

AHIMA Testifies in Support of ICD-10

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by Dan Rode, MBA, FHFMA

AHIMA made a strong case for taking a closer look at the current state of procedural coding and moving toward a single system at the ICD-9-CM Coordination and Maintenance Committee meeting on implementation issues concerning ICD-10-PCS (procedural coding system) in May.

The "replacement [of ICD-9-CM, Volume 3] with a new procedural coding system for inpatient services is absolutely necessary and ICD-10-PCS meets the criteria for such a replacement system," said Linda Kloss, MA, RHIA, AHIMA's executive vice president and CEO. Kloss also argued that "the ICD-10-PCS implementation question is not separable from that of ICD-10-CM. While this requires further study, our judgement is that the two systems should be implemented at the same time."

Kloss' comments marked AHIMA's latest effort to move procedural coding into the 21st century and meet long-standing goals of this association and the National Committee on Vital and Health Statistics (NCVHS) for a single procedural coding system.^{1,2} AHIMA was honored to be the first group to testify to the Coordination and Maintenance Committee on what direction to take on HCFA's newly completed procedural coding system. Others testifiers included associations such as the American Hospital Association, the Federation of American Hospitals, the American Speech-Language Hearing Association, and the American Medical Association; vendor groups such as AdvaMed and McKessonHBOC; and publishers, technology groups, and consultants.

The majority of participants agreed that Volume 3 of ICD-9-CM is well beyond saving and needs to be replaced as soon as possible. Just how soon and under what circumstances is undecided. Some groups, especially technical-based innovators, would prefer to see ICD-10-PCS implemented immediately. Others would like to see a slow migration to the acute hospital setting, but no movement on consideration of this system for all procedural coding. Still others, like AHIMA, suggest that the decision makers look at the total context of diagnostic and procedural coding in the US. Then they should make an evaluation of the needs and current situation including how the final coding system is maintained and updated in an environment that can no longer handle the current process and yearly updates.

In making its recommendations to the committee and those present, Kloss stated that "AHIMA continues to support in principle its position favoring a single procedure classification." She noted that clinical data are being compromised today, and future longitudinal analysis will be impossible. She also called attention to HIM professionals and healthcare providers who find themselves awash in multiple coding systems with varying requirements from payer to payer or plan to plan.

To resolve this problem, AHIMA suggests that federally funded research on the feasibility of moving to a single system be undertaken and that such an examination include looking at:

- the efficacy of alternative systems across all healthcare settings, all payer types, and all types of healthcare services
- the implementation and long-term costs and benefits of a single system compared to the implementation and long-term costs and benefits of operating multiple systems
- a recommended strategy for implementation that takes into account the need to implement ICD-10-CM

Kloss also noted that "any system adopted as a single procedural coding system must have the complete support and commitment of all federal and private health insurance programs and providers identified in the Health Insurance Portability and Accountability Act (HIPAA), in order to ensure consistent application of the coding rules and guidelines for patients receiving care paid for by the government." Kloss indicated that AHIMA would offer its full support and assistance in this evaluation process. Further, she noted that AHIMA's recommendations were made in recognition of the work that had already been completed on ICD-10-PCS and the experiences of AHIMA members who have been working with HCFA and others to test and improve ICD-10-PCS.

Patricia Brooks, RHIA, co-chairperson of the ICD-9-CM Coordination and Maintenance Committee, noted that this was the new beginning of the road for ICD-10-PCS. It is also yet another example of AHIMA's efforts to advocate for data quality.

For a copy of AHIMA's testimony, go to AHIMA's Web site at www.ahima.org. AHIMA's testimony, plus those of other participants, is also available at www.hcfa.gov/medicare/icd9cm.htm. A complete description and detail on ICD-10-PCS is also available at this site.

Notes

1. "National Coding Quality." AHIMA Position Statement. *Journal of AHIMA* 64, no. 7 (1993).
2. "Recommendations for a Single Procedure Classification System." National Committee on Vital and Health Statistics 1993 Annual Report.

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