



## *AHIMA unveils patient engagement tools, presses HIM staff to take on leadership roles*



**New resources focus on available technologies, emerging professional roles and leadership to help health information management professionals more effectively work with both clinicians and patients.**

By Jack McCarthy | March 15, 2016

The American Health Information Management Association has posted a new consumer engagement toolkit to help HIM professionals understand how best to engage patients by using a variety of existing and emerging technologies.

AHIMA's new Consumer Engagement Toolkit brings resources that focus on the opportunities that patient advocates and navigators presents in terms of collaborating with clinical staff and the role of information specialists in accessing records while maintaining compliance with federal regulations.

Another piece is geared to help HIM professionals take on a leadership role, including training staff to prepare them for consumer engagement, educating them about available technologies and widespread industry trends such as health information exchanges that they should know about to perform well in their jobs.

AHIMA's intention with the Consumer Engagement Toolkit is to not only help users understand the technologies including EHRs, mHealth, telehealth services, and social media that are increasingly coming into their work lives but also to know how to better engagement patients that are open to using those resources.

"Traditionally the clinical care team played the major role in the patient experience," AHIMA CEO Lynn Thomas Gordon said in the announcement. "But the change in the way patients consume their health information means today's HIM professional plays an important role in giving healthcare consumers the tools needed to make all interactions and communications with their providers meaningful and efficient."

To that end, AHIMA's Consumer Engagement Toolkit also offers patient engagement background on programs such as the Blue Button Campaign and the Open Notes Project, as well as guidelines and advice about patient rights under HIPAA.

Find the toolkit here: <http://bok.ahima.org/PdfView?oid=301404>

*References:* <http://www.healthcareitnews.com/news/ahima-unveils-patient-engagement-tools-presses-him-staff-take-leadership-roles>



## Ask the Expert

### Coding for Debridement Services in the Wound Care Environment Part II: The Differences Between Surgical Debridement and Active Wound Management

By Melody Czapski, Auditor

	Excisional Debridement (11042-11047)	Selective Debridement (CPT codes 97597-97598)	Non-Selective Debridement (CPT code 97602)
<b>Encounter</b>	Initial	Subsequent (typically repeat procedures after the initial surgical “excisional” debridement)	Subsequent (typically repeat procedures after the selective active wound management)
<b>Description of Procedure</b>	Sharp removal (scalpel, forceps, scissors, or laser) of tissue at the wound margin or wound base, with the removal of viable tissue and/or wound margins usually under anesthesia based on the deepest layer of viable tissue removed.	Removal of nonviable and/or necrotic tissue. Excisional debridement with sharp removal of necrotic, devitalized tissue, and may include local or topical anesthetic.  (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), includes additional use of a whirlpool, when performed and wound evaluation and instruction(s) for ongoing care, per session)	Gradual removal of nonviable and/or necrotic tissue without anesthesia (for example, wet-to-moist dressings, enzymatic, abrasion), including topical application(s); includes wound assessment, and instruction(s) for ongoing care. (Note: Code is based on surface area of nonviable tissue removed, regardless to the depth of wound.)
<b>Multiple Wounds?</b>	-Sum the surface area for those wound(s) that are at the same depth.  -Do not combine sums from different depths.	Describes the entire debridement session, regardless of the number of wounds or is the total sum of surface areas debrided during that session.	Describes the entire debridement session, regardless of the number of wounds or areas debrided during that session
<b>Billing</b>	These codes are paid separately under the physician fee schedule (PFS) and outpatient prospective payment system (OPPS).	These codes are paid separately under the physician fee schedule (PFS) and outpatient prospective payment system (OPPS).	-Under PFS, this is considered a bundled service (status B). Medicare will bundle the payment for 97602 into other services provided. If the physician evaluated the patient, than the appropriate E/M or other procedure would be billed.  -Under OPPS, this is recognized as a “sometimes therapy by a qualified therapist,” assigned to a status T code. An outpatient clinic environment paid under assigned APC.

**References:**

1. Michigan Part A, 3<sup>rd</sup> Quarter, 2015
2. CPT Assist: June 2014, Vol 24 Issue 6 and Mar 2012, Vol 22 Issue 3; §2o.9
3. Correct Coding Initiative; LCD L28572; CC: Vol 10, #1
4. Ask the Editor #4 and Vol 15, #1, 1st Qtr. 2015.
5. CMS, MLN, ‘Global Surgery Fact Sheet’ ICN 907166 March 2015;
6. Medicare Physician Fee Schedule; MCPM 100-04, Cpt. 12 §40 and §30.6
7. NCCI, CHAPTER XI pg. 34, #5. Effective 1/1/2016



# Set the Record Straight

## Employee Spotlight



**Kristin W., Audit Coordinator**

As the Audit Coordinator for Oxford HIM, I work with the rest of our team to provide our consultants with ongoing HIM education and audits which allows each person to be the best that they can be in a competitive staffing market.

I'm originally from California, but I spent 19 years in Texas and Colorado to raise my children. After moving back to California in 2011, I found Oxford HIM and am now happily convinced that I will never have to move again!

Working for Oxford HIM has been an incredible experience. The amount of energy in this office keeps me and everyone else on their toes – there is never a dull moment and no day is ever the same. Over the last 4.5 years, I've watched the San Diego division nearly quadruple in size and become #1 KLAS rated. It has been so great to be part of a growing and truly dynamic team.

When I'm not working, I can be found scouring the beaches for unique shells, eating Mexican food, and spending quality time with my family. As I come upon my fifth anniversary with Oxford HIM, I look forward to seeing where this career will take me!

## Who Knows?

This device is used to prevent internal scarring during the healing process.

Send your answers to:

[Lauren.Pease@oxfordcorp.com](mailto:Lauren.Pease@oxfordcorp.com)

All correct answers will be put into a raffle for a chance to win a \$25 gift card.

## Last Edition's 'Who Knows' Winner

And the winner is ... Jean P.  
Answer: Morphogenetic Proteins

## Consultant Spotlight



**Sally S., HIM Consultant**

My career in coding began with a Family Practice in 1988. My own physician needed someone to work for him and he took a chance on me to do the job. I am forever grateful, as it led to a career that I truly love.

Over the years I have coded in several different departments. I have spent 10 years in Ophthalmology, 7 years in Family Practice, 2 years in Dermatology, and now almost 8 years in Oncology/Hematology. In June 2012 I earned my CPC credential, which has definitely helped me grow my career.

I started working for Oxford HIM in July of 2015. I was looking for coding opportunities in the specific area of Oncology/Hematology, and Oxford HIM was recruiting for the Cape Cod Hospital. Working with David Higgins, I was amazed at how seamlessly the hiring process went.

Whenever I have had to look for a job, I have always viewed it as searching for my new "home". Working for Oxford HIM is the best of both worlds, as now I am working from my home!

In my spare time I enjoy biking the "Rails to Trails" paths in Rhode Island that weave all along the coast of Narragansett Bay and the ocean, as well as working in my yard and reading a good book.

Eventually, when my son graduates high school, I hope to relocate to Pennsylvania. Fortunately, by working for Oxford HIM, I will be able to take my job with me!



# Set the Record Straight



April 2016



## Oxford HIM is rated #1 by KLAS!



For the second year in a row we have been rated #1!

Read more on our #1 KLAS rating here:

<http://ow.ly/YwMZh>

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- ◇ Onsite CDI Manager—West Coast
- ◇ Remote Inpatient Coder—Multiple Locations
- ◇ Remote Outpatient Coder—Multiple Locations
- ◇ Remote Profee Coder

Email [Lauren Pease@oxfordcorp.com](mailto:Lauren.Pease@oxfordcorp.com) today to learn more about these opportunities or refer a friend!

## Refer a Colleague to Oxford HIM

Increase your cash flow by referring other HIM professionals to Oxford HIM!

You can earn **\$500** for every qualified contract or direct hire candidate. The bonus will be paid to you after the referred contract employee has worked 120 hours or the direct hire employee has completed 90 days.

Please ask your recruiter for more details, or email referrals to [Lauren Pease@oxfordcorp.com](mailto:Lauren.Pease@oxfordcorp.com).

## Oxford HIM PTO Benefit

Oxford HIM offers full-time consultants the opportunity to take paid time off! The PTO benefit comes in addition to holiday pay, 401(k) and medical insurance packages, paid travel and other benefits we provide.

If you have any questions, please contact your recruiter or email [HIM@oxfordcorp.com](mailto:HIM@oxfordcorp.com).