



overlap into compliance issues, but it is a distinct competency with distinct statements of application. Here are both the answers to the questions and additional resources for more research to familiarize oneself with the principles behind these topics and questions.

1. If a coding specialist needs to submit attached documentation with a coding question to a third party, what privacy policy must s/he ensure to follow?

**She must ensure that no PHI (protected health information) is submitted along with the documentation. The documentation must be sanitized. Sanitized means that all PHI has been removed, blacked out, or otherwise made unavailable for viewing or access.**

2. You are sitting in the coder's office and you can overhear the ROI clerk talking really loud when discussing sensitive information with the patients. What should you do?

- a. Ignore the loud talking
- b. Ask the ROI clerk to please talk low so that you can concentrate on coding
- c. Complain to the other staff in the office about the ROI clerk
- d. Address the issue with the HIM manager as a privacy issue.**

3. When you get ready to leave your office or workspace for lunch, what is the first and last thing you should check for?

- a. to check your things to do list to see what errands you need to run at lunchtime
- b. to make sure that you have enough money for lunch
- c. to make sure that you brought that picture of your new baby to show to your colleagues at lunch
- d. to make sure that you properly signed out or logged off any computer system or station that you were in and that no other PHI is left exposed**

4. Name the seventh item in the AHIMA standards for ethical coding.

**“Coding professionals, as members of the healthcare team, should assist and educate physicians and other clinicians by advocating proper documentation practices, further specificity, and resequencing or inclusion of diagnoses or procedures when needed to more accurately reflect the acuity, severity, and the occurrence of events.”**

The standards are available at this link.

<http://www.ahima.org/infocenter/guidelines/standards.asp>

5. Per the AHIMA standards of ethical coding, coders have a “professional responsibility to stay abreast” of what?

**Per standard # 9, “Coding professionals...have a professional responsibility to stay abreast of changes in codes, coding guidelines, and regulations.”**

The standards are available at this link.

<http://www.ahima.org/infocenter/guidelines/standards.asp>

6. Name 3 methods of protecting data integrity and validity using software or hardware technology. Hint: one method was already alluded to in a previous question.

**Passwords (software), Virtual Private Networks (can involve hard and software), Smart Cards (hardware)**

**Note: this question actually involves an IT principle that relates to domain 7. Check out this site for more information as to how each of these security technologies actually work. <http://www.hipaadvisory.com/tech/>**

7. Which of the following code set(s) was not included in the HIPAA legislation as mandatory?

- a. ICD-9-CM Volumes 1-III
- b. CPT
- c. HCPCS Level II codes
- d. ABC Codes**
- e. CDT

Here is an article that includes background information on these kinds of codes. One important error in the article is the mention of there being many CPT codes for massage therapy. There is actually only one massage therapy code; hence, the desire to get the ABC codes HIPAA-approved so that they can represent those therapies more specifically and completely for billing and payment by third party payers.

[http://healthinformation.advanceweb.com/common/EditorialSearch/AViewer.aspx?AN=HI\\_06nov6\\_hip25.html&AD=11-06-2006](http://healthinformation.advanceweb.com/common/EditorialSearch/AViewer.aspx?AN=HI_06nov6_hip25.html&AD=11-06-2006)

8. Under which circumstances may protected health information **not** be disclosed without the patient's authorization (per provisions set in the privacy rule within HIPAA)?

- A. to consultant providers for patient care
- B. for coding and billing
- C. for marketing**
- D. for quality improvement and auditing

9. Which of the following data is not classified as Protected health information (PHI)?

- a. patient name
- b. provider name**
- c. diagnosis codes
- d. patient's date of birth
- e. medical record numbers

**The name of the provider is not an individual piece of data that can be used to identify a particular patient. However, this data could be used in conjunction with other data to eventually identify a patient or information specific to a patient.**

There is a training course on HIPAA at the link below. I am sure that if you look at carriers such as Wellmark, Highmark, WPS Medicare, Trailblazer, etc. some of them will have something on HIPAA also.

[http://cms.meridianksi.com/kc/main/kc\\_frame.asp?kc\\_ident=kc0001&loc=1](http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=1)

<http://www.highmarkmedicareservices.com/parta/hipaa/index.html>

<http://www.medicarenhic.com/hipaa/index.shtml>

<http://www.umd.nycpic.com/hipaa-privacyrule.html>

10. Under what circumstances is a business associate agreement required?

**When any entity under contract or other business relationship with a covered entity performs services or work for that covered entity.**

Here is more information on what is considered a covered entity or CE:

[http://www.cms.hhs.gov/HIPAAGenInfo/06\\_AreYouaCoveredEntity.asp#TopOfPage](http://www.cms.hhs.gov/HIPAAGenInfo/06_AreYouaCoveredEntity.asp#TopOfPage)

Resources and References:

Effective Management of Coding Services textbook by AHIMA

Health Information Management: Concepts, Principles, & Practice by AHIMA

V (w) A 4 (b) 0 0 (w) 2 (d) B (e) (b)

Z Y B (e) A (D)

In this section, we will cover a frequently asked question about the CCS. It deals with knowledge regarding insurance guidelines and the question that comes up is how to find more information regarding insurance billing guidelines in preparation for the test. This will be a continuing theme for the next couple of issues as well and we will explore this topic in more depth. The information that I have is lengthy so I will most likely add it on as an appendix to the main newsletter.

Q: I am needing additional resources for the reimbursement, insurance, and billing arenas--what resources are good for this area?

A: AHIMA has many resources that cover reimbursement and billing across many healthcare settings including the following:

Textbooks:

Coding and Reimbursement for Hospital Inpatient Services

Coding and Reimbursement for Hospital Outpatient Services

Principles of Health Care Reimbursement

Effective Management of Coding Services

A detailed description of the content of these books is supplied at the AHIMA bookstore website where they are sold (<http://imis.ahima.org/orders/>).

Seminars: <http://campus.ahima.org/audio/2006seminars.html> To access the presentations—just choose the option to “Download the resource material”

April 17, 2007 Revenue Cycle Management

November 9, 2006 Medical Necessity for Outpatient Services

July 27, 2006 Coding and Reimbursement for CMS Preventative Care Benefits

There are also seminars on the UB-04, DRGs, MS-DRGs, APCs, modifier reporting, updates on the OPSS, the IPPS, as well as seminars specific to a particular healthcare setting like rehabilitation that include billing and reimbursement information pertinent to that setting.

Courses:

AHIMA has courses on reimbursement and billing principles such as one called “A guide to revenue cycle management”

[http://campus.ahima.org/campus/course\\_info/CATS/CATS\\_newtraining.html](http://campus.ahima.org/campus/course_info/CATS/CATS_newtraining.html)

Reimbursement Overview course and assessment

Here is the description from the website below:

"This 5 CEU refresher course and its related 10-question, 1 CEU assessment explore reimbursement in general, as well as claims processing issues, freestanding ASC, reimbursement for professional services, inpatient and outpatient PPS, and PPS for skilled nursing facilities, long-term care hospitals, inpatient rehabilitation facilities, home health and hospice services. Compliance issues related to reimbursement are also covered."

[http://campus.ahima.org/campus/course\\_info/CATS/CATS\\_over.html](http://campus.ahima.org/campus/course_info/CATS/CATS_over.html)

Here is one final thing to keep in mind: The main principles that you want to learn prior to taking an AHIMA coding credential are those related to Medicare that are specified in the multiple choice competencies for the exam you are taking. Knowledge about other insurances is not applicable or tested. In fact, the instructions in the Candidate Handbook specifically instruct one to not code based on insurance or payer guidelines. On page 13, the AHIMA candidate handbook states the following:

"Follow the procedures that appear in Appendix A for coding the CCS examination. These procedures will also be used for Part II of the examination. The test will be

scored using them. Do not use facility, regional, or insurance standards that differ from the examination procedures."

Similar instructions are given for the CCS-P as well on page 14 of the candidate handbook.

It has been suggested to save in-depth studies of varied insurance and payer policies for after the coding exam because insurance guidelines are often different from basic official coding guidelines, CPT guidelines, and other principles that are actually tested in the AHIMA coding credentials.

The key resources for a practicing billing or coding professional with regards to billing, insurance, and reimbursement will be the written policies and coding guidelines established by the FI, carrier, or other specific kind of insurance. These policies should be obtained directly from the payer and will most likely be posted to a website or provided in a hard-copy or downloadable provider or policy or benefit manual. Updates and revisions to these policies and guidelines take place frequently and these must be constantly monitored. Many payors have listservs or mailing lists that you can sign up to in order to receive news and information about policy changes. Keep in mind that in many cases, insurance policies and coding and reporting guidelines and requirements will in some cases be dictated by state law such as in the case of Medicaid.

In Issue 8, we will give you an overview of additional links and information that may be helpful to you if you desire to dig a little deeper into this area. There are many good books and resources out there that can be useful to you as you explore this area.