Welcome!

So, how are you all doing? The big day came and went...and so far, it seems early reports are showing less of an impact than expected. Of course, this is because of all of your tremendous preparation and work to get ready. (Thus, we are hoping you feel Precyse U also helped you out, haha.) With all the delays, it is exciting that we finally reached this milestone and the ICD-10 implementation date is behind us. Congratulations to all of you who shared this journey to ICD-10 implementation with us! This experience is like sending your child off to college, having spent a great deal of time and effort preparing for the road ahead and trusting you provided the right knowledge to succeed.

Over the years, we have built strong relationships with our clients who trusted us to provide the knowledge needed to make this transition successful; and we are so excited that we prepared over 2 million healthcare employees for this historic transition.

When reflecting on the results of the transition to ICD-10, one thing is clear: the need for education will continue for many years. And not just ICD-10, but CPT, E/M, Clinical Documentation, and many other critical areas in the revenue cycle that continue to cause us challenges. We must invest in our teams and optimize their performance as there is too much risk if they are not.

Precyse is ready to assist our clients with new innovations in education as we turn the page.

I had the pleasure of speaking with several of our clients at the AHIMA convention in New Orleans a month ago. Many of you shared your challenges about preparing for ICD-10. It was gratifying to hear feedback on how so many clients prepared and were ready for the big day. I also appreciated the feedback on how we can assist with some of your challenges going forward.

This month we have several exciting announcements pertaining to our Precyse University DNA solution. The library of courses, assessments, webinars, and other educational tools continues to expand as we identify gaps in learners’ knowledge and develop new content to build their skills. Please be sure to read the Precyse Expert update which is our new service dedicated to answering coding-, billing-, and documentation-related questions. Also, there are several interesting educational articles which we hope you will find valuable.

Tom Ormondroyd
Vice President and General Manager,
Precyse Learning Solutions

Precyse University DNA™ Courseware Release Announcement – September, 2015

Precyse University and HealthStream are pleased to announce the September release of the Precyse University DNA courseware is now available in HealthStream. All courses in the release are listed below by title under their respective category. As you will see, we have added a large number of courses to our ever-expanding DNA library, with a strong emphasis on ICD-10-PCS courses focused on PCS Root Operations. We also continue to add content to the baseline assessments, PETs, Case Management, Clinical Revenue Cycle, E/M coding and webinars. Please keep in mind that the current DNA catalog can be accessed by clicking here and will be updated as courses are added each month. This catalog will also display courseware scheduled for the upcoming October release.
which is subject to change.

If you have any questions regarding the release, please contact Anita Majerowicz, Director of Educational Services at amajerowicz@precyse.com. If you would like to add anyone from your organization to the email distribution list, please email Devy.Dieter@healthstream.com. This list reflects all coursework in the release. Be sure to check your DNA product in the catalog to see if it is included in your purchased product prior to checking the system.

NOTE: The FY 2016 IPPS webinar has also been added to the Webinars On-Demand site as part of this release. Additionally, please notice the announcement regarding the newly approved AAPC CEUs at the bottom of the release list.

Assessments

- Provider - Baseline - Cardiovascular Documentation Survey
- Provider - Baseline - Emergency Department Documentation Survey
- Provider - Baseline - Internal Medicine Documentation Survey
- Provider - Baseline - Pulmonology Documentation Survey

Pre-Employment Tests

- Provider - Cardiovascular Documentation Survey
- Provider - Emergency Department Documentation Survey
- Provider - Internal Medicine Documentation Survey
- Provider - Pulmonology Documentation Survey

Case Management

- Conditions of Participation
- Discharge Planning and the Patient’s Choice
- Inpatient Only Procedure List
- Physician Certification Statement

Clinical Revenue Cycle

- Billing and Reimbursement for Emergency Department
- Billing and Reimbursement for Gastroenterology Lab
- Billing and Reimbursement for Infusion Center
- Billing and Reimbursement for Pain Management
- Introduction to Revenue Cycle for Gastroenterology Lab
- Introduction to Revenue Cycle for Medical Nutrition Services
- Introduction to Revenue Cycle for Speech Therapy
- Introduction to Revenue Cycle for Women’s Center

Diagnostic Documentation

- Hepatitis
- Underdosing

E/M Coding

- Initial Annual Wellness Visit
- Initial Preventive Physical Examination
- Subsequent Annual Wellness Visit

Healthcare Foundations

- Diagnosis-Related Groups
- National Patient Safety Goals - Surgery
- Required Consultation Documentation
- Required Operative Report Documentation

Procedural Coding (PCS)

- Approach - Percutaneous Endoscopic
- Guidelines - Body Part
- Guidelines - Body System
- Guidelines - Excision vs. Resection
- Root Operation - Alteration
- Root Operation - Change
- Root Operation - Control
- Root Operation - Fusion
- Root Operation - Map
- Root Operation - Needle
- Root Operation - Release
- Root Operation - Repair
- Root Operation - Restriction
- Root Operation - Transfer

Webinars

- CDI: Polish Your Skills: Principal and Secondary Diagnoses
- CDI: Polish Your Skills: Signs, Symptoms, and Clinical Indicators
- FY 2016 Medicare Inpatient Prospective Payment System

To learn more about this solution, please click on the link below or contact Tom Ormondroyd, Vice President and General Manager, at tom.ordroyd@precyse.com.

CLICK HERE

### DNA Procedural Coding (CPT) Courses Awarded CEUs by AAPC

The following DNA Procedural Coding (CPT) courses have received CEUs from AAPC. Please note the course titles and number of CEUs awarded in the list below.

<table>
<thead>
<tr>
<th>Name of Course</th>
<th>AAPC CEU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedural Coding (CPT): Biopsy - Breast with Localization Marker</td>
<td>1</td>
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</tbody>
</table>
In last month’s PUUG, we announced our new online solution which offers subject matter experts with concierge-like service to provide researched, cited responses to pressing coding, billing, documentation, and regulatory questions. Precyse Expert offers reliable answers to tough questions when you need them and is HIPAA secure.

Precyse Expert Features:
- Broad knowledge and expertise of the nation’s leading healthcare eLearning organization
- Guaranteed three-business-day turnaround
- Portal-based ticketing system to ensure proper request tracking
- Responses that include citations and references to industry guidelines
- Options for pricing based on a monthly dedicated agent or volume-specific bundles

Precyse Expert has assisted in answering many questions, such as those listed below. These are just a few examples of the questions we have received from Precyse Expert clients, and may be similar to questions your learners are grappling with since ICD-10 implementation.

1. Is there an ICD-10 code for distal hypoperfusion ischemic syndrome (DHIS)?
2. Are cytology brushings from the bile duct during an ERCP coded separately in ICD-10-PCS?
3. What do I do when the attending physician does not agree with Condition Code 44?
4. Have I coded the TIPS procedure correctly? It’s grouping to a different MS-DRG than in ICD-9.
5. Why are we receiving claim rejections when we bill for the drug Cimzia using CPT codes 96401 and J0717?

Below is an example of the type of answer provided to a client for the first question in the list above.

Distal hypoperfusion ischemic syndrome (DHIS) is hand ischemia due to peripheral hypoperfusion after arteriovenous access. The older name is arterial steal syndrome or arteriovenous steal syndrome and is a complication associated with an arteriovenous fistula. A steal involves blood being diverted from the arterial side before it gets to such body parts as the fingers. This leads to ischemia with resultant pain, tingling, numbness, temperature changes, or skin breakdown. DHIS could be due to arterial steal but may also be due to arterial inflow stenosis and/or distal arteriopathy. The diagnosis is made clinically but underlying etiology requires imaging. A Coding Clinic from 2nd quarter 1991, page 18, helps us understand the clinical condition of arteriovenous steal syndrome. This clinical advice is still relevant today and we can use the ICD-9 coding guidance to help us find the ICD-10 code. In ICD-9, the code assignment was 996.73. Other complications of internal prosthetic device, implant, and graft due to renal dialysis device, implant, and graft. In ICD-10, index search terms include Complication(s) > arteriovenous > fistula, surgically created, specified type > [A-Z]. Other specified complication of vascular prosthetic device, implants and grafts. A 7th character is required for this code; use 7th character A if this is the initial encounter.

If you are holding claims pending answers to coding, billing, or documentation questions, please contact Beth Ottinger, Director, Education Quality Assurance, at bottinger@precyse.com to learn more about the features and pricing of Precyse Expert.

NEW UPDATES

Precyse University ICD-10 Courseware Update Notes – September

Please find below the Precyse University ICD-10 Courseware Update Notes for September 2015. The PDF document has been loaded to the Precyse University ICD-10 Courseware Update Notes repository as well.

Click here to download the September PDF

EDUCATION CORNER

2016 ICD-10 Guideline Changes

There are no new guidelines or codes for ICD-10-CM. However, there are some ICD-10-PCS updates, including some new codes and revisions to body part and device definitions. The changes to the ICD-10-PCS Guidelines are summarized below:

One of the major revisions is the addition of the New Technology Section X, which is used exclusively to indicate new technology procedures. The New Technology Group (character 7) is a number or letter that changes each year that new technology codes are added to the system. After section X codes have served their purpose, proposals to delete X codes and create new codes in the appropriate ICD-10-PCS Tables will be addressed at a subsequent Coordination and Maintenance Committee meeting.

ICD-10-PCS – (updated and new guidelines for 2016, effective 10/1/2015):

Summary:

Guidelines B3.2b, B3.4a, B3.11b, B4.1b revised in response to public comment.

New coding guideline for Section X New Technology

Guideline B3.2b

During the same operative episode, multiple procedures are coded if:

- The same root operation is repeated (understood not to be indicated by the use of multiple body parts, and those body parts are separate and distinct body parts classified to a single ICD-10-PCS body part value).

Guideline B3.4a

Biopsy procedures are coded using the root operations Excision, Extraction, or Drainage and the qualifier Diagnostic. The qualifier Diagnostic is used only for biopsies.

Guideline B3.11b

If multiple tubular body parts are inspected, the most distal body part inspected is coded. If multiple non-tubular body parts in a region are inspected, the body part that specifies the entire area inspected is coded.

Guideline B4.1b

Bipolar procedures are coded using the root operations Excision, Extraction, or Drainage and the qualifier Diagnostic.

Guideline B3.11c

If multiple tubular body parts are inspected, the most distal body part (the body part furthest from the starting point of the inspection) inspected is coded. If multiple non-tubular body parts in a region are inspected, the body part that specifies the entire area inspected is coded.

Guideline B4.1c

If the prefix “peri” is combined with a body part to identify the site of the procedure, and the site of the procedure is not further specified, then the procedure is coded to the body part named. This guideline applies only when a more specific body part value is not available.
Chapter 16 – Nervous System: Documentation Tips for Encephalopathy

The term encephalopathy simply stated, is an alteration of brain function and a generalized, vague descriptor. Many times it is underutilized if the patient actually has encephalopathy, particularly when there is a multitude of confounding factors, such as acidosis, diabetes, dehydration, drugs, electrolyte imbalance, fever, infection, organ failure, poisons, sepsis, and toxins. Reviewing the results of diagnostic studies, such as neuroimaging studies, electroencephalogram findings, laboratory findings (e.g., CBC, liver function tests, diabetes, renal function tests, blood cultures, blood glucose level), diagnostic studies, such as neuroimaging studies, electroencephalogram findings, laboratory findings (e.g., CBC, liver function tests, diabetes, renal function tests, blood cultures, blood glucose level), and similar tests will help differentiate the various causes of encephalopathy and capture the necessary specificity in the documentation. Also, to help ascertain a possible diagnosis of encephalopathy, review the medical record for documentation of the clinical features, such as rapid involuntary eye movement, inability to swallow or speak, muscle twitching, atrophy, weakness, tremor, memory loss, loss of cognitive ability, personality changes, inability to concentrate, loss of consciousness, dementia, seizures, and/or hallucinations.

Finally, beware of the following:

1. Not all altered mental status is encephalopathy.
2. Do not pursue this diagnosis simply as an easy way to increase revenues.
3. Clear criteria are developed for this diagnosis.
4. Anticipate close scrutiny from auditors.

And we all know, when in doubt, query the provider to further clarify the situation.

If you have any suggestions for future coding or documentation tip articles, please contact Cathy Noble, Manager of ICD-10 Consulting, at catherine.noble@precyse.com.
CMS and AMA issued a joint announcement and clarifying questions and answers on July 6, 2015, to help providers get ready for ICD-10. The questions and answers were recently updated on September 22, 2015. You can read the full version [HERE](#). Here is some of the new guidance:

- The Medicare Fee-for-Service audit and quality program flexibilities do not apply to Medicare Advantage.
- The guidance document applies only to physicians and other practitioners who bill under the Medicare Fee-for-Service Part B Physician Fee Schedule.
- The Social Security Act requires Medicare contractors to make payment on not less than 95% of "clean claims" within 30 calendar days. If there are Medicare systems issues that interfere with claims processing, CMS and the MACs will post information on how to access advance payments.
- Contractors conducting medical review (Medicare Administrative Contractors/Recovery Auditors/Supplemental Medical Review Contractor) will not deny claims solely for the specificity of the ICD-10 code as long as there is no evidence of potential fraud. This is consistent with current medical review policies and is not applicable to prepayment denials due to a National Coverage Determination or a Local Coverage Determination.

Medicare's processes regarding what elements cross over to supplemental payers (including commercial payers and state Medicaid agencies) will be unchanged as a result of the flexibilities.

Contractors conducting medical review (Medicare Administrative Contractors/Recovery Auditors/Supplemental Medical Review Contractor) will not deny claims solely for the specificity of the ICD-10 code as long as there is no evidence of potential fraud. This is consistent with current medical review policies and is not applicable to prepayment denials due to a National Coverage Determination or a Local Coverage Determination.