

ICD-10-CM/PCS Isn't Over 'Til It's Over

Save to myBoK

By Dan Rode, MBA, CHPS, FHFMA

Former American Major League Baseball catcher, outfielder, and manager Lawrence Peter “Yogi” Berra had a saying: “It ain’t over, ‘til it’s over.” These words reach beyond the walls of the baseball diamond and relate to the current state of policy and health information management (HIM). Recent laws, regulations, and resolutions developed through Congress have brought with them some uncertainty and hesitation to say that something is a done deal. Organizations, professionals, and others affected by these laws and subsequent regulations are often hesitant to move ahead on a program or project, and instead wait for a guarantee that the associated risk with moving such changes forward will be minimal and necessary. This issue has affected a number of programs in which HIM professionals have a role.

Implementation an Uphill Journey

Procrastination has been an issue surrounding implementation preparedness efforts for the update to ICD-10-CM/PCS, in part influenced by the delay announced by the Department of Health and Human Services (HHS) in 2012 as well as the continued urgings of some groups for a total halt in implementation. AHIMA staff are confident that October 1, 2014, is the absolute compliance date for ICD-10-CM/PCS. Though protests have quieted, the reports of procrastination remain despite the fact that the date recommended by the Centers for Medicare and Medicaid Services (CMS) to begin testing is a mere four months away.

AHIMA has made public comments to the US government and provided resources to HIPAA-covered entities that will aid in moving forward with implementation projects. But organizations are not all moving forward at the same speed. HIM professionals are well positioned to put plans in motion to make sure their own organization-and those in their community-are ready for the switch. AHIMA has developed an ICD-10-CM/PCS project in partnership with state HIM associations. HIM professionals who feel this support is needed in their community should contact their state leaders or Don Asmonga, AHIMA’s senior director of government relations, for more information.

While individual organizations may be ready to begin testing now, the transition to ICD-10-CM/PCS will not benefit the community until all covered entities and agencies are using the new code sets.

More than Just Meaningful Use

AHIMA submitted responses to CMS’ and the Office of the National Coordinator for Health IT’s (ONC) request for information (RFI) published in the Federal Register March 7. This request signaled an effort by HHS to harmonize and consolidate its various programs and agencies-moving forward in a coordinated and strategic fashion. The RFI also indicated awareness that something must be done to include and involve the long-term and post-acute care facilities in future phases of health information management and technology development.

AHIMA’s response can be found at www.ahima.org. Within the comments, AHIMA reiterated that the ONC Health IT Policy and Standards Committees established under ARRA-HITECH should be addressing industry-wide issues beyond those related to the CMS “meaningful use” EHR Incentive Program. AHIMA also called for engaging healthcare professionals in expanded work groups to address and challenge larger issues facing healthcare today. With the federally imposed financial sequestration, this will take an industry approach, and AHIMA is seeing signs of that happening even in the sometimes divided vendor sector.

AHIMA restated the association’s position on the need for increased industry-wide understanding and use of terminology and classification standards to meet industry goals for exchange. The comments also note that state and federal agencies must work together to ensure interoperability is successful throughout the industry. AHIMA continues work on the development of unique patient identifiers as a tool for advancing interoperability, security, and patient safety. The importance of this development was addressed at AHIMA’s Hill Day in March. AHIMA is working to ensure that members of Congress will

work with their respective Appropriation Committees to remove the barriers standing in the way of addressing this identity and patient safety problem.

Developing RAC Legislation

US Representatives Sam Graves and Adam Schiff have introduced legislation to improve the RAC audit process. AHIMA urges HIM state associations to meet with those members of Congress who did not receive a visit during Hill Day and to advocate for further co-sponsors to support the bill titled the “Medicare Audit Improvement Act” (HR 1250). AHIMA members can show their support as well by visiting the Advocacy Assistant at <http://www.ahima.org/advocacy/> and sending a letter to their representatives describing how RAC audits affect their respective organizations.

While it is unlikely that government audits will ever completely disappear, by conducting internal audits and having an active data content improvement program HIM professionals can work to ensure data integrity within their organization and thus mitigate claims of fraud or abuse.

Federal Budget and Finance Questions Remain

AHIMA’s advocacy and policy team is following the sequester discussions and possible outcomes closely since they will affect funding for healthcare and higher education programs sponsored by the federal government like Medicare, Medicaid, and ONC. While AHIMA does not seek direct involvement in the issues surrounding the funding of healthcare programs and providers, it is important to ensure that members of Congress are aware of how budget cuts affect departments, agencies, and offices charged with carrying out the functions of these programs.

Trade associations such as the American Hospital Association, the American Medical Association, and a host of others take on the more direct reimbursement issues, as they should, and they deserve your consideration. AHIMA does occasionally get involved in reimbursement issues such as RACs or “coding creep” accusations that in fact are reflecting increases in coding clarity or the acuity level of patients. Indications are that this will be a long summer and fall, and Congress will look to increase healthcare providers’ care efficiencies and cover administration without adding additional funding. With many of the Affordable Care Act programs also starting in October, the US will most likely see healthcare take center stage among the issues currently being addressed in Congress.

It’s Not Over

The bottom line of the current changes and movements taking place in US healthcare is developing and maintaining an increased value for good health information, which must be managed and governed in an atmosphere focused on efficiency and streamlined processes. As health information becomes a commodity, it is up to HIM professionals as the information stewards to improve the way it is handled—a task that the industry is facing with less resources at healthcare professionals’ disposal.

Strong HIM leadership is more imperative than ever—at the individual, organizational, community, and national level.

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