

**OA Employee Spotlight**

**Ron Agee,**  
**CCS-P**  
Coding  
Consultant

Growing up the son of a Urologist, I guess you can say I was destined to be in the medical field. My brother also decided to go into medicine, and he became a sports medicine physician. My parents thought I would follow suit, but I didn't really want to pursue anything in medicine. I grew up in San Francisco; however, after graduating from high school I went to college at Morehouse College in Atlanta, Georgia. After graduating college with a BA in sociology, I didn't know what my next venture would be. I was doing some odd temp jobs when my temp agency called me for a position assisting providers and recipients of Georgia Medicaid. I worked for about four years in insurance follow-up before realizing I wanted to further my career in this field. A year later I completed classes at Georgia State for coding and passed my CCS-P exam – that was in September of 2000.

Only a month after I received my certification there was an opening for an outpatient coder in the surgery department at Morehouse School of Medicine. I worked for five years as the outpatient surgery coder at Grady Memorial Hospital for Morehouse School of Medicine. In my fifth year at Grady I received a phone call from a recruiter about consulting and traveling as a coder. It was not long after that call that I hit the road and I haven't looked back since. I enjoy the travel and the experience that consulting provides. Since I have lived in Atlanta for 22 years, I have

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## What is Celiac Disease?

[www.americanceliac.org](http://www.americanceliac.org)

Celiac disease has been known by many different names in medical literature over the years, including gluten-sensitive enteropathy and celiac sprue (to differentiate it from tropical sprue). CELIAC DISEASE can be defined as a permanent intolerance to the gliadin fraction of wheat protein and related alcohol-soluble proteins (called prolamins) found in rye and barley. CELIAC DISEASE occurs in genetically susceptible individuals who eat these proteins, leading to an autoimmune disease, where the body's immune system starts attacking normal tissue. This condition continues as long as these food products are in the diet.

The resulting inflammation and atrophy of the intestinal villi (small, finger-like projections in the small intestine) results in the malabsorption of critical vitamins, minerals, and calories. Signs and symptoms of the disease classically include diarrhea, short stature, iron-deficiency anemia and lactose intolerance. However, many patients will also present with "non-classical" symptoms, such as abdominal pain, "irritable bowel," and osteoporosis. Patients may also be screened for celiac disease because of the presence of another autoimmune disease, such as type I diabetes or thyroid disease, or a family history of celiac disease, without having any obvious symptoms. Serum antibodies can be utilized to screen for celiac disease. However, the key to confirming the diagnosis remains a small intestinal biopsy, and the patient's subsequent clinical response to a gluten-free diet. Clinicians in the United States must maintain a high index of suspicion for this disease, as it is significantly underdiagnosed in this country.

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**ASK THE EXPERT!****What is a Pro-Fee Coder?**

Physician Professional Fee Claims (or Services) Coder – "Pro-Fee" is the fee charged for the professional component of a particular encounter or service. There are some coding circumstances that require both a professional and a technical component. "Pro" focuses specifically on the physician professional aspect. This branch of coding is uniquely characterized by the comprehensive and appropriate use of E/M CPT-4 codes. The E/M section of CPT-4 is divided into various categories (i.e. office visits, hospital visits, and consultations). Most of these categories are then further divided into two or more subcategories of E/M services (i.e. office visits – new patient and established patient or hospital visits – initial and subsequent). The subcategories of E/M services are then even further classified into levels of E/M services that are identified by these specific codes. This classification is essential because the nature of physician work varies by type of service, place of service, and the patient's status.

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# OA Employee of the Month

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## Jeff Piersons Account Executive HIM Contract Team

I grew up with an older brother and a younger sister in a small town just outside of Boston, Massachusetts, called Westwood. Playing sports was

been able to work in various other parts of the country while maintaining my Atlanta residence. I have worked for numerous hospitals and healthcare networks and I have consulted in countless cities. My favorite places that I've worked at so far are New York City and my current assignment in San Diego, California. I have had a few periods along the way of working from home, but I can honestly say that I fit the profile of a road warrior. It has been roughly 16 years in this industry and I am still challenged on a daily basis with new scenarios that keep my job exciting and fresh. Being a consultant coder, one has to become very quick at learning new software systems as well as the policies and procedures of different hospital facilities. Although the coding guidelines are standard throughout the nation, the application of some of the guidelines can be vastly different and vary from hospital to hospital. No two hospitals follow exactly the same policies when it comes to coding and charge capture. The processes are always slightly different.

Being a contract coder one has to be able to absorb information quickly and with minimal training. We as consultants are expected to be the experts in our field, so we have to stay abreast of the changes in the industry, and be sharp when it comes to a variety of different specialties and fields of coding. Given my experience, people have asked me if I would consider sitting for the CCS and become an inpatient coder. I have never really had a desire to do inpatient coding, partly because there has always been plenty of work to keep me busy on the outpatient side. Knowing that ICD-10 is coming soon, I am told I should sit for the CCS before ICD-10 is implemented. I am still weighing my options, but I honestly don't see a slow down on either end (inpatient or outpatient) when it comes to a demand for experienced and proficient coders. I have worked the whole gamut of outpatient coding, auditing, and education assignments. Out of all the positions that I have held, I most like the auditing and education assignments. I have a very outgoing personality and I most enjoy interacting with other individuals. Teaching physicians about effective and accurate coding can sometimes be very challenging, but also can be very rewarding. That desire might come from my mother. She was an elementary teacher for over 30 years before retiring. I am not sure where my travels will lead next, however I enjoy the long assignments that allow me to stay in one location for a year or so. That allows me to really get a feel of that city and what the culture of that city is really like.

pretty much all I cared about as a kid – football, baseball, basketball, lacrosse, you name it and I was playing it. After high school I attended Quinnipiac University in Hamden, Connecticut, where I discovered a new sport called rugby. College went by way too fast, as it does for most people. After graduating from college I was able to land an insurance sales job in Boston. A friend of mine had season tickets to the Red Sox and I spent the majority of my summer week nights attending Red Sox games. After two years in Boston I decided it was time for a change and I moved to San Diego, California. A friend and I packed up as much of our belongings as we could fit into his jeep and drove across country for a new life.

In San Diego I took a job as an internal recruiter for a nurse staffing organization. I didn't know anything about the nurse staffing world and I had no clue what I was really getting into. The best part was that I was really enjoying the recruiting business. I worked there for about five years and then I took a job as a full desk recruiter in Tampa, Florida, focusing on EHR professionals. For the second time in life I found myself moving across the country. I was really excited to start recruiting and selling in the Healthcare/IT world. Every hospital in the country was transitioning to these new EHR systems and I wanted to strike while the iron was hot. At the end of June of this year I had the opportunity to move back to San Diego and join On Assignment HIM. I jumped at the chance, and for the third and final time I found myself moving across the country. Right now I am transitioning into the HIM division here at On Assignment. The HIM team has been amazing so far. Everyone on the team has reached out to me to help make this transition as easy as possible.

On a personal note, I was lucky enough to marry my girlfriend in February of this year. We were married in Jamaica, overlooking the ocean with a small group of friends and family. We spent eight days in Jamaica and then headed off to Costa Rica for our honeymoon.

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**Required text:** *Comprehensive Anatomy and Physiology for ICD-10 CM Coding* (Ingenix) \$85

**Classes begin the week of September 3, 2012** – to register or for more information, please contact TORIONIT at 404-333-8674 or [vweinert@torionit.com](mailto:vweinert@torionit.com)



## DID YOU KNOW?

Evaluation and Management or E&M or E/M codes are a sub-specialty of the CPT-4 code set, which describe different types of (codes and/or levels of care) for physician and patient encounters, such as office and/or hospital visits.

The E/M Guidelines (two versions: 1995 and 1997) describe the documentation requirements for assigning the E/M codes. The physician or coder will use either the 1995 or 1997 E/M guidelines as it is inappropriate to combine elements from both guides to the same case. The History and Medical Decision Making are very similar between the 1995 and 1997 guidelines. The documentation requirement for the Physical Exam requirement seems to be the telling difference between the two guidelines.

There are three key components when selecting the appropriate level of E/M service provided: **history**, **examination**, and **medical decision making**. Visits that consist predominately of counseling and/or coordination of care are an exception to this rule. For these visits, **time** is the key or controlling factor to qualify for a particular level of E/M services.

Although slightly dated, this is a very excellent resource for information regarding Evaluation and Management or E&M or E/M coding:

[https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval\\_mgmt\\_serv\\_guide-1CN006764.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval_mgmt_serv_guide-1CN006764.pdf)



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### What is a wheat allergy?

People can also have other medical problems, besides celiac disease, when they eat wheat and related proteins. Wheat allergy is one of the top eight food allergies in the United States. Allergic reactions after eating wheat may include reactions in the skin, mouth, lungs, and even the GI tract. Symptoms of wheat allergy can include rash, wheezing, lip swelling, abdominal pain, and diarrhea. The branch of the immune system activated in allergic reactions is different from the branch thought to be responsible for the autoimmune reactions of celiac disease.

### What is gluten intolerance?

People can also experience 'intolerance' to gluten. Food intolerances are not thought to be immune-mediated. GI symptoms with wheat or gluten intolerance may include gassiness, abdominal pain, abdominal distension, and diarrhea. These symptoms are usually transient, and are thought to NOT cause permanent damage.

### What is lactose intolerance?

Patients with lactose intolerance, where the lactose sugar in dairy products is not digested well, may also experience gassiness, abdominal pain, abdominal distension, and diarrhea. Like gluten or wheat intolerance, these symptoms will pass once the lactose is out of the person's system, and will not cause permanent damage.

### Why is it important to know if you have celiac disease, versus wheat allergy or gluten intolerance?

Celiac disease, wheat allergy, and gluten intolerance are treated similarly, in that patients with these conditions must remove wheat from their diet. It is important to note, however, that there is a difference between these three medical problems. Celiac disease is an autoimmune condition, where the body's immune system starts attacking normal tissue, such as intestinal tissue, in response to eating gluten. Because of this, people with celiac disease are at risk for malabsorption of food, which causes nutritional deficiencies and may result in conditions such as iron deficiency anemia, osteopenia, and osteoporosis. Persons with a wheat allergy or gluten intolerance usually do not have severe intestinal damage, and therefore are not at risk for these nutritional deficiencies. They also are not at an increased risk of developing other autoimmune conditions.

Unlike a food allergy or food intolerance, celiac disease is an inherited condition. This means family members may have it, too. For this reason, if someone in your family is diagnosed, it is recommended that first-degree relatives (parents, children, siblings) are screened as well. Finally, celiac disease involves the activation of a particular type of white blood cell, the T lymphocyte, as well as other parts of the immune system, which may increase the risk of developing GI cancers, in particular lymphomas, in

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Health Information Management

## ? WHO KNOWS ?

*Is this statement True or False?*

**A.** Within each category and subcategory of E/M or E&M services, there are three to five levels of care available for billing purposes. These levels of care are interchangeable among the different categories and subcategories of service.

*Is this statement True or False?*

**B.** For emergency room code assignment of (99281 to 99285) E/M or E&M services no distinction is made between new and established patients.

Send your answers to:

[kristin.walsh@onassignment.com](mailto:kristin.walsh@onassignment.com)

**All correct answers will be put into a raffle for a chance to win a \$25 gift card from On Assignment HIM!**

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persons with celiac disease. Since food allergies and intolerances do not involve this particular immune system pathway, these patients are not at an increased risk for these cancers.

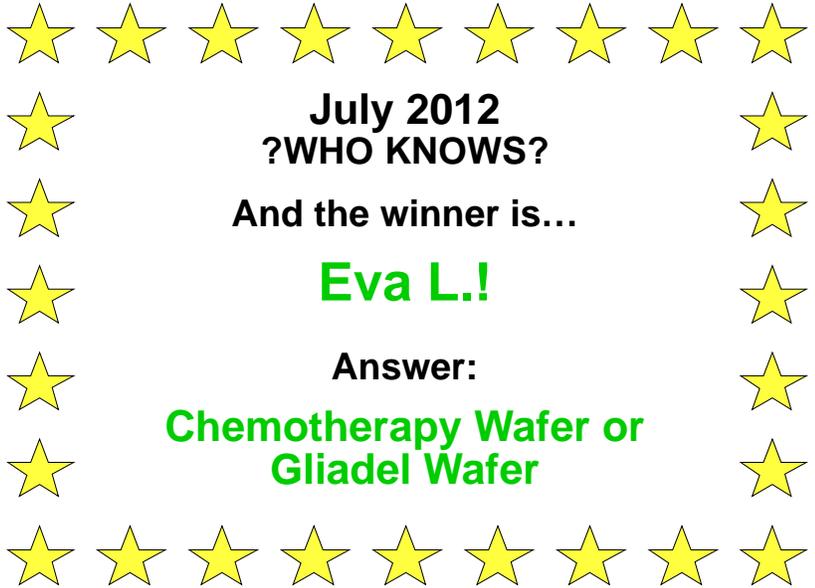
While celiac disease, wheat allergy, and gluten intolerance may be treated with similar diets, they are not the same conditions. Due to the genetic component, and risk of nutritional deficiencies, other autoimmune diseases, and GI cancers, it is very important for a person to be properly diagnosed.

This article can be found at:

<http://americanceeliac.org/celiac-disease/>

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**July 2012  
?WHO KNOWS?**

**And the winner is...**

**Eva L.!**

**Answer:**

**Chemotherapy Wafer or  
Gliadel Wafer**

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*On Assignment*  
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