

HAAD Clinical Coding Steering Committee Meeting

Date/Time/Place: February 11, 2009; 10 am; Corniche Hospital Library Conference Room

Presiding Chair: Ann L. Webster, RHIA, CCS Tawam Hospital

Co-Chair: Sameera Al Hashemi, SKMC

Recorder: Ann L. Webster, Tawam Hospital

Present: Nestor Sibayan, Tawam Hospital; Jameel Ahmed, Western Region; Velikakathu T. Sunil, Al Rahba Hospital; Joan Grey, HAAD; Michelea Peech, Al Noor Hospital, Al Ain; Selvakumar S, Corniche Hospital; Malda Ellahham and Anis Dohadwalla, Daman; June Beaumont, Al Ain Hospital; Dr.Bijin Samuel, NAS.

Apologies: Dr. Sameer Khan, NAS; Binu Paul, Mafraq Hospital; Pam Gyles, Zayed Military Hospital; Mitchell Jesson, Tawam Hospital.

Item No	Matters Discussed & Decision Taken	Person Responsible For Action	Target Date
1.0	<p>Call to order</p> <p>The meeting was called to order at 10:15 am.</p>	Chair	
2.0	<p>Apologies and Guests</p> <p>Apologies from: Dr. Khan, Binu, Pam and Mitchell.</p> <p>Members introduced themselves including Dr. Bijin, who was representing Dr. Khan from NAS and Malda and Anis from Daman who were at their first meeting.</p>		
3.0	<p>Review/Revision of Previous Minutes</p> <p>Minutes of January 14th meeting were posted on HAAD website as well as the Wikki site. There was an error in the date – January 2008 instead of January 2009. Ann will ask for this to be corrected on the websites.</p>	Ann	January 2009
4.0	<p>Reorganization of CCSC</p> <p>Ann announced the re-organization of the CCSC voting members to include 3 provider members and 3 payer members, plus herself as Chair. The provider members will be elected at the next Coding Seminar, 2 from SEHA hospitals and 1 from Private hospitals. The payer members will be 2 from Daman and 1 from NAS.</p>	Ann	February 2009

	<p>Quorum for the CCSC will be three members plus the Chair. All other attendees are encouraged to continue to attend the meetings and participate in discussions as previously. When voting occurs, only voting members will be allowed to vote.</p> <p>At the next coding seminar at HAAD on February 24th, two SEHA representatives will be elected and one private hospital representative will be elected. Ann will ask for those interested in running for these positions to nominate themselves at the seminar. The SEHA coders present at the meeting will vote for their two representatives. The private hospital coders at the meeting will vote for their private hospital representative.</p> <p>There will also be only two sub-committees from now on. One for Education and one for Audit and Arbitration. Two of the voting members will serve as chairs of these sub-committees. Once the Chairs for these Sub-committees have been identified, interested coders in the community can volunteer to serve on one of these sub-committees.</p>		
5.0	<p>Update of Coding Manual and Proposal to Update Code Sets</p> <p>Deferred</p>	Ann	March 2009
6.0	<p>Coding Seminars</p> <p>February 24 – HAAD with Dr. Philipp and Ann presenting March – Corniche April – SKMC</p> <p>Further coding seminars will be coordinated by the Education Sub-committee.</p>	Education Sub-committee	March 2009
7.0	<p>AHIMA Coder Credentialing</p> <p>June reported on her findings regarding the AHIMA credentialing. There is a Prometrics center in Dubai and Prometrics has a contract with AHIMA to serve as a test site. The coder needs to go to the AHIMA website and fill out an application then contact Prometrics for the testing. June offered to put together the process in writing, so that we can distribute this to the coding community and put it on the Wikki site for reference. There is an issue of timing for the test that will determine which system the coder will be tested on, codes from 2008 or 2009. June will explain the details of that in her document. In addition she offered to list the recommended materials for the coder to have and reference before taking the exam, as well as what is acceptable to take to the exam itself, i.e. coding books.</p>	June	March 2009

	<p>June also raised the question of which exam we should promote for coders to take. It was the consensus of the committee that the CCS – Clinical Coding Specialist – exam was recommended as it includes CPT and ICD9CM for procedures and ICD9CM for diagnoses. It covers both inpatient and outpatient coding. It was decided to put the information about the different levels of testing on the Wikki site as well so that individuals could determine which test they would need to take for their type of work, i.e. CCS, CCA, CCS-P. June will put together that information as well.</p>		
8.0	<p>What is a coding error?</p> <p>The HAAD has contracted with Perot to audit the coding for all healthcare providers in Abu Dhabi emirate. They will be looking at all coding, diagnosis as well as procedure coding. They will also be reviewing the E&M coding and certifying the healthcare facility once their coding meets a certain standard.</p> <p>Ann used Jameel’s report on coding error that was circulated to all members before the meeting, to come up with a list of coding error types for the committee members to score for the coding auditors.</p> <ul style="list-style-type: none"> • Incorrect selection of principal diagnosis (8) • Incorrect code number – diagnosis or procedure (10) • Error of specificity in diagnosis code; i.e. pneumonia versus bacterial pneumonia (7) • Missing principal diagnosis (10) • Missing additional diagnosis (7) • Diagnosis coded without supporting documentation (10) • Missing E code – external cause (7) • Missing V code as secondary diagnosis (supplemental, i.e. history of cancer) except for delivery outcome V codes, which are mandatory (5) • Missing procedure code (10) • Procedure coded without documentation (10) • Error of specificity in procedure code (9) <p>There was debate regarding the “E” code score and Ann will discuss this with Dr. Vetter for advice as well as the inclusion of “incorrect selection of principal procedure” since it is not a mandatory data element.</p> <p>Ann will now group the errors into major, moderate and minor and will forward the final results to CCSC members after meeting with Dr. Vetter. This document will then be shared with the auditors.</p>	Ann	February 2009

9.0	<p>Coding Audit</p> <p>Ann will be meeting with the auditors – Perot – and Dr. Vetter next week to discuss the audit process. The auditors will be focusing on all coding errors, as above, as well as certifying facilities for E&M coding so that they will be able to bill based on those codes. There was an issue brought up regarding E&M codes on the claims, especially for SEHA facilities. As the auditors will be using the claim for the audit, if the E&M codes are not present on the claims yet, this could present a problem. This will be discussed with the auditors as well.</p> <p>The coding audits will be for educational purposes only, in addition to certifying hospitals for E&M coding. The focus is to improve coding quality and accuracy, not to be a punitive exercise. Facilities will be audited in general and not by coder or physician. Trends of errors or incomplete coding will then be used to provide focused educational programs. Audit tools will be provided to facilities to conduct their own coding audits.</p>	Ann	February 2009
10.0	<p>Confidentiality Policy</p> <p>The Committee members went through the highlights of the coding policies that were forwarded before the meeting. Major points were agreed upon for inclusion in the general confidentiality policy as requested by the Data Standards Panel. Ann will put these points into one document for review at the next meeting.</p>	Ann	March 2009
11.0	<p>Questions and Clarifications from HAAD</p> <p>A meeting was held at the HAAD between Dr. Finn Goldner, Anis and Haytham from Daman and Ann representing the CCSC. The following were the decisions as sent in an official email from Dr. Goldner’s office at HAAD:</p> <ul style="list-style-type: none"> • In the preauthorization process, if the actual procedure performed is a logical regression or progression of the approved procedure(s), for medical necessity reasons only, no further application for approval is needed, after the fact. • Ann will prepare a similar statement for diagnosis coding, through the CCSC, where the diagnosis for admission and inpatient stay extension are approved in advance by Daman and yet may change on discharge. • HAAD will develop rules for validity of prescriptions (market practice until then should be extended to 30 days, i.e. pharmacy, lab, radiology, other tests). Future orders will be handled differently based on the timing of the order, i.e. patient to have echocardiogram in three months then return to clinic. Preauthorized tests have specific validity based on the dates of the authorization. • Podiatrist’s outpatient clinic visits will be billed as “GP” for service code if medically necessary, 		

	<p>providing their Podiatry license number as issued by HAAD licensing authority.</p> <ul style="list-style-type: none"> • Case Managers cannot sign for extensions of inpatient visits unless specifically licensed as “case managers” through the HAAD licensing authority. (Currently no such licensing). • Hospitals can charge for ambulance services using HCPCS codes for covered patients, as per their agreements with Daman. <p>The Committee members agreed the following for diagnosis coding: The diagnosis approved for admission and the subsequent complication diagnoses approved for extended length of stay for inpatients are to be considered “working diagnoses” and will most often be different from the final or “discharge diagnoses”. As long as the discharge diagnoses have a logical correlation to the approved diagnoses, claims cannot be denied because the codes are different than those that were approved for the inpatient stay.</p> <p>This statement will be sent to Dr. Goldner to be sent out officially from his office.</p>	Ann	February 2009
12.0	<p>Wikki Site Maintenance</p> <p>Ann discussed this item with Dr. Khan before the meeting and he is ready to start working on the Wikki site with the group of volunteers. He will report at the next meeting.</p>	Dr. Khan	March 2009
13.0	<p>Stamp for CCSC with Logo</p> <p>Deferred</p>	Ann	March 2009
14.0	<p>Oasis Hospital Providing Education for Coders</p> <p>Michelea is following up on this with Luis from Oasis Hospital.</p>	Michelea	March 2009
15.0	<p>Other Business</p> <ul style="list-style-type: none"> ○ <u>Endorsing companies providing coding training and education.</u> The CCSC will not endorse any company that provides coding education or training. We can pass on notification of training opportunities to our community and we can also post such on the Wikki site. The HAAD also has no certification process or licensing process for these companies and will not do so in the future. ○ In order to educate the consumers of what to look for in selecting a coding education program/seminar, Michelea offered to put together some tips like make sure the person giving the training is a certified coder. 	Michelea	March 2009

	<p>Michelea will put together a document on this and we will distribute to the coding community as well as post it on the Wikki site.</p> <ul style="list-style-type: none"> ○ Ann reported that there was a presentation at the HAAD on January 29th on “Clinical Coding – A Way Forward for Abu Dhabi” that was sponsored by Ingenix. The speaker talked about the uses of coding information beyond the financial benefit. This presentation was sent to all CCSC members. ○ Michelea offered to present a basic coding training program that she developed for the Al Noor new coders. This combines ICD9CM diagnosis coding as well as CPT procedure coding. She requested that this be sponsored by HAAD and Ann will discuss this with Dr. Vetter. ○ It was also suggested that a list of vendors be made available on the Wikki site. This will be discussed at the next CCSC meeting. ○ A question was also raised regarding modifiers for CPT codes. There is some confusion regarding whether modifiers are acceptable or not. This will be discussed at the next meeting and Ann will ask Malda to discuss it from the Payers side and June/Michelea to discuss it from the Providers side. 	<p>Michelea</p> <p>Michelea/Ann</p> <p>Members</p> <p>Malda/Michelea/June</p>	<p>March 2009</p> <p>March 2009</p> <p>March 2009</p> <p>March 2009</p>
19.0	<p>Next Meeting</p> <p>It was recommended to meet at the HAAD for the future meetings and Ann will discuss this with Dr. Vetter. The next meeting will be held on March 11th at 10 am and the venue will be confirmed before then.</p>	<p>Members</p>	
20.0	<p>Adjournment</p> <p>The meeting adjourned at 12 noon.</p>		

Major Decisions and Actions, Final and Pending for Clinical Coding Steering Committee 2009

001	Add CCSC minutes to HAAD website.	Jameel Ahmed– February 2009
002	Update Coding Manual and post on HAAD website.	Ann Webster– February 2009
003	<p>Establish testing center for coding credentials with American Health Information Management Association in Abu Dhabi.</p> <p>Site identified as Prometrics in Dubai. They have agreement with AHIMA to do the testing. June will prepare document with instructions for coders interested in taking the test as well as which credential is recommended by CCSC.</p>	<p>June Beaumont</p> <p>March 2009</p>

004	<p>Dental Coding - Dental Coding regulation changed to read “When dental procedures are performed outside of a recognized dental center or dental clinic, i.e. Maxillofacial Clinic, Inpatient or Day patient surgical episodes; the Canadian Dental Association procedure codes can be used if and only if there is not a specific CPT code for the dental procedure. For avoidance of doubt: CPT code 41899 (unlisted dental procedure) is not a specific CPT code and is not acceptable in these circumstances.</p>	Completed
005	Confidentiality Policy for HAAD Data Standards Panel	Members – March 2009
006	Coding error defined by Committee members. Will be refined and presented to auditors.	Ann Webster March 2009
007	DOA – If facility attempts to resuscitate a “Dead On Arrival” patient then it is possible to submit a claim for that encounter. All DOAs must be reported to HAAD in standard data submission reporting process.	Completed
008	Mixed claim with covered and non-covered services in same encounter. Ann to follow up with Data Standards Panel.	Ann Webster – March 2009
009	<p>Statement for Pre-authorization process:</p> <ul style="list-style-type: none"> ▪ In the pre-authorization process, if the actual procedure performed is a logical regression or progression of the approved procedure(s), for medical necessity reasons only, no further application for approval is needed, after the fact. <p>Approved and sent out from Dr. Finn at HAAD.</p>	Completed
010	<p>Modifiers to CPT codes – 77 and 76. There seems to be a difference of opinion on the definitions of these modifiers and how they are being used by the payer. The definitions per the CPT book are:</p> <p>76- <u>Repeat Procedure or Service by Same Physician</u>: It may be necessary to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service.</p> <p>77 – <u>Repeat Procedure by Another Physician</u> – The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier 77 to the repeated procedure or service.</p> <p>This will be further researched by Michelea and communicated to CCSC members.</p>	<p>Michelea Peech – February 2009</p> <p>Pending discussion in March regarding all modifiers.</p> <p>Malda Ellahham, June Beaumont, Michelea Peech</p>

011	<p>Reorganization of CCSC:</p> <p>Voting members to include 3 payer and 3 provider members:</p> <p>2 SEHA</p> <p>1 Private Hospitals</p> <p>2 Daman</p> <p>1 NAS</p> <p>Two sub-committees:</p> <p>Education Sub-committee</p> <p>Audit/Arbitration Sub-committee</p>	Voting for representation on February 24 th at coding seminar at HAAD.
012	<p>Coding Audit</p> <p>Coding audit for all healthcare organizations by sub-contracted company from HAAD – Perot to audit ICD9CM diagnosis coding, CPT4 procedure coding as well as Evaluation and Management Coding (E&M). Certify E&M coding as accurate then healthcare facility can bill using E&M codes.</p>	Audits to start in March 2009
013	Prepare health information confidentiality policy for Data Standards Panel	Ann Webster - In process – March 2009
014	<p>Statement for diagnosis coding for claims:</p> <p>The diagnosis approved for admission and the subsequent complication diagnoses approved for extended length of stay for inpatients are to be considered “working diagnoses” and will most often be different from the final or “discharge diagnoses”. As long as the discharge diagnoses have a logical correlation to the approved diagnoses, claims cannot be denied because the codes are different than those that were approved for the inpatient stay.</p>	Pending distribution from Dr. Finn at HAAD, February 2009
015	<p>Clarification regarding claims/billing from Dr. Goldner at HAAD:</p> <ul style="list-style-type: none"> HAAD will develop rules for validity of prescriptions (market practice until then should be extended to 30 days, i.e. pharmacy, lab, radiology, other tests). Future orders will be handled differently based on the timing of the order, i.e. patient to have echocardiogram 	Complete

	<p>in three months then return to clinic. Preauthorized tests have specific validity based on the dates of the authorization.</p> <ul style="list-style-type: none"> • Podiatrist’s outpatient clinic visits will be billed as “GP” for service code if medically necessary, providing their Podiatry license number as issued by HAAD licensing authority. • Case Managers cannot sign for extensions of inpatient visits unless specifically licensed as “case managers” through the HAAD licensing authority. (Currently no such licensing). • Hospitals can charge for ambulance services using HCPCS codes for covered patients, as per their agreements with Daman. 	
016	Endorsement of coding education and training companies – The CCSC will not endorse companies however we can/will pass on training opportunity information to coding community and post on Wikki site.	Complete
017	Consumer document for healthcare facilities seeking companies to provide coding education and training will be developed by Michelea Peech. Document to include tips for consumers regarding choosing the right company for the job.	Michelea Peech, March 2009
018	Basic coder training for diagnoses and procedures offered by Michelea Peech, sponsored by HAAD.	Michelea Peech, March 2009
019	Presentation at HAAD by Ingenix on “Clinical Coding – A Way Forward for Abu Dhabi”.	January 29, 2009 – Complete
020	List of Vendors for Wikki site.	All Members – March 2009