.</td>
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<tr>
<td>Mar. 22, 2019</td>
<td>Region D Meeting</td>
<td>The Region D Meeting will take place at First</td>
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<tr>
<td>8:00 AM - 4:00 PM</td>
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<td>Light Health System, 301 Highway 65 South</td>
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<tr>
<td></td>
<td></td>
<td>Mora, MN 55051.</td>
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### April 2019

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<tr>
<td>Apr. 30, 2019</td>
<td>MHIMA Board of Directors and Key Volunteers Meeting</td>
<td>The MHIMA Board of Directors and Key Volunteers will meet on April 30, 2019, prior to the 2019 MHIMA Annual Meeting and Educational Conference. Location: Duluth Entertainment and Convention Center, Duluth, MN</td>
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<td>5:00 PM - 7:00 PM</td>
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### May 2019

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<tr>
<td>8:00 AM</td>
<td>2019 MHIMA Annual Meeting</td>
<td>The 2019 MHIMA Annual Meeting is scheduled for</td>
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<td></td>
<td></td>
<td>May 1 - 3, 2019.</td>
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<tr>
<td>May 1, 2019</td>
<td></td>
<td>Location: Duluth Entertainment and Convention</td>
</tr>
<tr>
<td>May 3, 2019</td>
<td></td>
<td>Center, Duluth, Minnesota</td>
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<td>12:30 PM</td>
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Congratulations to these newly credentialed members!

Kim Myhre, RHIA, RN
Rochelle Basilici, CCS
Wendy Kieffer, RHIT
Janelle Bohnel, RHIT
Katie Yellick, CCS
Patricia Lofton, RHIT
Kirstin Fennell, CCA
Thank you for your article submissions!

We would like to give our great appreciation for everyone who helped with this newsletter. Special thanks to those who solicited or submitted content: Ryan Johns, Christina Snaza, Brittany Johnson, Lisa Schultz, RaeAnn Hecker, Patricia Poli, Wendy Johnson, Heather Feltus, Joy Schmitt, and Lorna Clodfelder.

Do you have an article you would like to submit for the next newsletter, or a topic you’d like to see featured? Please e-mail us at marketing-communications@mnhima.org - we would love to hear from you!

Follow us on Facebook and Twitter!

Follow us on Facebook (MN Health Information Management) and Twitter (@MNHIMA) to receive information and keep up with current events!