

***The Coding Profession:
What to Do Now for
What's Next***

Audio Seminar/Webinar
March 27, 2008

Disclaimer

The American Health Information Management Association makes no representation or guarantee with respect to the contents herein and specifically disclaims any implied guarantee of suitability for any specific purpose. AHIMA has no liability or responsibility to any person or entity with respect to any loss or damage caused by the use of this audio seminar, including but not limited to any loss of revenue, interruption of service, loss of business, or indirect damages resulting from the use of this program. AHIMA makes no guarantee that the use of this program will prevent differences of opinion or disputes with Medicare or other third party payers as to the amount that will be paid to providers of service.

As a provider of continuing education, the American Health Information Management Association (AHIMA) must assure balance, independence, objectivity and scientific rigor in all of its endeavors. AHIMA is solely responsible for control of program objectives and content and the selection of presenters. All speakers and planning committee members are expected to disclose to the audience: (1) any significant financial interest or other relationships with the manufacturer(s) or provider(s) of any commercial product(s) or services(s) discussed in an educational presentation; (2) any significant financial interest or other relationship with any companies providing commercial support for the activity; and (3) if the presentation will include discussion of investigational or unlabeled uses of a product. The intent of this requirement is not to prevent a speaker with commercial affiliations from presenting, but rather to provide the participants with information from which they may make their own judgments.

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

Faculty

Claudia A Brigham, CCS, RHIT

Ms. Brigham is HIM Director at the North Arkansas Regional Medical Center and Co-Chair of the ARHIMA Coding Roundtable. She received her Bachelor of Science from the College of the Ozarks; in 2002, she earned a Associate of Science in Medical Records Technology from the University of Arkansas for Medical Science in Little Rock. Claudia is a Certified Coding Specialist and a Certified a Tumor Registrar.

Susan Von Kirchoff, MEd, RHIA, CCS, CCS-P

Ms. Kirchoff is a member of the BKD Health Care Group. She has 11 years of health information experience in the areas of ICD-9-CM and CPT coding for inpatient and outpatient coding and reimbursement. She has conducted seminars nationally on compliance, coding, documentation, audits, and billing topics.

Susan has authored and published study guides to assist healthcare professionals in successfully passing the National Certified Coding Specialist Exam and Physician Based Exam. She also authored 45 ICD-9-CM, CPT-4 and HCPCS instructor training material for Universities nationally, including hands-on training material and mock examinations. Susan has taught ICD-9-CM, CPT-4, and HCPCS courses via compressed video with computerized instruction.

Susan is a Registered Health Information Administrator (RHIA), Certified Coding Specialist (CCS), Certified Coding Specialist-Physician based (CCS-P) and an active member of the Arkansas Health Information Management Association where she serves as President.

Anita Spears, CCS

Ms. Spears is Coding Coordinator for the North Arkansas Regional Medical Center. She is a member of the Arkansas HIMA and has served as the Chairman of their Coding Roundtable.

Table of Contents

Disclaimer	i
Faculty	ii
Seminar Objectives	
A Look at the Big Picture	1
Examples of Key Issues	
CMS Expanded Use of Clinical Coded Data	2
Quality Improvement Organization	
QIO Vision	3
Scope of Work (SOW) Measures	4
Program	4
Pay for Performance	
Deficit Reduction Act	5
CMS Hospital-Acquired Conditions.....	6
Examples.....	6
CMS Present on Admission	7
MS-DRG Impact	7
Coding Skill Sets – RAC	8
Improper Payment – FY2008.....	9
Mandatory Certified Coders???......	9
RAC Incorrect Coding #1 in Errors	10
RAC TARGETS – Inpatient Hospital	10
Outpatient.....	11
Skilled Nursing Facility.....	11
Physician.....	12
Certified Coders to Conduct Complex Reviews.....	12
Coder’s Knowledge.....	13
Coding Auditor/RAC Auditor	13
RAC Example Overpayments FY2007.....	14
RAC Data Algorithmic Translation.....	14
Computer Assisted Coding – CAC	
CAC Defined	15
Advantages and Barriers	16
Polling Question	16
Year 2016	
Evolution of Coding Tools.....	17
Industry – Evolution of Change.....	18
Interoperability and the Role of Clinical Terminologies.....	18
Prepare for Transformational Changes	19
HIM Professionals	
Awareness knowledge/novice language proficiency	19
Fundamental knowledge/intermediate language	20
Analysis/application knowledge/advanced language	20
Advanced knowledge/superior language.....	21
AHIMA	
CoP	22
Resource	22
Audience Questions	
Appendix	26
Resource List	27
CE Certificate Instructions	30

Table of Contents

Objectives



- ♦ Provide an industry update on emerging coding issues
- ♦ Review how coding professionals can position themselves to successfully meet present and future coding industry issues

1

A Look at the Big Picture

- ♦ AHIMA Board of Directors
Past President, Bryon Pickard stated:
“Coding skills are going to be one of the most sought after and demanded skills in Healthcare”
- ♦ AHIMA Past President,
Margaret Skurka stated:
“Coding is one of the cornerstones of our profession”

2

Examples of Key Issues Shaping the Coding Industry

- ♦ Expanded uses of coded data
- ♦ Compliance and reimbursement
- ♦ State of traditional coding systems
- ♦ Interoperability of the electronic health record (EHR) and the role of clinical terminologies
- ♦ State of mapping
- ♦ Computer-assisted coding
- ♦ Work force
- ♦ Education



3

Examples of CMS Expanded Use of Clinical Coded Data for Quality and Payment Initiatives

- ♦ Quality Improvement Organization (QIO) Scope of Work (SOW)
- ♦ Pay for Performance (P4P)
- ♦ Present on Admission Indicator/ Hospital-Acquired Conditions
- ♦ Never Events
- ♦ MS-DRGs
- ♦ Recovery Audit Contractors (RACs)

4

Quality Improvement Organization

- ◆ **What is the QIO?**
- ◆ **Who is responsible?**
- ◆ **What is the vision?**



5

QIO Vision

- ◆ **Right care for every person every time**
- ◆ **Measure and report performance**
- ◆ **Adopt healthcare information technology**
- ◆ **Redesign process**
- ◆ **Transform organizational culture**

6

QIO Scope of Work (SOW) Measures

- ◆ **Hospital**
- ◆ **Home Health**
- ◆ **Nursing Home**
- ◆ **Physician**



7

QIO Program

- ◆ **Aim is to achieve more with the 9th SOW**
- ◆ **Higher quality care**
- ◆ **More efficient**
- ◆ **Person-centered care**

8

Pay for Performance (P4P)

P4P is an emerging movement in health insurance where providers under this arrangement are rewarded for meeting pre-established targets for delivery of healthcare services.

9

Deficit Reduction Act of 2005 (DRA)

- ♦ **The DRA requires a quality adjustment in Medicare Diagnosis Related Group (DRG) payment for specific hospital-acquired conditions.**
- ♦ **The CMS title for this program is “Hospital-Acquired Conditions (HAC) and Present on Admission Indicator Reporting (POA)”**

10

CMS Hospital-Acquired Conditions (HAC)

- ◆ The Hospital-Acquired Conditions payment provision applies only to IPPS hospitals.
- ◆ For discharges occurring on or after October 1, 2008, when one of the selected conditions is acquired during hospitalization the IPPS hospitals will not receive additional payment for these cases.

11

HAC Examples

- ◆ October 1, 2008 conditions with payment implications
 - Serious Preventable Events:
 - Object left in during surgery
 - Air embolism
 - Blood incompatibility
- ◆ Potential FY2009 IPPS Condition
 - Deep Vein Thrombosis/
Pulmonary Embolism

12

CMS Present on Admission (POA) Indicator Reporting

- ◆ In the Beginning
- ◆ Conditions
- ◆ Queries
- ◆ Rules
- ◆ Effective April 8, 2008,
Claims that are submitted for
payment that do not contain
proper reporting of the
POA Indicator will be RETURNED
- ◆ Exempts

13

MS-DRGs Impact

Change to MS-DRG impacts coding operations by:

- ◆ Clinical, coding, and payment system education
 - Increase anatomy/physiology and pharmacology knowledge
 - Increase Medicare PPS reimbursement knowledge
 - Increase knowledge in reporting quality measures
 - Medical staff physician documentation training essential to capture patient comorbid/complications
 - Clinical Documentation Improvement (CDI) initiatives
 - Increased time needed for coding the inpatient Medicare population (POA, query process, etc.) and CMI monitoring

14

MS-DRGs

- ◆ 745 vs. 538
- ◆ CC List Revised
- ◆ Major Complication/Comorbidity
- ◆ Effects on Hospital Bottom Line

15

Coding Skill Sets - RAC



- ◆ RAC must have Certified Coders
- ◆ Coder skills required:
 - Coding guidelines
 - CMS billing knowledge
 - Medical necessity (LCD, NCD)
 - Severity of Illness and Intensity of Service (Interqual, QIO Admission Criteria, Milliman Care Guidelines)
 - Clinical documentation
 - Program Integrity Manual (PIM)
 - Common Working File (CWF)
 - Data Analytics

16

RAC Improper Payment - FY 2007

- ◆ **Overpayment**
- ◆ **Underpayment**
- ◆ **Incorrect coding not affecting payment are NOT considered to be improper payments.**



42%-Incorrect Coding

41%-Med. Unnecessary
or no/lack
documentation

17%-other

17

RAC Mandatory Certified Coders???

- ◆ **Coding errors may prompt regulations to require certified coders.**
 - **Increase CE hours required to maintain credentials**
 - **Increase level of difficulty to renew credentials**
 - **Need for specialized coders by service line.**

18

RAC Incorrect Coding #1 in Errors

Table 2-5
Overpayments Collected By Error Type (NET OF APPEALS) – FY 2007

	Inpatient Hospital and SNF	Outpatient Hospital	Physician	Ambulance Lab, Other	Durable Medical Equipment	Total Overpayments Collected
Incorrectly Coded	\$ 123.8 m	\$ 7.6 m	\$ 4.8 m	\$ 2.2 m	\$ 4.7 m	\$ 143.2 m
Med. Unnecessary	\$ 106.5 m	\$ 4.8 m	\$ 0.2 m	< \$ 0.1 m	\$ 0.0 m	\$ 111.5 m
No/Insufficient Doc	\$ 29.6 m	\$ 0.4 m	\$ 0.2 m	< \$ 0.1 m	< \$ 0.1 m	\$ 30.3 m
Other	\$ 44.8 m	\$ 5.4 m	\$ 7.1 m	\$ 1.2 m	\$ 0.5 m	\$ 59.0 m
Total	\$ 304.7 m	\$ 18.2 m	\$ 12.3 m	\$ 3.5 m	\$ 5.3 m	\$ 344.0 m⁹

SOURCE: Self-Reported by RACs. m = million

19

RAC TARGETS – Inpatient Hospital



- ◆ **Inpatient Hospital**
 - Excisional debridement
 - IRF following joint replacement surgery
 - Heart failure and shock
 - Surgical procedures in wrong setting
 - Respiratory system diagnoses with ventilator support
 - Extensive OR procedures unrelated to principal diagnosis

20

RAC TARGETS - Outpatient

- ◆ **Outpatient Hospital**
 - Colonoscopy
 - Speech language pathology services
 - Infusion services



21

RAC TARGETS – Skilled Nursing Facility

- ◆ **Skilled Nursing Facility**
 - Physical and occupational therapy
 - Speech language pathology services
 - Non-medically necessary

22

RAC TARGETS - Physician

◆ Physician

- **Pharmaceutical injectables**
- **Duplicate claims**
- **Vestibular functions tests**



23

Certified Coders to Conduct Complex Reviews

Complex medical review is used in situations where there is a high probability (but not certainty) that the service is not covered and copies of medical records will be needed to provide support for the overpayment.



24

Coder's Knowledge – Value Proposition

- ♦ The RAC shall communicate to the provider the results of every complex review (i.e., every review where a medical record was obtained), including cases where no improper payment was identified.
- ♦ In cases where an improper payment was identified, the RAC shall inform the provider of which coverage/coding/payment policy or article was violated.

25

Coding Auditor/RAC Auditor

- ♦ **Items included in RAC Letter**
 - Identify provider, supplies, name/address, provider number
 - Reason for conducting review
 - SOW 2F-3
 - Narrative description of overpayment situation
 - \$\$ amount impacted and reason for non-coverage
 - Reference from the PIM CH 3
 - **Right to appeal**
 - Explanation of Medicare's right to recover overpayments including interest charges on debts not repaid within 30 days

26

RAC Example Overpayments FY 2007

INPATIENT HOSPITAL SERVICES	Overpayments Collected (in Millions)
<u>Wound debridement and skin graft, exc. Hand musculoskeletal and connective tissue disease (217)</u> Provider billed for "excisional" debridement but record failed to meet definition to code.	30.5 NY
<u>Skin graft &/or debridement for skin ulcer or cellulitis (263)</u> Provider billed for "excisional" debridement but record failed to meet definition to code.	3.2 CA 2.5 FL
<ul style="list-style-type: none"> • In accordance with <i>Coding Clinic, Third Quarter, 1991</i>, the attending physician must document in the medical record that an excisional debridement was performed to report code 86.22. For coding purposes, excisional debridement, 86.22, is assigned only when the procedure is performed by a physician. • Excisional debridement is the surgical removal or cutting away of devitalized tissue, necrosis, or slough. Depending on circumstances such as the patient's condition, availability of a surgical suite, or extent of area to be debrided, excisional debridement can be performed in the operating room, emergency room, or at the patient's bedside. 	

27

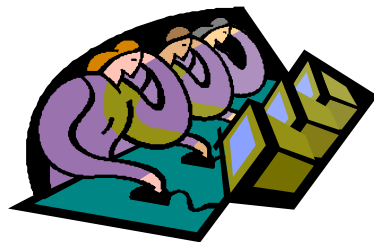
RAC Data Algorithmic Translation

- ◆ Involves the use of algorithms to translate and/or map clinical nomenclatures among each other or map natural language to a clinical nomenclatures or visa versa.
- ◆ RAC developed a proprietary software that analyzes claims by provider using MEDPAR data using *ALGORITHMS*.

28

Computer Assisted Coding - CAC

- ♦ What is CAC?
 - Where we've come from
 - Where we are going



29

CAC Defined

“The use of computer software that automatically generates a set of medical codes for review, validation, and use based upon clinical documentation provided by healthcare practitioners.”

“Automated Coding Software: Development and Use to Enhance Anti-Fraud Activities,” AHIMA Foundation of Research and Education, July 11, 2005

30

CAC Advantages and Barriers

Advantages

- ♦ Increased efficiency; frees professional from mundane tasks
- ♦ Consistent application of rules
- ♦ Electronic coding audit trail

Barriers

- ♦ Complex Technology
- ♦ Limited to specific settings
- ♦ Coders become dependent
- ♦ Limits

31

Polling Question

Is your organization currently using or planning to start using computer assisted coding tools?

***1 YES**

***2 NO**



32

Year 2016



- ♦ Are coders ready for coding technology evolution?
- ♦ Auto coding impacted by “drivers”
 - Drivers are a demand:
 - Revenue cycle
 - Lack of coding resources
 - EHR development

33

Evolution of Coding Tools

- ♦ From book shelf to World Wide Web (www)
 - Current encoders-logic or dictionary driven
 - Web based encoding - Integrated Web service modules into EHR systems.
 - Auto coding vs. Natural Language Proccession (NLP)
 - Auto coding using structured data language is more straightforward than NLP.
 - Allows coding to move to point of care
 - Application reads the narrative of dictated reports and matches a code against it.

34

Industry - Evolution of Change

- ♦ An article published regarding Raising Data Quality with a Standard Coding Workflow stated:
“HIM professionals who assign codes or manage coded data take responsibility for translating clinical documentation and health services information into bytes consumable by today’s information systems. Each seeks to be a champion of data integrity, doing his or her best to stay above the fray of competing interests for data use.”

35

Interoperability and the Role of Clinical Terminologies

- ♦ Standardized clinical terminology
- ♦ Office of National Coordinator for Health Information Technology
 - Initiative from the President
 - Availability of EHRs for all citizens by 2014
- ♦ HIE - working to network patient data
- ♦ EHR Collaborative

36

Prepare for Transformational Changes

Clinical Terminology and Classification Systems

- Terminology management roles
- HIM Body of Knowledge
- Language Proficiency



37

HIM Professionals

with awareness knowledge and novice language proficiency levels

- Medical coder (inpatient, ambulatory, physician practice)
- Medical biller
- Medical claims analyst



38

HIM Professionals



with fundamental knowledge and intermediate language proficiency levels

- Clinical coder
- Compliance auditor
- Terminology specialist
- Clinical data collection and reporting specialist
- Data integrity specialist
- Documentation specialist
- Quality improvement specialist
- Reimbursement specialist/financial services liaison

39

HIM professionals



with analysis/application knowledge and advanced language proficiency levels

- Clinical data analyst
- Clinical documentation coordinator
- Clinical mapping specialist
- Clinical research/trials associate
- Data sets, classification, and terminology standards manager
- Educator
- Health data/information resource manager
- Health information system applications designer/trainer, implementation and support manager
- Project manager
- Quality improvement manager
- Revenue cycle manager

40

HIM professionals

with advanced knowledge and superior language proficiency levels

- Applied health informatics researcher
- Data analytics/data mining engineer
- Data sets, classification, and terminology standards developer
- Health information applications developer

41

AHIMA



- ◆ Distance Education
- ◆ References
- ◆ Seminars
- ◆ Bookstore
- ◆ CoP
- ◆ State Association



42

CoP Benefits

- ◆ Easy, fast way to communicate with peers
- ◆ Unlimited knowledge at fingertips
- ◆ Help expand circle of HIM friends
- ◆ Provides resources/links

43

Resource/Reference List

Article citation:

Wilson, Donna; et al. "A New Focus on Process and Measure: Raising Data Quality with a Standard Coding Workflow and Benchmarks." *Journal of AHIMA*, 79, no.3 (March 2008): 54-58.



44

Audience Questions



Audio Seminar Discussion



*Following today's live seminar
Available to AHIMA members at
www.AHIMA.org*

*Click on Communities of Practice (CoP) – icon on top right
AHIMA Member ID number and password required – for members only*

Join the Coding Community from your Personal Page
Under Community Discussions, choose the
Audio Seminar Forum

You will be able to:

- Discuss seminar topics
- Network with other AHIMA members
- Enhance your learning experience

AHIMA Audio Seminars

Visit our Web site

<http://campus.AHIMA.org>

for information on the
2008 seminar schedule.

While online, you can also register
for seminars or order CDs and
pre-recorded Webcasts of
past seminars.



Upcoming Seminars/Webinars

Wound Care Coding

Faculty: Gloryanne Bryant, RHIA, RHIT, CCS and
Ella James, MS, RHIT, CPHQ

Postponed to April 24, 2008



Coding Pain Management Services

Faculty: Michelle Harder, RHIT, CCS and

Rob Holdenwang, RHIA, CPUR

April 1, 2008

Thank you for joining us today!

**Remember – sign on to the
AHIMA Audio Seminars Web site
to complete your evaluation form
and receive your CE Certificate online at:**

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

**Each person seeking CE credit must complete the
sign-in form and evaluation in order to view and
print their CE certificate**

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



Appendix

Resource List	27
CE Certificate Instructions	30

Resource List

The Code Ahead: Key Issues Shaping Clinical Terminology and Classification by Margaret M. Foley, PhD, RHIA, CCS, and Gail S. Garrett, RHIT *Journal of AHIMA* 77, no.7 (July/August 2006): 24-30.

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_031600.hcsp?dDocName=bok1_031600

AHIMA e-HIM™ Work Group on Computer-Assisted Coding. **"Delving into Computer-assisted Coding"** (AHIMA Practice Brief). *Journal of AHIMA* 75, no.10 (Nov-Dec 2004): 48A-H (with web extras).

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_025099.hcsp?dDocName=bok1_025099

CMS RAC Status document FY 2007 (published Feb 2008):

<http://www.cms.hhs.gov/RAC/Downloads/2007%20RAC%20Status%20Document%20vs1.pdf>

Hospital-Acquired Conditions (HAC) in Acute Inpatient Prospective Payment System (IPPS) Hospitals

http://www.cms.hhs.gov/HospitalAcqCond/06_Hospital-Acquired%20Conditions.asp#TopOfPage

Never events:

The National Quality Forum (NQF) has endorsed a list of 28 Serious Medical Errors that should never happen, which are known as "never events". For a complete list of events, see NQF's website:

<http://www.qualityforum.org/>

<http://www.qualityforum.org/pdf/news/prSeriousReportableEvents10-15-06.pdf>

For more CMS information on never events:

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1863>

<http://www.ahima.org/reimbursement/>

EHR and Clinical Terminologies:

The Code Ahead: Key Issues Shaping Clinical Terminology and Classification

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_031600.hcsp?dDocName=bok1_031600

Prepare for Transformational Changes in Clinical Terminology and Classification Systems

Giannangelo, Kathy. "[Translating HIM into a Terminology Management Career.](#)" *Journal of AHIMA* 78, no.6 (June 2007): 78-80.

Multiple articles and Practice Briefs are available on the above topics and are free to members in the AHIMA FORE Body of Knowledge, and many are available to the general public on the [AHIMA website](#), select the "HIM Resources" tab to find links to specific resources.

AHIMA has multiple offerings for those who are interested in further developing their coding skills. AHIMA coding training covers the full landscape from basic coding certification training to advanced coding training with offerings in multiple venues. Multiple coding publications cover various coding levels and healthcare settings; check out the online bookstore for Coding and Reimbursement [click here](#).

Networking with other coding professionals is an excellent way to increase coding knowledge. The Coding Community of Practice, available to AHIMA members, is an excellent way to network with thousands of coding professionals, without even leaving your desk. AHIMA members can log in to the CoP at the [AHIMA website](#) or [AHIMA CoP](#).

In addition, regional coding meetings are held in multiple locations each year and an annual coding meeting is held in conjunction with the AHIMA national convention each fall. For more information on meeting dates and locations, <http://www.ahima.org/meetings/>.

The following is a list of resources for career planning specific to coders:

AHIMA 2008 Audio Seminar Series

Resource List

- ❖ AHIMA Clinical Terminology and Classification Practice Council. "[Key Issues Shaping Clinical Terminology and Classification](#) ." *Journal of AHIMA* 77, no.7 (July/August 2006): extended online edition.
- ❖ AHIMA Practice Council for Clinical Terminology and Classification. "[Paving the Information Highway: Career Pathways for Knowledge Workers Involved with Coded Data](#)." (May 2007).
- ❖ Bronnert, June. "[The Necessary Coding Skills: What Employers Are Looking for in Coding Professionals](#)." *Journal of AHIMA* 76, no.6 (June 2005): 60-61.
- ❖ Foley, Margaret M., Garrett, Gail S.. "[Code Ahead: Key Issues Shaping Clinical Terminology and Classification](#)." *Journal of AHIMA* 77, no.7 (July/August 2006): 24-30.
- ❖ Giannangelo, Kathy; Greene, Matthew; Perron, Kathryn; Cook, Jane. "[Evolving Roles for the Clinical Terminology Manager](#)." AHIMA's 78th National Convention and Exhibit Proceedings, October 2006.
- ❖ Giannangelo, Kathy. "[Translating HIM into a Terminology Management Career](#)." *Journal of AHIMA* 78, no.6 (June 2007): 78-80.
- ❖ Scichilone, Rita A. "[Climbing the Coding Career Progression Ladder](#)." *Journal of AHIMA* 73, no.4 (2002): 32-36.

AHIMA Website:

AHIMA Emerging Issues: Clinical Terminologies & Vocabularies

http://www.ahima.org/emerging_issues/ClinicalTerminologiesVocabularies.asp

Articles:

- Vallejo, Beryl Craig. "[Healthcare Quality: the Vital Role of Coders](#)." AHIMA's 77th National Convention and Exhibit Proceedings, October 2005.
- [Automated Coding Software: Development and use to Enhance Antifraud Activities](#)
- Booth, Julie Harmata. "[Using Human Factors Engineering Concepts to Improve Documentation](#)." AHIMA's 77th National Convention and Exhibit Proceedings, October 2005.
- [Evaluation and Management Documentation and Coding Technology Adoption](#)
- Mills, Mary. "[Clinical Documentation Improvement Program Strategies](#)." AHIMA's 77th National Convention and Exhibit Proceedings, October 2005.
- Micheletti, Julie A., Shlala, Thomas J.. "[Documentation Rx: Strategies for Improving Physician Contribution to Hospital Records](#)." *Journal of AHIMA* 77, no.2 (February 2006): 66-68.
- Osborn, Carol E., Curtis, Elizabeth. "[Implementation of Documentation Enhancement Program at the Ohio State University](#)." AHIMA's 77th National Convention and Exhibit Proceedings, October 2005.
- Russo, Ruthann; Muscarella, Maria. "[Clinical Documentation: the Saint Vincent Experience](#)." AHIMA's 78th National Convention and Exhibit Proceedings, October 2006.
- Schnitzer, Gregory L. and Mary H. Stanfill. "[Outwit, Outlast, Outcode: Surviving in the Autocoding Era](#)." *Journal of AHIMA* 72, no.9 (2001): 102-104.
- Stanfill, Mary H. "[Electronic Antidotes to Coding Ailments](#)." *Journal of AHIMA* 72, no.6 (2001): 71-73.
- Blackford, Gwendolyn; Whitehouse, Rosanne. "[Getting Quality Clinical and Coded Data: How UMHS's CDIP Improved Clinical Coded Data and Clinical Staff Relationships](#)." *Journal of AHIMA* 78, no.9 (October 2007).

Paving the Information Highway: Career Pathways for Knowledge Workers Involved with Coded Data

http://library.ahima.org/xpedio/idcplg?IdcService=GET_HIGHLIGHT_INFO&QueryText=xPublishSite+%3csubstring%3e+%60BoK%60+%3cAND%3e+%28xCategory+%3csubstring%3e+%60HIM+Career%60%29&SortField=xPubDate&SortOrder=Desc&dDocName=bok1_034632&HighlightType=HtmlHighlight&dWebExtension=hscp

Resource List

Are You Ready for MS-DRGs and POA? AHIMA Has Resources that Can Help You through the Transition

http://library.ahima.org/xpedio/idcplg?IdcService=GET_HIGHLIGHT_INFO&QueryText=xPublishSite+%3csubstring%3e+%60BoK%60+%3cAND%3e+%28xCategory+%3csubstring%3e+%60Coding%2fClassification%60%29&SortField=xPubDate&SortOrder=Desc&dDocName=bok1_035569&HighlightType=HtmlHighlight&dWebExtension=hcsp

Healthcare Terminologies and Classification: Essential Keys to Interoperability

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_034273.pdf

AHIMA Publications:

- Coding and Reimbursement for Hospital Inpatient Services
- Coding and Reimbursement for Hospital Outpatient Services
- Severity DRGs and Reimbursement: An MS-DRG Primer
- Effective Management of Coding Services, Third Edition,
- Principles of Healthcare Reimbursement,
- Coding and Reimbursement for Hospital Inpatient Services,
- Coding and Reimbursement for Hospital Outpatient Services,
- Severity DRGs and Reimbursement: An MS-DRG Primer,
- Health Information Management Operations AHIMA's Health Information Management: Concepts, Principles, and Practice
- Quality and Performance Improvement: A Tool for Programmed Learning, 3rd Edition

AHIMA Web-based Training:

- [Clinical Documentation Improvement Methods](#)
- [Coding Management](#)
- [Data Reporting Requirements for Quality Initiatives](#)
- [Coding Assessment and Training Solutions - Coding Focus](#)



To receive your

CE Certificate

Please go to the Web site

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

click on

"Complete Online Evaluation"

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.