

# News and Announcements

## UnityPoint Health acquires practice

Dr. Cindy Hanawalt, Partners in Medicine, was a respected family physician in an independent solo practice in Cedar Rapids. She decided to close her practice and selected UnityPoint Clinic to assume the care of her patients. We are honored she selected UnityPoint. Dr. Hanawalt's last day in practice was June 20.

We look forward to embracing this opportunity and to show these new patients the value of UnityPoint and what we have to offer, providing them with the health care we would want for our loved ones. We certainly extend a heartfelt thanks to Dr. Hanawalt for her service to the Cedar Rapids medical community over the years.

## Linn County Medical Society Medical Provider Directory updates

It's time to update the Linn County Medical Society Medical Provider Directory. If you have changes or additions to your listing, please e-mail them to Mary Henry at St. Luke's, [mary.henry@unitypoint.org](mailto:mary.henry@unitypoint.org), or Jessica Coppess at Mercy, [jjcoppess@mercy.org](mailto:jjcoppess@mercy.org) by July 15. The first draft of the directory will be sent to the offices for review by August 1.

## Barrett Library at UnityPoint Health - Allen Hospital

As clinical staff at St. Luke's hospital, you have several privileges at Allen Hospital Barrett Library. Below are some of the services offered, and the processes to do so:

- **Physical material checkout.** Search the library catalog for any physical materials in the library and receive via mail at their expense. You are responsible for meeting due dates and return postage. If you only need one chapter of a book, and article in the print journals, or specific table, library staff will scan and email the relevant parts, observing copyright guidelines.
- **Interlibrary loan services.** You may request the full text of any citation. Barrett Library has an extensive interlibrary loan network, and if they don't have the article in their collection, they can borrow it from a larger library at no cost to you. To request full text, use the interlibrary loan form found on the St. Luke's intranet under the Physician tab. Click on the icon titled "Submit a Literature Request", or for larger groups of citations, email them directly to [library@allencollege.edu](mailto:library@allencollege.edu). General turnaround time for this service is 0-3 business days. Full text articles are delivered in PDF form to your @unitypoint.org email address when possible.
- **Literature reviews.** Due to licensing restrictions, the library cannot allow clinical staff direct access to the paid databases. However, library staff may search these databases on your behalf. Simply email your research question, a little context (is this to determine best practice? set policy? just curious?), and any other requirements (deadlines, types of materials, research done in last 5 years, etc.) to [library@allencollege.edu](mailto:library@allencollege.edu). Upon receiving your request, library staff will thoroughly search the literature and deliver full text articles and citations. They will then work with you to narrow/expand your results, add/remove search terms, and find full text of available articles until your question is satisfactorily answered.

If you have questions or to request additional services, email the library or call 319-226-200.

# Upcoming Events

## Kidney Disease support group

July 11, Aug. 9 or Sept. 12

The UnityPoint Clinic Diabetes & Kidney Center Kidney Disease support group meets on the second Tuesday of each month from 6:30 - 7:30 p.m. at St. Luke's Hospital in the Schwartz Center Rooms B & C (main floor past C elevators). Led by a nurse facilitator with extensive, experience, this group provides support and education to those with chronic or acute disease, dialysis or not, transplants, family members and caregivers. Monthly speakers, conversation and more. Please contact Joyce at (319) 363-3565 with questions.

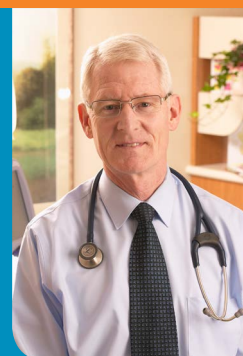
## Welcome to Medicare seminars

July 13, Aug. 15, Sept. 12 and Oct. 26 from 6-8 p.m. in St. Luke's Heart Center

These two hour seminars give an introduction to Medicare Parts A & B, Medicare Advantage, Part D prescription drug coverage, Medicare supplement insurance and programs to assist with Medicare costs. RSVP to 369-7475.

Dr. Donald Paynter is retiring from UnityPoint Clinic Multi-Specialty on July 11, 2017. Please join us for a reception honoring him. Refreshments will be served Tuesday, July 11 from 4-6 p.m. in the St. Luke's Board Room.

Dr. Paynter plans to kick-off his retirement by devoting more time to his family, hobbies and "grandpa duties." We thank him for his 26 years with UnityPoint Health and wish him an enjoyable retirement.



# Images

for Physicians



July 2017

## Mike Heinrich Named Senior Vice President and Chief Financial Officer



We are pleased to announce that Mike Heinrich will join UnityPoint Health - Cedar Rapids as its Senior Vice President/Chief Financial Officer this summer. Mike succeeds Milt Aunan who retired in May 2017.

In his new position, Mr. Heinrich will be responsible for strategic financial planning, treasury and corporate compliance functions for UnityPoint Health - Cedar Rapids. He'll provide vision and leadership in financial goal setting including development, interpretation, coordination and administration of the region's policies on finance, accounting, insurance coverage, internal contracts and auditing.

"We are very excited to have someone with Mike's experience and extensive knowledge of the corridor joining our senior team." said Ted Townsend, President and CEO, UnityPoint Health - Cedar Rapids.

Mr. Heinrich comes to UnityPoint Health - Cedar Rapids with extensive educational background and professional experience. Most recently he was Interim President and CEO/Executive Vice President and Chief Financial Officer at Mercy Iowa City. Prior to Mercy Iowa City, he was Director of Finance at Proctor Hospital, now part of UnityPoint Health - Peoria.

Mr. Heinrich graduated from Northern Illinois University and received his MBA from Bradley University. He's held leadership positions with the Iowa City Area Development Group, Iowa City Ambulatory Surgical Center, Mercy Hospital Foundation, Healthcare Financial Management Association and the American Institute of Certified Public Accountants.

## UnityPoint Health Cedar Rapids - Cardiology Clinic

As of June 26, 2017 UnityPoint Clinic - Cardiology's name will change to UnityPoint Health Cedar Rapids - Cardiology Clinic. You'll notice the changes on our signage, however, our providers and services remain the same. We will continue to provide the high-quality, personalized and convenient care we offer to every patient who comes through the doors - delivered by the same caring staff, doctors and providers.

The new name reflects a closer partnership with UnityPoint Health - St. Luke's Hospital that allows us to operate as a department of the hospital, which enables us to continue delivering comprehensive, efficient, lower cost, high-quality health care to our patients. Through improved Medicare reimbursement, we would hope to gain additional providers, services and clinical resources for our patients and community.

This is a standard of integrated health care systems which provides for streamlined and enhanced patient care. We are not unique in this regard as this is the case with the other Cedar Rapids' hospital and in many integrated health care delivery systems across the country.

## Work Well renovations

The Work Well Clinic has been undergoing a renovation project to enhance patient care and team member work flow. Renovations include new carpet, lighting, a refresh of the whole clinic, two new exam rooms and a larger drug screening area. The renovations are set to be complete in July and will give the Work Well providers and staff a better space in which to care for the health needs of employees and companies in Cedar Rapids and eastern Iowa. Check back in Images for details on Work Well's grand opening celebration.

## Welcome new providers



Robyn Kolbet, DNP  
Pediatrics - Cedar Rapids



Seth Webb, DNP  
Pediatrics - Westdale

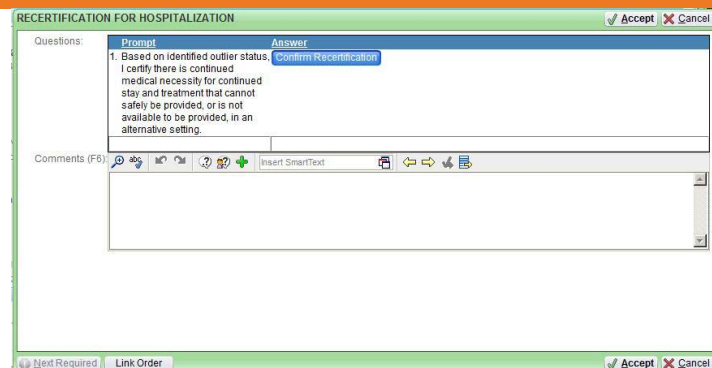
# CMO Update

## 20 day recertification (right)

Medicare mandates a recertification be declared for hospitalizations that exceed 20 days. An alert notification is presented for you to sign, in doing so confirming the recertification.

Statement of Recertification in the alert: “Based on identified outlier status, I certify there is continued medical necessity for continued stay and treatment that cannot safely be provided, or is not available to be provided, in an alternative setting”.

Thank you in advance for completing the regulatory requirement. Please contact my office with questions.



Dustin Arnold, DO  
CMO

## Cognitive impairment assessment

As a clinician, one of the most challenging and fulfilling episodes of care is assisting and guiding a patient/ family through the diagnosis and care planning of dementia. To encourage complete and comprehensive care planning, CMS has established a CPT code with rules of engagement, which rewards the clinician for their time and expertise.

For 2017, CMS has set the average payment amount for G0505 at \$238.30. The CPT Editorial Panel has approved a code to describe assessment and care planning for patients with cognitive impairment. Although the code will not be ready for use and valuation until 2018, CMS plans to pay for this service in 2017 using a new G-code, G0505, “Cognition and functional assessment using standardized instruments with development of recorded care plan for the patient with cognitive impairment, history obtained from patient and/or caregiver, by the physician or other qualified health care professional in office or other outpatient setting or home or domiciliary or rest home.”

To report G0505, provide the following service elements:

- Cognition-focused evaluation, including a pertinent history and examination,
- Medical decision making of moderate or high complexity (defined by the E/M documentation guidelines),
- Functional assessment (for example, Basic and Instrumental Activities of Daily Living), including decision-making capacity,
- Use of standardized instruments to stage dementia,
- Medication reconciliation and review for high-risk medications, if applicable,
- Evaluation for neuropsychiatric and behavioral symptoms (including depression), including use of standardized instruments,
- Evaluation of safety (for example, home safety), including motor vehicle operation, if applicable,
- Identification of caregivers, caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks,
- Advance care planning and addressing palliative care needs, if applicable and consistent with beneficiary preference,
- Creation of a care plan, including initial plans to address any neuropsychiatric symptoms and referral to community resources as needed (for example, adult day programs, or support groups); care plan shared with the patient or caregiver with initial education and support.

G0505 must be furnished by a physician or other appropriate billing provider (e.g., nurse provider or physician assistant) and cannot be billed on the same date of service as any of the following CPT codes:

- 90785, “Interactive complexity for psychotherapy,”
- 90791 and 90792, “Psychiatric diagnostic evaluation, with or without medical services,”
- 96103, “Psychological testing administered by a computer,”
- 96120, “Neuropsychological testing administered with a computer,”
- 96127, “Brief emotional/behavioral assessment,”
- 99201-99215, “Office/outpatient visits,”
- 99324-99337, “Domiciliary/rest home visits,”
- 99341-99350, “Home visits,”
- 99366-99368, “Medical team conferences,”
- 99497 and 99498, “Advanced care planning.”

In addition, Medicare plans to prohibit billing of G0505 with other care planning services, such as home health care and hospice supervision (G0181, G0182) or the new add-on code for CCM services (G0506, described earlier in this article). CMS does not believe the services described by G0505 will significantly overlap with medically necessary CCM services (CPT codes 99487, 99489, 99490) or transitional care management services (99495, 99496), so you can bill G0505 on the same date of service or within the same service period as these codes. Additional Resources: <http://www.alz.org/careplanning/> or <http://www.aafp.org/journals/fpm/explore/online/cpt-update-2017.html>.

## Hypertension: documentation

Accurate documentation for Hypertension must include specification and symptoms if present. Hypertension needs to be specified as crisis or emergency per ICD-10 DMS guidelines.

Hypertensive Crisis: No organ damage, no papilledema, may exhibit other symptoms such as blurry vision, headache, nausea vs. Hypertensive Emergency: Organ damage occurs, papilledema present. May exhibit blurry vision, headache, chest pain, seizure, decrease urine output, numbness/tingling of extremities, shortness of breath.

Both Crisis and Emergent hypertension are emergencies and require immediate treatment. Hypertensive Crisis or Emergency sign/symptom: Dramatic increase in blood pressure requiring immediate treatment may or may not be symptomatic. Symptoms exhibited include however not limited to: Visual anomalies, Headache, Chest Pain, Seizure, Decrease urinary output, Paresthesia, Dyspnea. Detectable organ damage (for example papilledema) may be found on examination however not required for the diagnosis.

Utilization Management uses Interqual criteria to assist in determining correct status, either Observation or Inpatient.

### Criteria for Observation:

Clinical: must have BOTH

- Systolic BP > 180 mmHg or Diastolic BP > 120 mmHg
- Asymptomatic

Risk factors: > one

- History of heart failure, NYHA Class III or IV
- Stable angina, CCS Class III or IV (current)
- History of Stroke or TIA

Treatment: Antihypertensive > 2 doses (includes PO)

### Criteria for Inpatient:

Clinical: > one

- Systolic BP > 180 mmHg
  - Diastolic BP > 120 mmHg
- > One

Acute end-organ damage: > one

- Acute Kidney injury: > one
  - BUN > 25 mg/dL and > baseline
  - Creatinine > 1.5 mg/dL and > baseline
- Hematuria
- Heart Failure, confirmed by imaging
- Hypertensive encephalopathy

Symptoms: > one

- Chest pain with negative cardiac biomarkers and negative or non-diagnostic EKG
- Dyspnea
- Encephalopathy (mental status changes)
- Nausea or vomiting
- Severe headache
- Visual changes

Treatment: IV antihypertensive administration. > one

- IV medication bolus q 1-2 hours and monitoring
- IV medication continuous and monitoring q 1-2 hours
- Titration q 1-2 hours and monitoring.

If you have questions please Contact a member of the Documentation team or Utilization Management Team.

Documentation: Lynne Johnson 369-7073 Carrie Bantz 286-4307 / Kelly Pottebaum 558-4959 / Rhonda Holtkamp 560-6928

Utilization Management: Krissy Elder 369-8052 / Joyce Pochobradsky 369-8717 / Amy Magner 369-7021

Epic help line  
(319) 369-5191  
IT Call Center  
(319) 369-8181



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