Taking Our Stand: AHIMA Stakes Four Key Issues

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by Dan Rode, MBA, FHFMA

In May, AHIMA's Board of Directors approved two key issue statements—one on consistency of healthcare diagnostic and procedure coding, and a second on national healthcare information infrastructure (available at www.ahima.org). These "umbrella" statements are general and apply broadly to the key issue that they address. In the course of AHIMA's advocacy efforts on any one of these issues, additional statements may be written on much more specific aspects of these issues.

With these two statements, AHIMA addresses two of four key issues. In this article, we'll take a closer look at consistency of coding and a national healthcare infrastructure. After the AHIMA Board addresses the remaining two issues—privacy and work force—we will cover them in a future column.

Consistency of Coding

Previous columns have discussed AHIMA's efforts on consistency of coding. The hearings conducted by the Standards and Security Subcommittee of the National Committee on Vital and Health Statistics (NCVHS) have addressed consistency and also use of medical code sets under HIPAA and the potential adoption of ICD-10-PCS and ICD-10-CM. The question has been raised as to why we are pursuing these latter two adoptions while the healthcare industry is in the midst of HIPAA implementation.

HIPAA and the current state of the ICD-9-CM (including the procedure codes) is exactly why we must pursue ICD-10 adoption now. Even if NCVHS and the Department of Health and Human Services (HHS) secretary were to decide this summer to move forward on adoption of either or both code set standards, their decision only begins the process. Under HIPAA, the adoption of ICD-10-PCS or ICD-10-CM can only occur after the secretary has issued a proposed rule and, subsequently, a final rule.

As you are aware, a proposed rule can elicit thousands of comments that must be addressed by the secretary as part of the final rule. If previous HIPAA proposals are any indication, this process could possibly take a few years. Once the final rule is issued, and depending on the interpretation of whether it is a new HIPAA standard or a modification, implementation could take another 18 months.

There is a possibility that a decision will be made this summer. If it is, we will not see the actual implementation of new code set standards until at least 2005. AHIMA is very aware of members' needs associated with ICD-10-CM or PCS implementation. For instance, it would be possible to ensure that training on the new coding systems could occur, in order not to delay implementation. But there will also be changes in computer systems and significant changes in your databases.

In addition to addressing the code set standard changes, AHIMA has also been working to improve and open the processes for development and maintenance of all code set standards. AHIMA has met with staff of the Centers for Medicare and Medicaid Services (CMS) to clarify the HIPAA changes affecting the Healthcare Common Procedure Coding System (HCPCS), including the elimination of local codes (HCPCS—Level III codes). Instructions for obtaining HCPCS, or Level II codes, have been posted on the CMS Web site at www.hcfa.gov/medicare/hcpcs.htm and are available for use immediately.

Other changes to the HCPCS and CPT code set standards will take some time, and NCVHS comments on these processes are expected this summer. NCVHS' leadership in addressing these issues has helped to focus the need on looking at all code set standards maintenance processes.

National Healthcare Information Infrastructure

The second new AHIMA statement addresses the need for and development of a national healthcare information infrastructure. As this issue of the Journal went to press, several activities were expected. The eHealth Initiatives group, of which AHIMA is a member, was developed to create awareness for the role of IT in the pursuit of quality, safe, and cost-effective healthcare. At press time, it was moving to consolidate a significant grant and relationship that will establish an action-oriented project to drive the adoption and barrier removal for an interconnected infrastructure. This activity will include the public and private sectors of healthcare as well as consumers and patients.

The American Hospital Association (AHA) has also announced a similar effort to initiate a separate IT standardization initiative to address a number of barriers to healthcare standards and administrative simplification. Both of these activities signify the new attention that healthcare standards, consistency, and infrastructure are receiving.

Privacy in Congress

While it appears that we will not see major privacy legislation in this year's Congress, look for the introduction and discussion of legislation related to Internet privacy, which, if not passed this year, could be introduced again in the next Congress. Legislation considered to date could place an additional layer of privacy rules in situations where healthcare entities use the Internet for purposes that include protected health information. However, we are still far from most healthcare providers having online interaction with patients that includes health information access or transmission.

State Advocacy Efforts

As we have noted in the past, many HIM issues are directly related to actions by state legislature or regulators. Efforts to change these actions, when needed, must occur at the state level. AHIMA's Policy and Government Relations (PG&R) staff and the Advocacy and Policy Task Force will be addressing how they can better educate, train, and support state association volunteers and advocacy liaisons over the next year to address state issues.

State association advocacy will be the subject of this year's PG&R presentation at the annual July Leadership Training in Chicago. Staff will cover structure, planning, and the use of AHIMA tools for state advocacy efforts.

While staff can assist in training and resources, state advocacy efforts can only be successful with the leadership, commitment, and involvement of individual volunteers. We hope you will join your state associations in this effort and will take advantage of the many resources available related to key issues and advocacy activities.

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Why Issue a Statement?

The statements serve a number of purposes. They provide members a brief synopsis of AHIMA's position on a key issue, how it addresses the current situation or environment, and what constitutes achievement of the position.

The statements also provide AHIMA members, volunteers, component state associations, Communities of Practice, staff, and visitors to the Web site a tool to share in advocacy activities with policy makers, alliance partners, and the press, which explain why AHIMA is pursuing a particular key issue and what we hope to achieve. These statements are also for you to use in any advocacy effort you might undertake on these issues. Like any statement, these are living documents. They will be reviewed on at least an annual basis by one or more groups of volunteers and staff to ensure they are current and continue to reflect AHIMA's position.

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