

# flourish

CDI IN BLOOM | **acdis 2023**

**MAY 8–11, 2023**



## Evolving Communication in a Changing Work Environment

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Greater Baltimore Medical Center  
Baltimore, Maryland

**With special thanks to:**  
Sydney Neblett, CCS, CCDS  
*Clinical Validation Informatics Specialist*  
Greater Baltimore Medical Center

**hcpro**

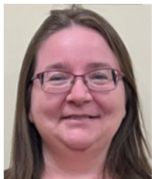
 **acdis**

## Presented By



**Karen Lynn Armetta, RN, CCS, CCDS**, is a clinical validation specialist at Greater Baltimore Medical Center (GBMC) in Towson, Maryland. Previously, she worked at John Hopkins Hospital (JHH) for 31 years where she gained experience in infant medical/surgical and the open-heart operating room and was an original CDI specialist of the JHH and JHH Bayview campus CDI program. She also worked for the LPG Company where she was a CDI contractor with the DC and Maryland Veteran Affairs Medical Centers. Armetta earned her CCDS certification in 2018 and CCS certification in 2019.

## Presented By



**Sydney Neblett, CCS, CCDS**, is a clinical validation informatics specialist at Greater Baltimore Medical Center in Baltimore. She started her working career as a mechanic in the U.S. Army, after which she attended Hagerstown Business College and received her associate's degree in HIM. She worked for several years in the health information department at Chambersburg Hospital before joining Greater Baltimore Medical Center, where she has worked for 18 years beginning as an inpatient coder.

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## Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
  - Describe strategies that can enrich a team connection
  - Define how Greater Baltimore Medical Center collaborated through adversity

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## About Us

## Greater Baltimore Medical Center (GBMC)



- Non-profit healthcare organization founded in 1965
- 344 bed medical center with more than 23,000 admission and over 52,000 emergency room visits annually
- Comprised of main campus hospital, GBMC Health Partners primary care practices, and Gilchrist which helps in every stage of serious illness and hospice services
- 500+ physicians
- 1,200+ nurses
- Beginning an expansion project that will serve the growing community needs
- "To every patient, every time, we will provide the care that we would want for our own loved ones"
- Our mission is to provide medical care and service of the highest quality to each patient and to educate the next generation of clinicians, leading to health, healing and hope for the community

## GBMC Coding and Clinical Validation Department

- Manager Coding and CDI – 80% onsite
- Clinical Validation Auditor – 40% remote
- Clinical Validation Informatics Specialist – 80% onsite
- Clinical Validation Specialists (CVS) – 100% remote
  - 10 Full time
  - 2 Part time
  - 1 PRN
- Coders – 100% remote
  - 4 Full time
  - 2 PRN

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## Keeping Communication Open

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## Change Is in the Air

- Coding and CDI were in a unique position when the world came to a halt at the start of the pandemic. Things are always changing in the coding/CDI world, and most facilities were already working in a hybrid/fully remote environment. Because of this most coding/CDI systems can be utilized in a remote capacity which left the transition to fully remote much easier than it has been for other departments.
- One of the hardest obstacles to navigate was the inability to meet in person, walk up to another employee's desk and have a conversation/ask a question or to get together for a holiday meal, all of which reaffirms that we are social creatures but like most aspects in coding/CDI, it is an ever-evolving process.

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## Work-From-Home Benefits

- Increase in productivity
- Flexibility of schedule
- Reduction of cost for employee and employer
- Work-life balance
- Improves traffic congestion

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## Work-From-Home Disadvantages

- Loneliness
- Stress
- Anxiety
- Lack of technological know-how

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## Daily Communication

- The days of instant gratification are over when it comes to questions, and staff have had to make some workflow changes
  - Fully utilize work queues for questions
  - Required to enter a detailed question/comment in the account and route to the appropriate work queue
  - Everything from coding questions/query help/registration issues get routed through the work queues
  - Turn-around time is maintained at initial contact in 24 hours with frequent follow up until item has been resolved

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## Our Process

- Concurrently review all inpatient accounts at 2-day LOS
- Review each account every 2 days through discharge
- At time of discharge CVS performs final review and completes coding

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## Work Queues

- Uncoded Inpatient, Outpatient, ER, Observation, Hospital Outpatient Surgery and SNF
  - Discharged accounts that have not been concurrently reviewed during stay
- Coding Manager Review
  - Where staff send accounts that they have questions
  - Ex. Please check procedure codes, etc.
- Registration Review Needed
  - Where staff send accounts with registration issues such as incorrect service
- Path Report Available
  - HIM routes accounts to this WQ when path reports are available on select accounts

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## Work Queues (cont.)

- Subsequent Concurrent Review
  - Interim accounts are routed to this account for every 2-day review
- Nonprofessional Query Response Review
  - When a provider replies to a query with an inappropriate comment for inclusion in the medical record, an Unable to Determine response, or a response that is Outside our GBMC med board approved criteria they are routed to this WQ
- Coding High Status
  - DC accounts that were concurrently reviewed, query responses received, documentation now available, and accounts sent from the manager are in this WQ
- Targeted Query Review
  - Staff send accounts, with a possible query, when they believe a query needs to be sent for Sepsis, AHRF, PNA, PE, Encephalopathy, and DVT, or the POA status of any of these to this WQ for a review by a select group of individuals

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## Evolution of the Monthly Meeting

### Old

- Monthly in person meetings
- Education presentations
- Guest presenters
- Training in person
- Lunch provided
- Discussion on department/audit/technology updates

### New

- Schedule a Webex/hybrid meeting when new information is available
- Education presentations sent out monthly for staff to review
- Independent sign-up for virtual training
- Sorry, you must provide your own lunch
- Email update memos as needed

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## Coding and CDI Team Partner

- Every 6 months 2 team members are selected at random to be paired together as partners
- Partners will connect through:
  - Weekly email check-ups
  - Weekly virtual “coffees”
  - Cards sent for birthdays, holidays, and other special occasions

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## Making Sure Everyone Receives CEU Opportunities

- Lack of in person meetings means getting creative about ensuring staff are able to meet their CEU requirements
  - Our Manager and Clinical Validation Informatics Specialist research and provide free AHIMA/ACDIS/AAPC CEU opportunities for staff to register for
  - Our Manager purchases group access to webinars and shares with the staff to watch at their leisure
  - Our department has a new policy where staff can submit to attend a company paid CEU opportunity if approved

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## Hot Off the Presses!

- Our newest addition to combat the isolation of the pandemic is our Monthly Newsletter
  - Include industry, manager, auditor, education, technology, and department updates
  - Keep aesthetically pleasing with images and headers
  - Include something fun for the staff
  - Request staff submissions for Coding/CDI related articles

**Coding &  
Clinical  
Validation  
Newsletter**  
VOL 10 JUNE 2021

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## Newsletter Content

- Manager Minutes
  - A section where the manager can provide coding updates, policy updates or anything that she feels needs to be provided to the staff
- Education section
  - Manager, auditor or informatics specialist provide education on topics brought to light by AHA *Coding Clinic*, issues brought to light by coding quality software and/or topics that staff have suggested as being problem areas
- Pulse on the Industry
  - This is a section where staff are able to submit articles they have researched and created on their own, or found in our publications, to share with the rest of the staff

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## Newsletter Content (cont.)

- Auditor Section
  - A place where our auditor can notify staff of trends she is seeing, in the accounts she has reviewed, to provide feedback for areas of improvement
- Technology update
  - Notifies the staff of upcoming downtimes and system updates as well as hardware statues/notifications and workflow/query utilization reminders
- Department updates
  - Keeps the staff abreast of any upcoming meetings and department specific information
- CEU Opportunities
  - This is a new section in the newsletter where we provide staff with information of some of the for-cost CEU opportunities that they can either sign up for themselves or submit through our CEU policy

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## Newsletter Content (cont.)

- Outpatient section
  - This section is specific for our outpatient coders and provides them with CPT code updates as well as material on new outpatient procedures and other important material
- Coding Fun
  - A place for us to relax and have fun with our staff. We share word searches and cross word puzzles, recipes, and get to know your co-worker bios in this section

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## Keeping Devices Secure

- Onsite device updates are required monthly to maintain the security and integrity of our network and devices
  - Staff are scheduled to be onsite for 3 hours each month at a day/time that works for them and the Clinical Validation Informatics Specialist
    - Updates can be during the day, in the evenings, and on the weekends as needed
  - Updates are pushed out over the secure network and manually installed by the Clinical Validation Informatics Specialist

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## Measurement of Success

- Productivity and quality success is shared with the individual staff members
  - Monthly emails are sent out indicating if staff have met the productivity standard
  - Staff receive a monthly quality report card with a compilation of their audit findings

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## Our Standards

### Productivity Standards

- Clinical Validation Specialists – 18 reviews per day and/or 90 reviews per a 5-day work week.
- SDC – 10 charts per hour
- Clinic/ER's – 19 charts per hour
- Observation – 8 charts per hour

### Quality Standards

- 95-97% accuracy meets quality standard
- 98-100% accuracy exceeds quality standard

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## Virtual Performance Appraisals

- Our facility uses a “Virtual Friendly” system for annual appraisals and to track individual goals
  - Staff are notified by email when the annual self-appraisal is due
  - Manager receives notification to review the self-appraisal and write a review
  - Staff are notified to review and sign the performance appraisal
  - Manager communicates through a mutually agreed upon format if a “Face-to-Face” is requested to further discuss the review
    - Phone/In person meeting

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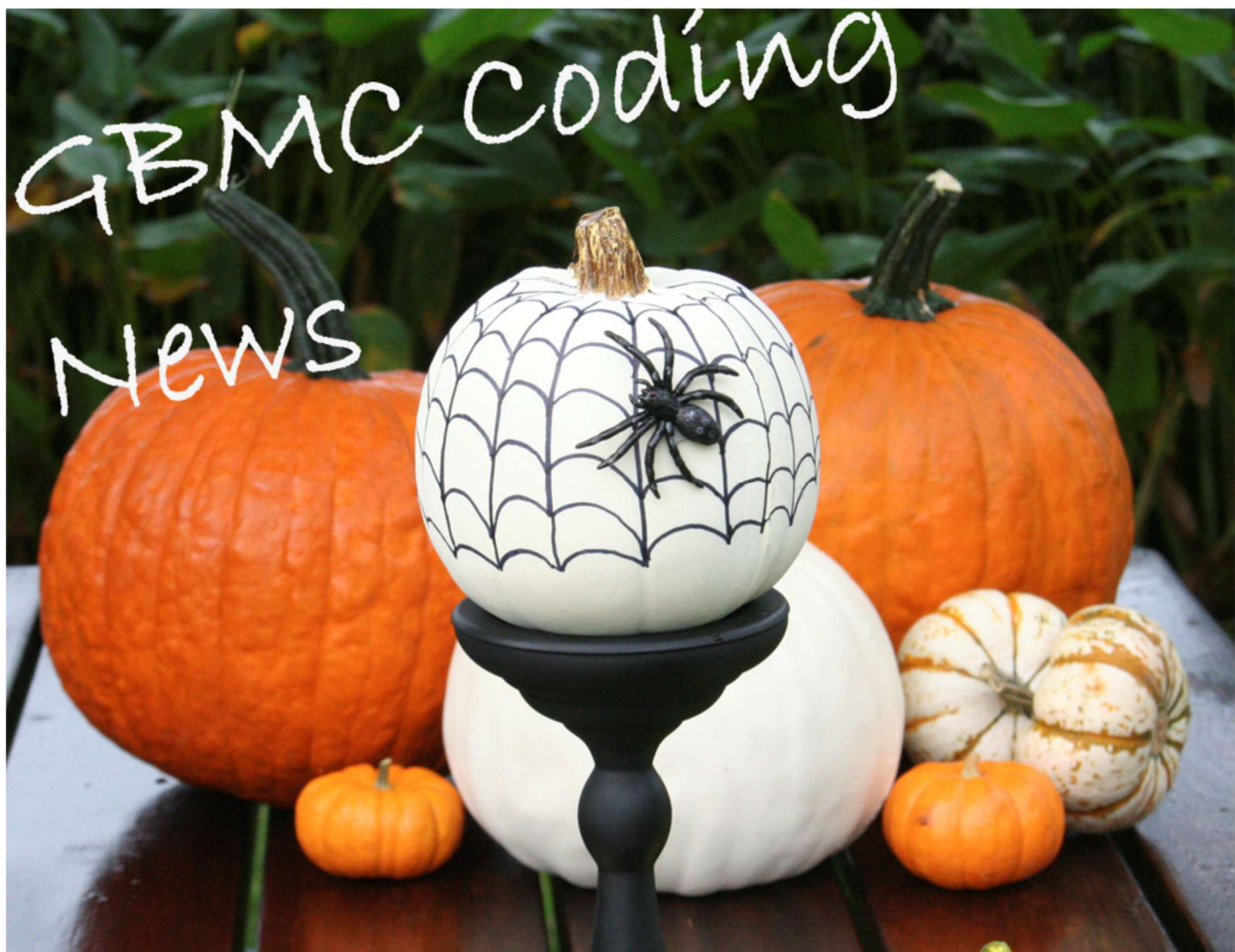


## Thank you. Questions?

[\*karmetta@gbmc.org\*](mailto:karmetta@gbmc.org)

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In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section of the program guide.



Volume 23 – October 2022

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Getting To Know You

Happy Anniversary

Congratulations to Caroline Seidler for reaching her 20-year anniversary with GBMC!

Congratulations to Brittany Rodriguez for reaching her 5-year anniversary with GBMC!







### *Clinically insignificant conditions:*

Coders can report conditions that aren't clinically significant but that satisfy criteria for reporting additional diagnoses as listed in the ICD-10-CM Official Guidelines for Coding and Reporting. The guidelines state:

For reporting purposes, the definition of "other diagnoses" is interpreted as additional conditions that affect patient care in terms of requiring and of the following:

- Clinical evaluation
- Therapeutic treatment
- Diagnostic procedures
- Extended length of hospital stay
- Increased nursing care or monitoring

Conditions that are clinically significant to a physician almost always meet one or more of the criteria for reporting additional diagnoses. However, conditions that a physician designates as "not clinically significant" can also meet these criteria. For example, a clinically insignificant pleural effusion is a reportable secondary diagnosis if additional diagnostic testing, such as an x-ray with a lateral decubitus view, is required to clarify the diagnosis. The pleural effusion is reportable because the condition was specifically evaluated.





### NCCI Edits:

#### NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS

CMS developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and eliminate improper coding. NCCI edits are developed based on coding conventions defined in the American Medical Association's CPT book, current standards of medical and surgical coding practice, input from specialty societies, and analysis of current coding practice.

### What Are NCCI Edits?

NCCI edits are pairs of CPT or HCPCS Level II codes that are not separately payable except under certain circumstances. The edits are applied to services billed by the same provider for the same beneficiary on the same date of service. All claims are processed against NCCI tables.

### There are two types of edits arranged by two sets of tables:

- Column 1/Column 2 Correct Coding Edits (formerly Comprehensive/Component) – identifies code pairs that should not be billed together because one service is an integral part of the other or should not be reported together for other reasons (e.g., “misuse of the code,” etc.).
- Mutually exclusive edits – identifies code pairs that, for clinical reasons, are unlikely to be performed on the same patient on the same day. For example, a mutually exclusive edit might identify two different types of testing that yield equivalent results.

All edits consist of code pairs that are arranged in two columns (Column 1 and Column 2). Codes that are listed in Column 2 are not payable if performed on the same day on the same patient by the same provider as the code listed in Column 1 unless the edits permit the use of a modifier associated with NCCI. Column 1 generally represents the major procedure or service, and Column 2 often represents the component part of the Column 1 code. However, within the mutually exclusive edits table, the Column 2 code generally represents the procedure or service with the higher work Relative Value Unit (RVU) and is the non-payable procedure or service when reported with the Column 1 code.

#### How Often Are the NCCI Edits Changed?

The NCCI edits are under constant refinement. Revisions to the NCCI edits are published quarterly (January 1, April 1, July 1 and October 1).

\*When coding in the encoder and there is a NCCI edit please do not bypass this. This is telling you that you either need a modifier or the code pair is not compatible, and the code needs to be deleted. The modifier needs to be attached to the code that is showing "code 2" in red. If you place a modifier and it does not satisfy the edit, then the code needs to be deleted. Also, in most situations the code with the modifier will not be your #1 code.

#### X Modifiers:

XE Separate encounter

XS Separate structure

XP Separate practitioner

XU unusual non-overlapping service (mostly used)



#### October SMART review highlights:

- OB coding ---when coding conditions on an OB record—a code for the OB condition needs to be coded -example--- anemia in pregnancy will need an O code for anemia in pregnancy and a code for the type of anemia
- Coding of a sign/symptom as the principal diagnosis ---verify that no other specific condition could be principal/Query for clarification if needed
- Verify POA status on codes ---a pt may have a chronic condition being treated but might not mention till few days later in record, or a lab may be low on admit but not stated until later in stay
- Code sequencing—remember to look at all 3M nosology and coding edits, read the code first notes for proper code sequencing (common errors with J91.0, J93.12, B97.4 (RSV)
- Unspecified code coded with a specified code -on initial review a dx may be unspecified but later may be specified —remember to delete the unspecified code (example -account completed with both E66.9 and E66.01 coded or I50.9 coded with I50.22)
- Spinal fusions--- reminder interbody fusion is on the anterior column -involves a device in the disc space that is packed and a discectomy—fusions on the posterior column use autograft, allograft, or a mix packed in “gutters”
- Picking up BMI-remember to add when coding obesity -if multiple BMI's are listed in record, use the one carried over to the discharge summary (if the template is used by the physician)—or any note in EPIC will have the BMI on top. BMI over 40 can raise the SOI
- HTN with CHF -sequencing ---the hypertensive heart disease will be sequenced first before the CHF code (you will get a 3M nosology edit)





### 3M Update

- TBD

### Laptop Refresh

- The determination by IT is that our department will not be receiving new laptops until FY24
- If you start to experience end-of-life issues with your laptop, please reach out to me so I can work with the refresh team to get you a replacement/loaner



### November Meeting

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Cancelled

### Adopted Family

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We will be collecting items for our adopted family until the holiday luncheon on December 8<sup>th</sup>. If you bring in items early, you can leave them on the bookshelf in my office.

### Article Submission

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Do you have a coding/CDI topic you would like to share with the department in our next issue? Please submit your idea to Cathy and Sydney for approval, deadlines, and article parameters



**Date:** December 8, 2022

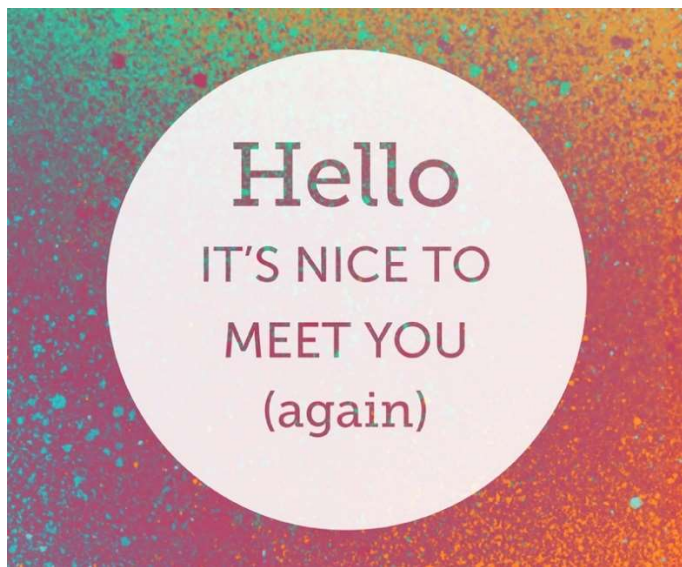
**Time:** 12:30 - 2:30pm

**Location:** The Peppermill, 1301 York Rd,  
Lutherville, MD, 21093  
<http://pepmill.com>

If you would like to make this a one trip month,  
please be sure to reach out to me about rescheduling  
your laptop updates for December 8<sup>th</sup>.

The reservation has been confirmed under  
Testerman and the Coding Department from  
GBMC





By now I am pretty sure you all know me. My name is Cathy Testerman and I am the manager of coding and CDI here at GBMC. I have been married to my husband, Brian, for 38 years and we have three children, Katie who is 38 and is married with 3 children of her own, and the twins Paige and Blake who are both 27. I am active in my local community as the mayor of Fawn Grove, a volunteer EMT, and I rescue every cat that I am able to.

What is your favorite color? Blue

What is your favorite TV show? Hallmark movies

Which song can you listen to all day? I will always love you.

Which song would you sing at karaoke? Crazy by Patsy Cline

What is your favorite breakfast cereal? I hate cereal

How do you like your eggs? Love them made any way

What is the weirdest food you have ever eaten? Gator bites/boiled peanuts

What is your favorite family tradition? Singing karaoke after holiday get togethers

Do you collect anything? CATS

What is your favorite place you have ever visited? Deep Creek Lake

What is the worst job you have ever had? Bagging groceries

What is the best piece of advice you have ever been given? Don't sweat the small stuff.