

# Set Your Sights on ICD-10 and Meaningful Use in 2015

Save to myBoK

By AHIMA's Advocacy and Policy Team

Now that the new year is well underway, most of us have probably settled on our resolutions and are working hard to achieve them. Hopefully both ICD-10-CM/PCS preparation and the "meaningful use" EHR Incentive Program are high on the list of priorities for healthcare providers.

At its meeting on September 23 and September 24, 2014, the ICD-10 Coordination and Maintenance Committee addressed a number of new proposed ICD-10-CM and ICD-10-PCS codes and other code modifications, as well as ICD-10-CM/PCS implementation preparation updates from the Centers for Medicare and Medicaid Services (CMS). Highlights of this meeting are described below.

## ICD-10-CM/PCS MS-DRG Update

As the industry prepares for ICD-10-CM/PCS implementation, organizations must ensure that they use the most updated resources for training, testing, and system integration.

The following important resources are now available on the CMS website, [www.cms.gov](http://www.cms.gov):

- **ICD-10-CM/PCS MS-DRG V32.0 Definitions Manual.** This manual includes Major Diagnostic Category groups as well as DRG maps and CC/MCC designations. It also includes appendices A through J.
- **ICD-10-CM/PCS MS-DRG V32.0 "Summary of Changes."** This document outlines the proposed and final DRG changes.
- **ICD-10-CM/PCS Definitions of Medicare Code Edits.** This document includes a description of each coding edit with corresponding ICD-10-CM and ICD-10-PCS code lists.

The official ICD-10-CM/PCS MS-DRG v33 will be subject to formal rulemaking in the spring of 2015. Stay tuned for AHIMA updates regarding important changes to the code list.

## Medicare ICD-10-CM/PCS Testing

Providers, suppliers, billing companies, and clearinghouses are welcome to submit acknowledgement test claims anytime up until the October 1, 2015 implementation date of ICD-10-CM/PCS.

CMS will offer special acknowledgement testing weeks March 2 to March 6 and June 1 to June 5 this year, which will give submitters access to real-time help desk support. Registration for the special acknowledgement testing weeks is not required.

CMS also indicated plans to offer providers the opportunity to participate in end-to-end testing with Medicare Administrative Contractors (MACs) in January, April, and July of 2015. However, only 850 providers will be able to participate during each testing period. Registration for each test period is available on each MAC's website.

## FY 2017 ICD-10-PCS Updates

Regular updates to ICD-10-PCS will resume on October 1, 2016 (FY 2017). A compilation of the ICD-10-PCS code proposals that have been discussed during previous meetings but have been held for implementation until after the end of the partial code freeze will be shared during the March 2016 Coordination and Maintenance Committee meeting.

## ICD-10-CM/PCS Proposed Modifications

Although AHIMA generally supports many of CMS' PCS proposals, the association opposes the following changes: minimally-invasive cardiac valve surgery, face transplants, and administration of Ceftazidime-Avibactam.

Nearly all of the new ICD-10-CM codes presented at the September ICD-10 Coordination and Maintenance Committee meeting were proposed by physician groups, such as medical specialty societies.

Highlights of AHIMA's comments on these ICD-10-CM/PCS code proposals can be found on the *Journal of AHIMA* website at <http://journal.ahima.org>.

AHIMA recommends delaying implementation of all new codes approved at the September Coordination and Maintenance Committee meeting until October 1, 2016, after the code set freeze ends. Any new codes or code changes implemented on October 1, 2015 could complicate the transition process.

## 2014 EHR Certification Criteria, Second Release, Final Rule

Meaningful use attestation is another priority of the healthcare industry in 2015. Eligible hospitals that did not demonstrate meaningful use by July 1, 2014 will be subject to a Medicare payment adjustment in fiscal year (FY) 2015. This payment adjustment will equal 25 percent of the increase in the IPPS payment rate. According to the FY 2015 IPPS final rule, the net increase for the IPPS rate is 1.4 percent. This means that eligible hospitals that didn't attest to meaningful use by the 2014 deadline will only receive a 1.05 percent increase. Eligible hospitals that continually don't meet meaningful use criteria in future years will only see bigger reductions over time, including penalties of as much as 75 percent of the IPPS rate increase. What once was a carrot to move progress in health IT adoption has now become a stick.

There's no time like the present to ensure that physicians and others understand the importance of these financial incentives. The 2015 program year for the EHR incentive programs began on October 1, 2014. Everyone within the organization—particularly those who document within the EHR—must be aware of the meaningful use core and menu objectives that the organization is targeting in order to comply with the program. Healthcare organizations and health information management (HIM) professionals are encouraged to work with their EHR vendor to educate providers and ensure that the technology supports meaningful use compliance and attestation.

To successfully participate in the program in 2015, eligible hospitals must use the 2014 Edition Certified EHR Technology (CEHRT). On August 29, 2014, the Department of Health and Human Services and the Office of the National Coordinator for Health IT published a final rule in the Federal Register that made several improvements to the current 2014 EHR certification criteria. This rule is available at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2014-21633.pdf>.

Eligible hospitals and EHR technology developers don't necessarily need to update and recertify their EHR technology based on this final rule, but HIM directors may want to review some of the changes.

## Certified EHR Technology Definition

In its 2014 Edition Release 2 Final Rule, CMS revised its definition of CEHRT to enable providers to implement only the EHR technology they need to meet the specific meaningful use stage for which they seek attestation. However, for EHR reporting periods during and after FY 2014, providers must use the 2014 certification edition. This edition requires a base amount of functionality, and it deters providers from purchasing and implementing outdated products that cannot be used to meet meaningful use in subsequent years.

## Accounting of Disclosures Update

CMS had originally proposed to mandate that EHR developers ensure certified EHRs have the ability to support an accounting of disclosures—a list of all disclosures healthcare providers made of a patient's protected health information (PHI). But in an effort to provide flexibility, clarity, and enhanced health information exchange, the agency decided not to finalize the change.

Had it finalized this proposal, developers would have been mandated to include the ability to electronically record disclosures made for all treatment, payment, and healthcare operations in their systems. Relevant information would have included the patient's identification; the user's identification; and the date, time, and description of each of these types of disclosures.

Although technology developers may be relieved of the developmental burden associated with making these changes, those in HIM must now suffer the consequences associated with having little ability to track these disclosures in which patients are increasingly interested. Individuals currently have the right to obtain a list of anyone who has accessed their PHI. However, covered entities with an electronic record are only required to track and provide information related to disclosures of PHI made outside of the covered entity and for purposes other than treatment, payment, or healthcare operations. Until certified EHR vendors are required to include the ability to track all types of disclosures, HIM professionals will need to continue to explain these limitations to patients.

To complicate matters, the Office for Civil Rights recently announced that its proposed rule on accounting of disclosures—originally issued on May 31, 2011—won't be finalized until 2015. Until then, HIM professionals must educate patients about their own right to PHI and how this information may change in the future.

## Read More

### ICD-10-CM/PCS Proposed Modifications

<http://journal.ahima.org>

For highlights of AHIMA's responses to the proposed modifications to ICD-10-CM and ICD-10-PCS, visit <http://journal.ahima.org>.

The AHIMA Advocacy and Policy Team ([advocacyandpolicy@ahima.org](mailto:advocacyandpolicy@ahima.org)) is based in Washington, DC.

---

#### Article citation:

AHIMA Advocacy and Policy Team. "Set Your Sights on ICD-10 and Meaningful Use in 2015" *Journal of AHIMA* 86, no.2 (February 2015): 16-17.

---

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.