

Advocating HIM Issues in an Election Year

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by Dan Rode, MBA, FHFMA

This column has often addressed the advocacy role of the HIM professional. This year, that role becomes even more important—it's an election year. Elections call for citizen involvement, and HIM professionals are no exception.

This election year, 435 members of the House will be up for election along with a third of the Senate. Not surprisingly, the major issues include the war on terrorism, the economy, healthcare benefits, and Medicare. Unfortunately, key HIM issues such as consistency in coding, healthcare information infrastructure, privacy of healthcare information, and the need for an expanded HIM work force are not the types of issues that will be covered in the election of 2002. This is why it's more important than ever to create a future opportunity to discuss these issues.

Getting Involved

These elections are an opportunity to get to know the candidates and determine who you want to represent you in Washington, DC, in 2003. While right now you might not start up a conversation with a candidate on coding, there are certainly still the issues of Medicare reform, the Internet and e-commerce, and public health infrastructure (which often follows a discussion of bioterrorism) to address.

Not all candidates may have time to get down to HIM issues, but your efforts will be appreciated by your candidates and will open the door to future conversations with tomorrow's policy makers. Advocacy is one of your responsibilities as a citizen of this country and can be one of your responsibilities as an HIM professional as well.

Recommendations for a Central Coding Authority

The National Committee on Vital and Health Statistics (NCVHS) is holding a series of hearings this winter and spring on issues of interest to HIM professionals. In February, the committee addressed medical coding and coding standards related to the implementation of HIPAA transactions. This month the committee will be addressing the issues surrounding the potential implementation of ICD-10-PCS, and in May, the NCVHS will hear testimony on ICD-10-CM. AHIMA was asked to testify at all three of these hearings.

At the February hearing, AHIMA provided the committee with an in-depth look at current, HIPAA-related coding issues and made a number of key recommendations including:

- A call for the **establishment of a central coding authority** in the US. AHIMA noted that there is considerable overlap and disunity in the activities and codes of the various medical coding standards groups that oversee the development and maintenance of medical codes in the US. AHIMA suggested that the logical choice for this central authority should be an expanded and appropriately funded National Center for Health Statistics (NCHS).
- A renewed call for a **single procedural coding system** for the US. AHIMA reiterated its long-standing recommendation that there should be a single medical procedural coding system in the US that permits procedural coding across sites of service instead of the current systems of ICD-9-CM Volume 3, CPT, and HCPCS. AHIMA coupled this recommendation with a call for a federal study to determine the single coding system for future use and reiterated many of the arguments made in last May's testimony on this issue to the ICD-9-CM Coordination and Maintenance Committee.
- A call for all **payers and providers to adhere to the existing code set rules, definitions, and guidelines** as developed by the code set maintenance organizations and published as part of the code set. AHIMA recommended that HIPAA regulations be modified to require this action.
- A call for every HIPAA-accepted medical data code set organization to have an **organized process for the development and maintenance of the codes, rules, and guidelines** for the correct, consistent use of their code

set. Included in this recommendation, AHIMA called for open public meetings of such organizations and participation by the stakeholders of each code set. Furthermore, AHIMA requested that each group provide public notices of their meetings and locations, as well as timely notification of changes to the codes and code sets. AHIMA also supplied the committee with four principles that should guide code set maintenance in the future.

- A call for HCPCS to publish an explanation of its processes as well as open them to the public, as AHIMA suggested for all medical coding systems, and how it will **issue codes for use in place of the “local codes” being eliminated by HIPAA**. AHIMA applauded the HCPCS effort to eliminate local codes and identify national codes in their place, but the Association also suggested that providers and payers now need an identified process to obtain a new HCPCS. In her testimony to the NCVHS, the HCPCS administrator did not address this issue.

AHIMA also continued its call for coding consistency by suggesting that all procedure codes be located in the single procedure coding system and that a coding system like HCPCS, or HCPCS itself, be established for technology items, supplies, and other items that are not procedural in nature.

Recommendations for Temporary Codes

AHIMA made several other recommendations with regard to temporary codes that need to be addressed now and could be better facilitated if a coding authority is established. AHIMA also recommended that coding changes be released in a consistent and public manner so that there is ample time for training and implementation of the new codes.

It is currently unclear what direction NCVHS will take with the information it has received on medical coding standards. AHIMA will be taking parts of its testimony to Capitol Hill and other policy groups to continue efforts for consistency in coding and ensuring that these same principles are in any healthcare infrastructure addressed by Congress or the Department of Health and Human Services secretary in future months. We look forward to your participation in these efforts.

A complete copy of AHIMA’s testimony to the NCVHS is available on the AHIMA Web site.

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