

Coding Central Venous Access Devices

Audio Seminar/Webinar
August 7, 2008

Practical Tools for Seminar Learning

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The faculty has reported no vested interests or disclosures regarding this presentation.

Faculty

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Alicia Franklin is HIM Director of Allegiance Specialty Hospital of Little Rock , AR. Ms. Franklin has over 10 years of experience with physician-based radiology coding, HIPAA compliance, coding, and Charge Master, and previously provided consulting services for hospitals and physician offices on coding, billing, and medical staff documentation. She also provides coding education and support to medical staff and other billing and healthcare personnel.

Karen Scott, MEd, RHIA, CCS-P, CPC

Karen Scott has over 20 years experience in the healthcare field. Ms. Scott is the owner of Karen Scott Seminars and Consulting, through which she teaches seminars on coding, reimbursement, medical terminology, and management throughout the country. She has been an educator for many years, and has two AHIMA publications: Coding and Reimbursement for Hospital Inpatient Services, and Medical Coding for the NonCoder: Understanding Coding and Reimbursement in Today's Healthcare Society.

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Objectives of this Seminar:

- ◆ Review clinical indications and techniques used to insert a central venous access catheter and device
- ◆ Discuss the procedures requiring intervention such as repair, partial replacement, and removal of a catheter or device once one has been placed

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Objectives of this Seminar:

- ◆ Review VAD CPT® coding guidelines for these procedures
- ◆ Deliver challenging case scenarios that apply CPT® coding guidelines for central venous procedures

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Polling Question #1



Using ultrasound guidance the internal jugular vein was punctured with a 21-gauge needle. A guidewire was inserted. A 14.5 French, 19 centimeter tip to cuff, dual lumen dialysis catheter was placed through the subcutaneous tunnel. A small incision was made at the jugular vein puncture site and a peel-away sheath was placed in the jugular vein. The catheter was inserted via the peel-away sheath. The small incision site was closed. The catheter was accessed, flushed, and found to be fully functional. The catheter was secured with suture. A sterile dressing was applied to the jugular vein puncture site and catheter exit site. The above case is a _____ procedure?

- *1 Tunneled, centrally inserted
- *2 Tunneled, peripherally inserted
- *3 Non-tunneled, centrally inserted
- *4 Peripherally inserted

3

Venous Access Devices Defined:

- ◆ Small, flexible tubes placed in large veins
- ◆ Implanted under the skin
- ◆ Allow medications to be delivered directly into larger veins
- ◆ Less likely to clot
- ◆ Can be left in for long periods
- ◆ Allow frequent access to the veins without deep needle sticks.

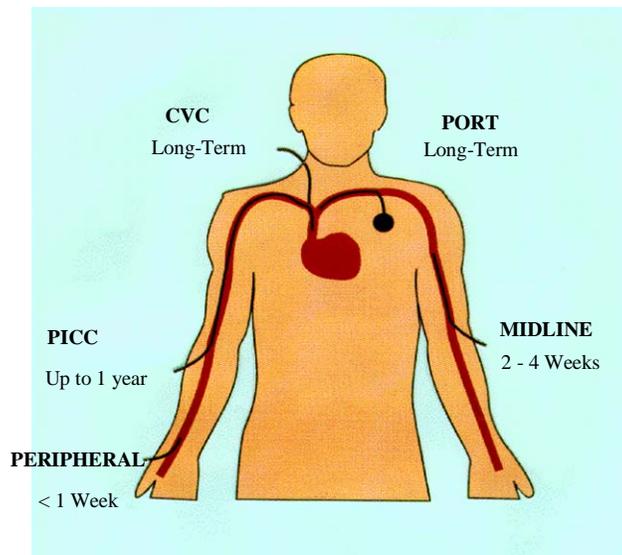
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Other Terms Used:

- ◆ Venous access ports
- ◆ Port-a-cath
- ◆ Access catheters
- ◆ CVAD- Central Venous Access Device
- ◆ PICC Lines

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Placement of Lines:



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Uses:

- ◆ Patients who require frequent access to the bloodstream
- ◆ Administration of medications - Antibiotics, chemotherapy drugs, other IV drugs
- ◆ Administration of fluids and nutritional compounds (hyperalimentation)
- ◆ Transfusion of blood products
- ◆ Multiple blood draws for diagnostic testing

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Placement:

- ◆ Usually in one of the large veins of the chest or neck or in the groin
- ◆ Catheters
 - Inserted by tunneling under the skin into subclavian vein (beneath collarbone)
 - Internal jugular vein (neck)
- ◆ The part of catheter where medications given/blood drawn is left external

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Port Placement:

- ◆ **Raised disk about size of quarter placed completely below skin**
- ◆ **Use needle through skin into port or reservoir**

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PICC:

- ◆ **Peripherally inserted central catheter (PICC) lines**
- ◆ **Inserted into large vein in the arm**
- ◆ **Advanced forward into subclavian vein**

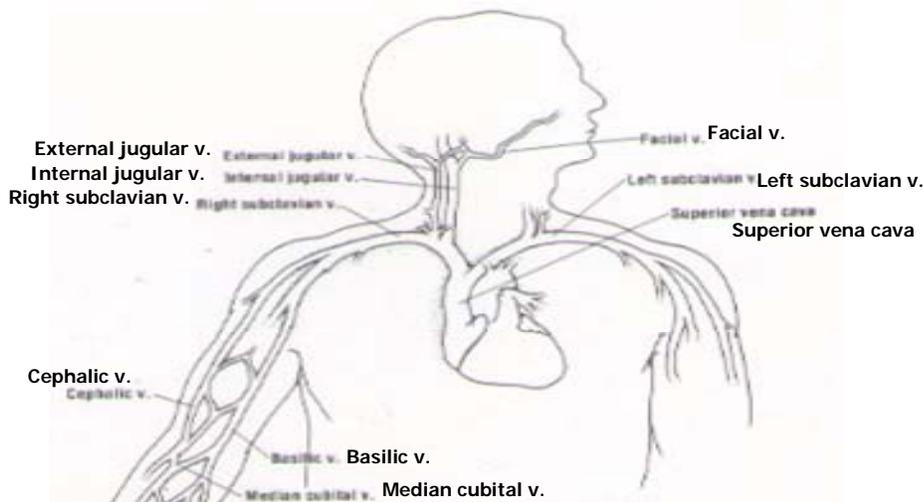
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Central Venous Access Devices:

- ◆ CPT® codes 36555 – 36598
- ◆ Surgery – Cardiovascular System section

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Site Selection



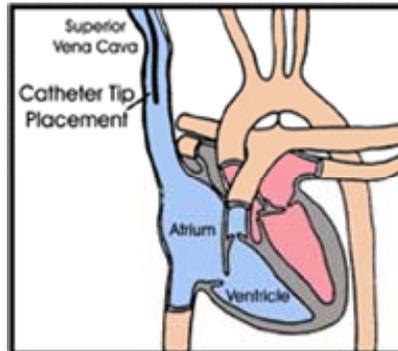
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Central Venous Access Devices:

- ◆ Made of soft flexible material inserted into a large vein of the peripheral

Qualifications:

- ◆ Location of tip of catheter
 - Subclavian
 - Brachiocephalic (innominate) or iliac veins
 - Superior or inferior vena cava
 - Right atrium



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CVA Device Important Factors:

- ◆ Insertion/puncture location (Central or Peripheral)
- ◆ Age of the patient (Age 5 is cutoff)
- ◆ Tunneled or non-tunneled
- ◆ Port and/or pump
- ◆ No coding distinction between venous access achieved percutaneously versus by cutdown or based on catheter size

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CVA Device Insertion:

Two types:

- ♦ **Central – puncture into the jugular, subclavian, femoral vein or in the inferior vena cava**
- ♦ **Peripheral – basilic or cephalic vein**

15

CVA Device Access:

- ♦ **Exposed catheter (external to the skin)**
- ♦ **Subcutaneous port or pump**

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Five Categories of Procedures:

- ◆ Insertion
- ◆ Repair
- ◆ Partial Replacement
- ◆ Complete Replacement
- ◆ Removal

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***Insertion, Repair, Removal
Definitions:***

- ◆ Insertion
 - Placement of catheter through **NEWLY** established venous access
- ◆ Repair
 - Fixing device with no replacement
 - Of catheter or port or pump
- ◆ Removal
 - Of entire device

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Replacement:

- ◆ **Partial Replacement**
 - Catheter component only
 - Not entire device
- ◆ **Complete Replacement**
 - Of entire device
 - Through same access site

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Polling Question #2: Example Case Study



- ◆ **Procedure:** Replacement of subcutaneous port
- ◆ **Clinical History:** 4 year old white male who has been receiving chemotherapy through a port on the left side which was malfunctioning, so we decided to remove the port and replace it with a new one.
- ◆ After successful anesthesia was started, the patient was prepped and draped in the routine manner. An incision was placed over the previous scar including the scar into the incision. Skin and subcutaneous tissue was divided and the port was delivered out of the cavity taking care not to remove the catheter from the track. We divided the catheter and tried to place the guidewire, using fluoroscopy, but could not get the guidewire and sheath to pass through. We then decided to put the port on the right side.

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Polling Question #2:
Example Case Study (cont.)



- ♦ Sutures were taken from the exit hole of the catheter from the left side. A fresh needle stick was done into the subclavian vein and without any difficulty the guidewire was passed into the artery. A subcutaneous pocket was created of sufficient size to accommodate the port. The port was fixed to the subcutaneous pocket by silk sutures. Dilator and sheath were passed and the catheter was cut to the correct length using fluoro. The introducer was removed and catheter was placed into the sheath. We then removed the sheath and the catheter checked with fluoro to be in the correct position. The subcutaneous pockets on both sides were closed in layers using Vicryl. The patient was transferred to recovery room after tolerating the procedure well.

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Polling Question #2:
Answer Choices



This case should be coded using which of the following codes?

- *1 Repair
- *2 Both Insertion and Removal codes
- *3 Partial Replacement
- *4 Total Replacement

22

Tunneled and Non-tunneled:

- ◆ **Non-tunneled**
 - Catheter placed directly into venous system
- ◆ **Tunneled**
 - Catheter is tunneled under the skin
 - Usually entire catheter is imbedded
 - Port or Pump can be used to hold/pump medications

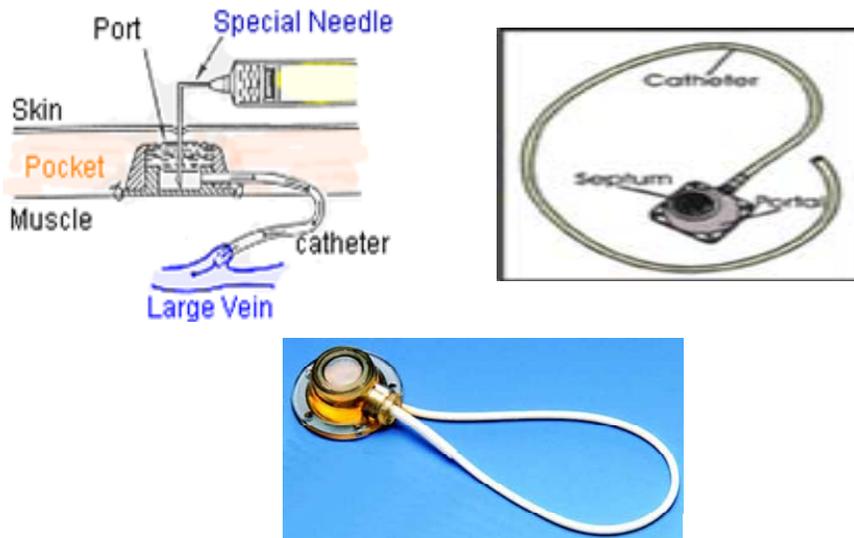
23

CVA Devices Can Have:

- ◆ **Ports**
- ◆ **Pumps**
- ◆ **Or Neither**

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CVA Devices



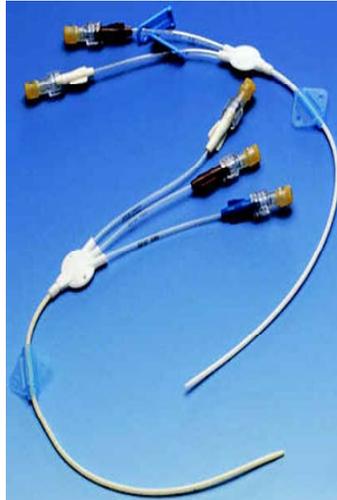
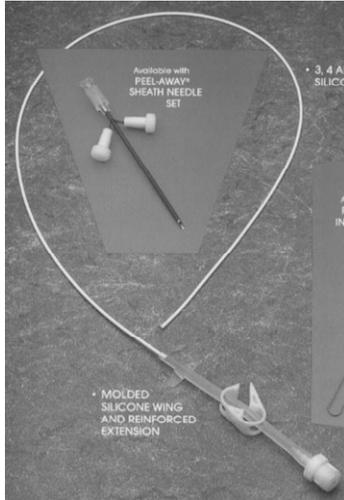
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Common Names for Devices:

- ◆ **Non-tunneled**
- ◆ **Triple Lumen**

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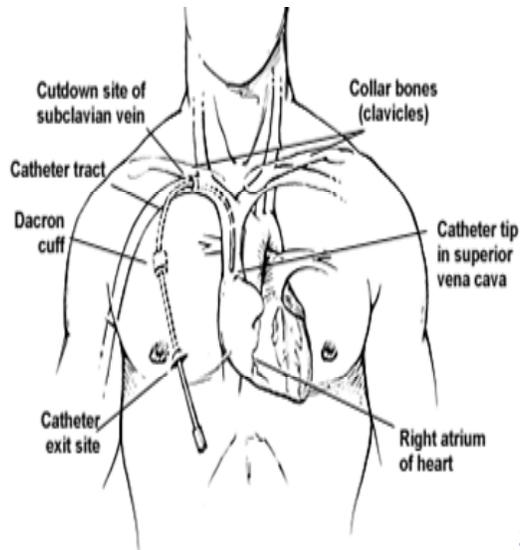
CVA Devices:



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Tunneled:

- ◆ Hickman
- ◆ Broviac
- ◆ Groshong



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Insertion of Central Venous Access Devices:

36555 –

- ♦ Non-tunneled
- ♦ Centrally inserted
- ♦ Under age 5
- ♦ APC 0621 SI T

36556 –

- ♦ Non-tunneled
- ♦ Centrally inserted
- ♦ Age 5 and older
- ♦ \$539.97

29

Example 1:

Procedure: Insertion of non-tunneled centrally inserted central venous catheter, age 5 years or older

Clinical History: 54 year old with cirrhosis , hypertension and end-stage renal disease requiring dialysis

Using ultrasound guidance the internal jugular vein was punctured with a 21-gauge needle. A guidewire was inserted. The guidewire tract was dilated. A 14.5 French, 15 centimeter catheter was inserted over the guidewire. The catheter was accessed, flushed, and found to be fully functional. The catheter was secured with suture. A sterile dressing was applied to the catheter exit site. Real-time ultrasound visualization of vascular needle entry was performed. Permanent recording and reporting of the ultrasound component of the vascular access procedure was performed. Fluoroscopic and digital imaging showed appropriate pathway of all catheters and guidewires. The final catheter tip is documented at the superior vena cava-right atrium junction level at the completion of the procedure. A permanent radiographic image to document catheter tip position was obtained.

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Insertion of Central Venous Access Devices:

36557 –

- ♦ Tunneled
- ♦ Centrally inserted
- ♦ Under age 5
- ♦ Without port/pump
- ♦ APC 0622 SI T

36558 –

- ♦ Tunneled
- ♦ Centrally inserted
- ♦ Age 5 and older
- ♦ Without port/pump
- ♦ \$1393.26

31

Example 2:

Procedure: Percutaneous placement of a single-lumen Hickman catheter through the left subclavian vein.

Clinical History: 37 year old female with Metastatic breast carcinoma.

After satisfactory anesthesia, the lower neck, upper arms and chest were prepped and draped in the normal fashion. The left subclavian vein was entered percutaneously without difficulty and a guidewire was placed in the superior vena cava. A stab incision was made in the skin just medial and superior to the left breast.

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Example 2: (cont.)

The catheter was attached to a tunneler and brought out inferior to the clavicle beside the guide wire. With the cuff in the center of the tunnel, the catheter was trimmed to proper length. Introducer and sheath were placed in the subclavian and passed into the vena cava over the guide wire, then the introducer and guidewire were removed. The proximal end of the catheter was passed through the sheath into the junction of the vena cava and right atrium using fluoroscopy. The sheath was removed and the catheter was checked for blood return and correct placement. The skin was closed, the patient was sent to recovery in stable condition.

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Insertion of Central Venous Access Devices:

36560 –

- ◆ Tunneled
- ◆ Centrally inserted
- ◆ *With subcutaneous port*
- ◆ Under age 5
- ◆ APC 0623 SI T

36561 –

- ◆ Tunneled
- ◆ Centrally inserted
- ◆ *With subcutaneous port*
- ◆ Age 5 and older
- ◆ \$1752.03

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Example 3:

Procedure: Insertion of centrally inserted central venous access device, with subcutaneous port; age 5 years or older.

Clinical History: 68 year old female with history of inguinal spindle cell sarcoma presenting for chemo port placement.

Informed consent was obtained prior to the procedure. The risks and benefits were explained. The right chest and neck were prepped and draped in a sterile manner. Using ultrasound guidance, the internal jugular vein was punctured with a 21-gauge needle. A guidewire inserted. A small incision was made along the chest wall. A subcutaneous pocket was made using blunt dissection. A Power Port was selected for insertion. The subcutaneous pocket was irrigated. The chamber component was placed in the subq pocket. The catheter component was connected to the chamber component and tunneled subq to the jugular vein puncture site. A small incision was made at the jugular vein puncture site and a peel-away sheath was placed in the jugular vein.

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Example 3: (cont.)

The catheter was cut to the appropriate length and inserted via the peel-away sheath. The incisions were closed with absorbable suture. The port was accessed, flushed, and found to be fully functional. A sterile dressing was applied to the jugular vein puncture site and port chamber insertion site.

Real-time ultrasound visualization of vascular needle entry was performed. Permanent recording and reporting of ultrasound component of the vascular access procedure was performed. Fluoroscopic and digital imaging showed appropriate pathway of all catheters and guidewires. The final catheter tip position is documented at the superior vena cava-right atrium junction level at the completion of the procedure. A permanent radiographic image to document catheter tip position was obtained.

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Insertion of Central Venous Access Devices:

36563 –

- ♦ Tunneled
- ♦ Centrally inserted
- ♦ *With subcutaneous pump*
- ♦ APC 0623 SI T
- ♦ \$1752.03
- **Age is not a factor for this CPT® code

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Insertion of Central Venous Access Devices:

36565 –

- ♦ Tunneled
- ♦ Centrally inserted
- ♦ *Requiring 2 catheters via 2 separate venous access sites (Tesio Catheter)*
- ♦ *Without subcutaneous port/pump*
- ♦ APC 0623 SI T
- ♦ \$1752.03
- **Age is not a factor

36566 –

- ♦ Tunneled
- ♦ Centrally inserted
- ♦ *Requiring 2 catheters via 2 separate venous access sites*
- ♦ *With subcutaneous port(s)*
- ♦ APC 0625 SI T
- ♦ \$5130.17
- **Age is not a factor

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Peripherally Inserted Central Venous Catheters (PICC):

36568 –

- ♦ Peripherally inserted
- ♦ Without subcutaneous port/pump
- ♦ Under age 5
- ♦ APC 621 SI T

36569 –

- ♦ Peripherally inserted
- ♦ Without subcutaneous port/pump
- ♦ Age 5 and older
- ♦ \$539.97

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PICC Line: Example 1

Procedure: Insertion of a peripherally inserted central venous catheter (PICC), without subcutaneous port, age 5 years or older

Clinical History: 54 year old female status post end-stage renal disease requiring analysis and hepatitis C. Primary service requests IV access.

Informed consent was obtained prior to the procedure. The risks and benefits were explained. The left upper arm was prepped and draped in a sterile manner. Using ultrasound guidance the basilic vein was punctured with a 21-gauge needle. A guidewire was inserted. A peel-away sheath was placed. A 5 French dual lumen Power PICC was cut to 41 cm in length. The catheter was inserted via the peel-away sheath. The PICC was accessed, flushed, and found to be fully functional. A sterile dressing was applied.

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PICC Line: Example 1 (cont.)

The basilic vein was evaluated as a potential access site. The vein was documented to be patent. Real-time ultrasound visualization of vascular needle entry was performed. Permanent recording and reporting of the ultrasound component of the vascular access procedure was performed. Fluoroscopic and digital imaging showed appropriate pathway of all catheters and guidewires. The final catheter tip position is documented at the superior vena cava-right atrium junction level at the completion of the procedure. A permanent radiographic image to document catheter tip position was obtained.

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Peripherally Inserted Central Venous Catheters (PICC): (cont.)

- | | |
|--|--|
| <p>36570 –</p> <ul style="list-style-type: none"> ♦ Peripherally inserted ♦ With subcutaneous port ♦ Under age 5 ♦ APC 622 SI T | <p>36571 –</p> <ul style="list-style-type: none"> ♦ Peripherally inserted ♦ With subcutaneous port ♦ Age 5 and older \$1393.26 |
|--|--|

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PICC Line: Example 2

Procedure: Chemoport Placement

Clinical History: 11-year-old male with history of propionic academia in need for recurrent IV access for treatment

Informed consent was obtained prior to the procedure. The risks and benefits were explained. The patient was sterilely prepped and draped and the right arm is accessed via a microwire system. This was done under ultrasound guidance. **A pocket was developed for the chemoport device. The catheter was then directed to the upper right atrial level under fluoroscopic guidance. Dual lumens were checked for flow and flushed. The port pocket was closed with monocryl suture. A sterile dry dressing was applied over the region.** Ultrasound guided, fluoroscopic guidance and still images of both these modalities were used for revealing the right basilic vein to the patient. Fluoroscopic image was saved confirming proper position of the catheter tip at the upper right atrial level.

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Device / Catheter Repair:

- ◆ **36575 – tunneled or non-tunneled, *without* subcutaneous port or pump, central or peripheral insertion site**
- ◆ **36576 – *with* subcutaneous port or pump, central or peripheral insertion site**
- ◆ **Both are APC 621 SI T \$539.97**

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Partial Replacement: (Catheter Only)

- ◆ **36578 – replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site**
- ◆ **APC 622 \$1393.26**

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Central / Non-tunneled: Complete Replacement

- 36580 –**
- **Non-tunneled**
 - **Centrally inserted**
 - **Without subcutaneous port or pump**
 - **Same venous access**
 - **APC 0621 SI T, \$539.26**

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Central / Tunneled: Complete Replacement

- ♦ **36581 –**
 - Tunneled
 - Centrally inserted
 - Same venous access
 - *Without subcutaneous port or pump*
 - APC 0622
- ♦ **36582 –**
 - ...*with* subcutaneous port
 - APC 0623
- ♦ **36583 –**
 - ...*with* subcutaneous pump
 - APC 0623

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PICC: Complete Replacement

- ♦ **36584 –**
 - Peripherally inserted
 - *Without* subcutaneous port or pump
 - Same venous access
 - APC 0621
- ♦ **36585 –**
 - Peripherally inserted
 - *With* subcutaneous port or pump
 - Same venous access
 - APC 0622

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PICC: Replacement Example

Procedure: Percutaneous inserted central venous catheter replacement

Clinical History: 48 year old female with history of multiple sclerosis with long-term medication needs presenting for PICC line replacement secondary to malfunction.

Informed consent was obtained prior to procedure. Risks and benefits were explained. The patient was brought into the IR suite and placed in the supine position. The skin and indwelling catheter was cleaned and draped in the usual sterile fashion. **A wires was advanced through the indwelling catheter and the catheter was removed. A 48 cm power PICC was then advanced over the wire.** The catheter was then sutured to the subcutaneous tissues at the entrance site. Patient tolerated the procedure without difficulty.

Fluoroscopic guidance was utilized for all wires and catheters. A digital image was obtained post procedurally and demonstrated the R PICC to be projected over the proximal third of the right atrium. Appropriate radiographic images were saved to the patient's permanent archive.

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Removal of Tunneled CVA Device:

- ♦ **36589 –**
 - Removal
 - Tunneled central venous catheter
 - *Without* subcutaneous port or pump

- ♦ **36590 –**
 - Removal
 - Tunneled central venous catheter
 - *With* subcutaneous port or pump
 - Central or peripheral insertion
- ♦ **Both APC 0621 SI T**

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Mechanical Removal of Obstructive Material:

- ◆ **36595**
 - Pericatheter obstructive material such as fibrin sheath via Separate Access
 - APC 0622 SI T
- ◆ **36596**
 - Intraluminal/intracatheter obstructive material through device lumen
 - APC 621 SI T

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Other Central Venous Access Procedures:

**36597 –
Repositioning of previously placed
central venous catheter under
fluoroscopic guidance
APC 0621**

(For fluoroscopic guidance, use 76000)

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Other Central Venous Access Procedures:

36598 –

Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report

APC 0340, SI X, \$37.51

(Do not report 36598 in conjunction with 76000)

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Be Cautious!

Watch “do not report” notes with these codes

Many notes in CPT® to show which codes should be used together

When can you also code the radiology procedures?

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Central Venous Access Device Guidance:

- +77001 – fluoroscopic guidance for CVA device placement, replacement (catheter only or complete), or removal**
- ♦ **List separately**
- ♦ **Includes fluoro guidance for:**
 - **Vascular access**
 - **Catheter manipulation**
 - **Contrast injections**
 - ***Radiographic documentation of final catheter position***

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Central Venous Access Device Guidance: (cont.)

- +76937 – ultrasound guidance for vascular access**
- **Evaluation of potential access sites**
- **Selected vessel patency**
- **Concurrent realtime U/S visualization**
- **Permanent recording and reporting**
- **List separately**

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***Conscious Sedation
Documentation:***

- ♦ **Included in many CVA device procedures**
- ♦ **Icon located in CPT® book:**
 - **Central: 36565 & 36566**
 - **PICC: 36568, 36569, 36570, 36571, & 36576**
 - **Replacements:**
 - **Partial: 36578**
 - **Complete: 36581, 36582, 36583, & 36585**
 - **Removal: 36590**

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ICD-9-CM Coding of CVA Devices:

996.1 – Mechanical complication

996.74 – Complication of vascular catheter

V58.81 – Removal or replacement of vascular catheter

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***American College of Radiology (ACR)
Practice Guidelines – Documentation:***

- ◆ **Demographics**
- ◆ **Name of Exam**
- ◆ **Reason for the Exam –
Signs/Symptoms**
- ◆ **Body of Report**
- ◆ **Impression/Complications**
- ◆ **Radiologist**

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Important Edits:

- ◆ **NCCI**
- ◆ **Modifiers**
- ◆ **Global days**

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Resource/Reference List

- American College of Radiology: *ACR Practice Guideline for Communication of Diagnostic Imaging Findings*. October 2005.
http://www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/dx/comm_diag_rad.aspx
- Doylestown Hospital: *IV Therapy Skills Related to Central Access Devices*. (Pictures on Slides)
www.mc3.edu/peopplac/r_fac/ddalrym/centrallineclass2.ppt
- AMA's CPT® Book 2008
- ICD-9-CM Book 2008

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Audience Questions



Audio Seminar Discussion



***Following today's live seminar
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2008 seminar schedule.

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pre-recorded Webcasts of
past seminars.



Upcoming Seminars/Webinars

POA and DRG Methodologies

August 21, 2008

FY09 ICD-9-CM Diagnosis Code Updates

September 11, 2008

**FY09 Rehabilitation Coding and IRF PPS
Update**

September 16, 2008

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print their CE certificate**

**Certificates will be awarded for
AHIMA Continuing Education Credit**



Appendix

Resource/Reference List	35
CE Certificate Instructions	

Appendix

Resource/Reference List

http://www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/dx/comm_diag_rad.aspx

www.mc3.edu/peoplac/r_fac/ddalrym/centrallineclass2.ppt



To receive your

CE Certificate

Please go to the AHIMA Web site

<http://campus.ahima.org/audio/2008seminars.html>

click on the link to

"Sign In and Complete Online Evaluation"
listed for this seminar.

You will be automatically linked to the
CE certificate for this seminar after completing
the evaluation.

Each participant expecting to receive continuing education credit must complete the online evaluation and sign-in information after the seminar, in order to view and print the CE certificate.