

# New Year Begins with a Bang: 2012 Starts with a Myriad of Hot-Button HIM Issues

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The start of 2012 has been anything but quiet regarding HIM issues. Here are some of the hot-button issues and events AHIMA and the healthcare industry have contended with in just the first few months of 2012.

## AMA versus ICD-10

Following a vote in its house of delegates in November, the American Medical Association sent a series of letters to Congress requesting that ICD-10 implementation be stopped and a new classification system developed to replace ICD-9-CM.

In response AHIMA met with key members of Congress to discuss the need to keep ICD-10-CM/PCS implementation moving toward its October 1, 2013, compliance deadline. AHIMA also issued a statement urging those covered by the ICD-10 requirement to continue their implementation efforts.

The physician community is under the gun to take on a variety of projects. At the same time Congress has delayed any payment fix for physician Medicare reimbursement.

While AHIMA is sensitive to the pressures on physicians and supports many of their efforts, the association continues to point out the need for ICD-10, noting its impact on the nation's adoption of electronic health records, health information exchange, and interoperability and the part it plays in quality measurement, public health, research, and new value-based reimbursement systems.

The argument for a new coding system to replace ICD-9-CM is essentially a new one. Over the years AMA has suggested that its CPT code set be adopted in lieu of ICD-10-PCS; however, the Centers for Medicare and Medicaid Services rejected this recommendation.

Establishing a new coding system to replace ICD-9-CM could take years. The system would need to be compatible with the international use of ICD-10 and would have to be retrofitted into EHRs and other healthcare software.

In addition providers, health plans, vendors, and CMS have made significant efforts to develop, implement, and train for ICD-10 compliance.

In the meantime, the quality of patient health information would not improve, nor would it be suited to address 21st-century medical knowledge and diseases.

ICD-10 was designed to meet physician requests, and public input has been sought in the development and maintenance of the code set since the mid-1990s.

It is important that HIM professionals ensure that the pace of implementation continues so that AHIMA is able to say the compliance requirements are met come October 1, 2013. Progress must be advocated to providers, health plans, healthcare organizations and systems, and those who will use ICD-10.

More information, frequently asked questions, and other materials are available from AHIMA at [www.ahima.org/ICD10](http://www.ahima.org/ICD10) and from CMS at [www.cms.gov/ICD10](http://www.cms.gov/ICD10).

## Patient Identifiers

AHIMA has continued to ask Congress to assign a Government Accountability Office study to identify issues surrounding patient identifiers. Many members have been involved in this project, either through AHIMA's Annual Hill Day or by writing a letter to their members of Congress requesting support.

As with AHIMA's efforts regarding the Genetic Information Nondiscrimination Act, it sometimes takes several years to convince Congress to make what appear to be simple changes. Therefore, those members coming to Washington this month for Hill Day will see this subject on AHIMA's agenda again.

## **Standards Breakthrough**

Members of AHIMA's practice leadership team have been working with Health Level Seven to incorporate AHIMA's legal health record principles in the next draft of HL7's EHR functional model.

This too has been a multiyear effort, and there is still the matter of approving the updated draft of the functional model. A number of standards organizations will vote on the draft simultaneously, so once negative votes are resolved there will be a consensus version that should make the next steps toward adoption and use much faster.

Acceptance of these all important principles and practices is a significant achievement.

AHIMA is also working in a number of government circles to seek compatibility with future Office of the National Coordinator for Health IT and CMS work and regulations.

## **Stage 2 of Meaningful Use**

As this issue went to press, AHIMA was busy preparing for the release of the long-awaited stage 2 meaningful use notice of proposed rulemaking. As with stage 1, AHIMA has assembled a team of volunteers and staff members to review the proposed rule and develop AHIMA's comments. Comments on the rule are especially important since CMS and its HIT committee advisors have had little time to gather experiences from stage 1 adopters.

After the comment period, AHIMA expects the HIT Policy Committee to seek input on stage 3.

In addition, the healthcare industry is still waiting for the ARRA-HITECH HIPAA privacy and security changes. No recent timetable has been set by either the Office for Civil Rights or the Office of Management and Budget.

However, AHIMA staff will analyze these rules when they are released. The association will also offer programs to discuss the anticipated rules in detail.

## **AHIMA's Hill Day**

Members will be coming to Washington, DC, this month for AHIMA's Hill Day. This year's Hill Day will be preceded by a series of webinars covering the how-tos of Hill visits and advocacy as well as detailed information on the subject of the visits.

Topics for Hill Day vary depending on what is happening in Congress at the time, but the number-one agenda item is an introduction to the HIM profession's roles and functions. Other issues will be announced closer to the meeting.

AHIMA's component state associations will be providing material for those who are unable to attend so that they can make a "Hill" visit to the local office of their members of Congress. These visits are just as important, and a local visit usually affords members and Congressional staff more time to talk.

In addition, AHIMA is now offering CSA leadership two free webinars a month associated with advocacy and leadership training. The webinars are designed to address the leadership and advocacy efforts individuals and state associations can undertake to deal with HIM issues close to home. Check with your state association leadership for more details.

The year has started off with a bang. Members should keep up on the latest HIM news through AHIMA's weekly *e-Alerts* and the AHIMA Web site.

AHIMA encourages members to join its advocacy efforts, whether it is a conversation on ICD-10 with a physician, a discussion on privacy with a patient or beneficiary, or leading your organization in adopting and implementing EHRs and engaging in HIE. The opportunities are everywhere, and every effort helps.

AHIMA also wants to hear from members on any new issues that they or their organizations are wrangling with. AHIMA looks to its 64,000 members to keep its proverbial ear to the ground.

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