Carrying Advocacy Efforts from Capitol Hill to the Community

By AHIMA's Advocacy and Policy Team

This continues to be a busy year in Washington, DC, as members of Congress debate many important issues that affect healthcare stakeholders. Congress has considered issues ranging from how much money to appropriate to the various federal agencies and reforming the Sustainable Growth Rate to reviewing "meaningful use" EHR Incentive Program payments and implementing ICD-10-CM/PCS. The activity in Congress has also kept agencies and organizations—such as the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC)—busy with regulatory work needed to meet upcoming deadlines for several health initiatives. With the implementation deadline just a year away, ICD-10 has become the focus for many in HIM and healthcare.

ICD-10-CM/PCS and Congress

Many industry stakeholders breathed a sigh of relief when US Department of Health and Human Services (HHS) Secretary Kathleen Sebelius wrote AHIMA in February 2013 stating, "We agree with your recommendation to continue progress towards ICD-10 implementation and maintain our commitment to the October 1, 2014 compliance date." While these words are reassuring for many who have been working toward the compliance date, there is still a lot of work that needs to be done to keep ICD-10 implementation on track.

Earlier this year US Representative Ted Poe (TX-2) introduced H.R. 1701, known as the Cutting Costly Codes Act of 2013. This bill would prohibit HHS from replacing ICD-9-CM with ICD-10-CM/PCS. A companion bill, S. 972, was also introduced in the US Senate. These legislative efforts could derail current implementation efforts for 2014. In response to these bills, AHIMA has been actively advocating on Capitol Hill by meeting with legislators and their staff and hosting briefings on the benefits of ICD-10 implementation.

Progress on this issue has been made on Capitol Hill, but there is still more work to be done. AHIMA members' support makes a difference, and all of AHIMA's members are encouraged to vocalize their support to members of Congress. Take a moment to visit the AHIMA Advocacy Action Center at http://capwiz.com/ahima/home/ and send a letter to your federal legislators in the US House of Representatives and US Senate discussing the benefits of ICD-10 and the importance of keeping the current implementation date.

ICD-10 Advocacy at Home

Another activity that can help ensure timely ICD-10 implementation is to continue to educate local providers about ICD-10. Not only do AHIMA members need to provide them with information on the benefits of this modern coding and classification system, it is important to dispel the myths and rumors that have been spread, such as those outlined in Richard Averill's recent article "ICD-10 Misperceptions, Misinformation, and Misrepresentations," available at http://journal.ahima.org/?p=8259. Communicating directly with community clinicians and providers enables HIM professionals to provide information on the steps necessary for implementation. These discussions are a good time to point providers to the robust ICD-10 resources on www.ahima.org. Interactions with these stakeholders will also help local HIM professionals to build relationships in their communities that could potentially yield benefits on other initiatives in the future.

At the beginning of 2013, AHIMA announced the ICD-10 Advocacy Initiative on two all-delegate calls. The formal objective of the initiative was to develop and identify resources to assist AHIMA's component state associations (CSAs) with education and outreach to the provider community to assist with their implementation and understanding of ICD-10, its benefits, the need for clinical documentation improvement, and the ultimate impact on the revenue cycle. The resources include:

- CSA tasks with instructions and timeframe milestones
- CSA organizational recommendations and supporting materials
- Webinars and presentations on advocacy tactics, training, and outreach
- Webinars and presentations on ICD-10 issues
- ICD-10 education
- ICD-10 implementation

The ICD-10 Advocacy Initiative is a living project that continues to evolve. Additional resources will be identified and new resources will be developed and posted to the State Leaders/House of Delegates Communities of Practice.

CMS Issues 2014 IPPS and OPPS Regulations

This past summer CMS published the Calendar Year (CY) 2014 Medicare Hospital Outpatient Prospective Payment System (OPPS) proposed rule and the Fiscal Year (FY) 2014 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System final rule. In the OPPS proposed rule, CMS proposed replacement of the current five levels of clinic and emergency department visits with three new alphanumeric Level II HCPCS codes to describe clinic visits, Type A emergency department visits, and Type B emergency department visits. In addition to no longer needing to distinguish visit levels, hospitals would also no longer need to distinguish between new and established patients.

Provisions of the IPPS final rule are applicable to discharges occurring on or after October 1, 2013, unless otherwise specified in the rule. In the IPPS final rule, CMS adopted a negative-0.8 percent documentation and coding adjustment for FY 2014. There are no major changes to the MS-DRG classifications. Cases with diagnosis code V45.88, Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission in the current facility, are being moved from MS-DRG 066 (Intracranial Hemorrhage or Cerebral Infarction without CC/MCC) to MS-DRG 065, and the title of MS-DRG 065 has been revised to reflect this modification. Several diagnosis codes representing vaccinations or procedures not carried out have been moved from MS-DRG 794 (Neonate with Other Significant Problem) to MS-DRG 795 (Normal Newborn). Diagnosis codes 751.1, 751.2, and 751.61 (Atresia and stenosis of small intestine; Atresia and stenosis of large intestine, rectum, and anal canal; and Biliary atresia, respectively) have been removed from the pediatric age conflict edit in the Medicare Code Editor (MCE).

Also in the IPPS final rule, measure refinements were adopted for the Hospital Value-Based Purchasing Program and Hospital Inpatient Quality Reporting (IQR) Program. Hospitals are permitted, on a voluntary basis, to electronically report 16 measures across four measure sets in CY 2014 for the FY 2016 Hospital IQR Program payment determination. CMS adopted an algorithm for classifying readmissions as “planned” for incorporation in their new Hospital Readmissions Reduction Program. For FY 2015, readmission measures for acute exacerbation of chronic obstructive pulmonary disease and admissions for elective total hip arthroplasty and total knee arthroplasty have been added to this program. Rules governing the payment adjustment for CMS’ Hospital-Acquired Condition (HAC) Reduction Program were also adopted.

A combination of Agency for Healthcare Research and Quality measures and Centers for Disease Control and Prevention measures were adopted as part of this program. In response to a public comment requesting clarification regarding the quality controls that will be in place to ensure consistent and accurate coding for the HAC Reduction Program, CMS referenced AHIMA’s Standards of Ethical Coding.

Several new discharge status codes that were adopted by the National Uniform Billing Committee have been added to the MS-DRG Grouper and MCE logic for FY 2014. These discharge status codes include codes to identify patients who are discharged with a planned acute care hospital inpatient readmission. There is currently no designated timeframe or limitation in reporting these codes. Since CMS plans to use an algorithm to identify planned versus unplanned readmissions in their Hospital Readmission Reduction Program, these new discharge status codes will not impact this program.

As healthcare initiatives continue to evolve, either legislatively or through the regulatory process, it is important for AHIMA and its members to stay engaged. For more information on AHIMA’s public policy and government relations activities, contact AHIMA’s advocacy and policy team at (202) 659-9440 or visit http://www.ahima.org/about/advocacy.

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