Coding Standards Remain AHIMA Priority in 2002

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by Dan Rode, MBA, FHFMA

While legislative activity in Congress has been slow, 2002 has proven very active for various healthcare regulations, coding standards discussions, and AHIMA. Most activity has surrounded code sets and coding standards, healthcare information infrastructure, and privacy.

Changes to Reimbursement

New Medicare reimbursement changes have been announced for a number of systems including long-term care and ambulance services. Because each of these changes involves the coding of diagnostic and procedure information, AHIMA's Policy and Government Relations team, members of the Coding Policy and Strategy Committee, and the Advocacy and Policy Task Force have fashioned comments that reflect AHIMA's member interests and concerns regarding the Medicare program's approach to coding systems, rules, and guideline use. AHIMA will soon be reviewing the annual changes to the inpatient and outpatient prospective payment systems.

Setting Coding Standards

The topic of coding standards has received significant attention this spring. The National Committee on Vital and Health Statistics (NCVHS) held a series of hearings on coding standards as part of its obligation to advise the secretary of Health and Human Services (HHS) Tommy Thompson on matters applying to HIPAA.

Problems and Gaps in Current Code Sets

By request, AHIMA testified to the NCVHS Subcommittee on Standards and Security in February on the problems and gaps in existing code sets scheduled for use under HIPAA. AHIMA addressed the problems with the three primary medical code sets: ICD-9-CM, CPT, and the Healthcare Common Procedure Coding System (HCPCS).

AHIMA also made a number of recommendations to the subcommittee regarding current programs and gaps. Key among these recommendations was that the National Center for Health Statistics (NCHS), the agency that oversees ICD-9-CM, should be given authority over all other medical coding standards. Included in this recommendation is the need for an authority, such as NCHS, to ensure that codes do not overlap or are duplicated and to ensure that the other HIPAA requirements related to medical code sets and code set maintainers are followed.

AHIMA made a number of recommendations that could be acted on by the existing set maintainers. The Association also reiterated its previous recommendation for a study on a single procedural coding system for all sites of service—a study that is all the more critical because these decisions will affect the healthcare industry for many years to come.

Other industry trade groups concerned about the process of some of the code set maintainers also testified during the February hearing. Concerns included the openness of processes and procedures, the ability to participate in the discussion about the coding standard, the decisions related to code sets, and issues of costs associated with using specific proprietary code sets.

Use of ICD-10-PCS

The second hearing in April examined the potential use of ICD-10-PCS. The subcommittee was interested in learning about any existing problems with the current ICD-9-CM procedure coding system and whether ICD-10-PCS could be a suitable replacement. Discussion clearly identified that the current system was outdated. AHIMA and most of those testifying on this issue agreed that ICD-10-PCS was a suitable replacement for inpatient use.

A Single Procedural Coding System

At the April hearing, AHIMA renewed its call for a study for a single procedural coding system and urged the NCVHS and the secretary to consider a number of other "environmental" issues, including the potential conversion to ICD-10-CM. However, AHIMA indicated that the current ICD-9-CM system cannot be "fixed" and may need to be replaced before conversion to ICD-10-CM. Discussion also indicated that a separate conversion to ICD-10-CM might facilitate easier training. While participants and the subcommittee discussed implementation issues, including systems implementation, there was no vendor testimony during that time.

The NCVHS subcommittee also heard testimony regarding gaps in the coding systems for procedures relating to behavioral medicine, home nutrition, and alternative medicine. In the latter two cases, the subcommittee agreed that the interested parties should work though existing coding groups, namely the CPT Editorial Panel and the HCPCS panel. Participants in the meeting were quick to point out that these groups are essentially closed, especially to providers outside of select physicians, and that under HIPAA rules they should be open to additional types of providers.

At press time, the subcommittee's next hearing was scheduled for the end of May. AHIMA is scheduled to testify at this hearing.

NCVHS and its Standards and Security Subcommittee materials and minutes are available online at www.ncvhs.hhs.gov.

Healthcare Information Infrastructure

While the NCVHS investigates medical coding standards and oversees the HIPAA implementation process, a number of other groups are working on the issue of a national healthcare information infrastructure. AHIMA has been very active in these discussions.

In late 2001, AHIMA joined with several other healthcare and non-healthcare groups under the guidance of RAND to discuss issues related to bioterrorism. Since then, three bioterrorism summits have addressed the survey, as well as reporting, reacting, and prevention of bioterrorism acts. Much of the discussion identified the need for a healthcare infrastructure that not only facilitated the nation's attempt to combat bioterrorism, but also the information needed to combat domestic issues, such as medical errors.

At the same time, the E-health Initiatives group, made up of many of the e-health industry's major vendors as well as some of the key professional associations, including AHIMA, has been working on a number of similar projects. Key among these is an active project with the Centers for Disease Control and Prevention to facilitate its development of a public health infrastructure. There is consensus on the value of standards and the need to ensure items such as consistency of coding and uniform data collection. There are still many unanswered questions including how, when, and where data can be collected and in what form.

The Bush administration is undertaking the Quicksilver program, a group of e-government initiatives which, among other things, look at the use of standards in various federal agencies and departments. AHIMA has met with the healthcare task force to make a case for uniform standards and consistency in coding, as well as highlighting the federal government's key role in any infrastructure development and process. Congress is also beginning to address this issue, and AHIMA has been involved in a number of conversations related to our concerns. It is still uncertain, however, if there will be significant action by Congress this year.

Keeping an Eye on Privacy

Privacy is also still an issue this spring. At press time, AHIMA was in the process of writing its comments regarding the HIPAA privacy regulation's new proposed changes published in March. One Congressional hearing on the secretary's new proposals has already taken place, but it does not appear that there will be any additional hearings, and it is doubtful that any legislation will pass to modify the rule at this point.

Monitoring State Issues

The Policy and Government Relations team has been working on a number of ways to assist state leadership. The recently created Community of Practice for State Advocacy Liaisons and Presidents allows the Policy and Government Relations team to communicate notices of state legislative and regulatory activities as well as to allow liaison members to communicate among themselves about state issues.

Dan Rode *(dan.rode@ahima.org) is AHIMA's vice president of policy and government relations.*

Article citation:
Rode, Dan. "Coding Standards Remain AHIMA Priority in 2002." *Journal of AHIMA* 73, no.6 (2002): 16,18.