

Taking the Next Step Forward for ICD-10

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by Dan Rode, MBA, FHFMA

In November 2003 the National Committee on Vital and Health Statistics (NCVHS) agreed to recommend that the secretary of Health and Human Services (HHS) adopt the ICD-10-CM and the ICD-10-PCS classification standards as replacement for the ICD-9-CM classification currently used in the US.

The work of many AHIMA volunteers, staff, and other members of the healthcare industry made this professional milestone happen. But the NCVHS agreement is just the beginning. The next step is yours.

Conversion Process Has Roots in HIPAA

Congress passed HIPAA in 1996 to ensure that the healthcare industry would have standards to promote administrative simplification. HIPAA requires that any standard transactions be approved by the secretary of HHS. The secretary must also approve any code sets used in HIPAA transactions—including the eight transaction sets currently in use, such as ICD-9-CM.

HIPAA also established a process for the secretary to approve such code sets. The first step is the advisory process, which NCVHS has just completed. The next step is the regulatory process.

Most HIM professionals who have come into contact with the various elements of Medicare or Medicaid are familiar with the regulatory process. First, the secretary will issue a “notice of proposed rule making” (NPRM) to upgrade the coding systems from ICD-9-CM.

This NPRM will give a history of the issue and explain why these particular rules or regulations are being considered. It will also cite the regulations being proposed and the department’s rationale behind them. In addition, it will cite specific sections of HIPAA for reference, name the bodies overseeing the maintenance of the classification systems, and describe potential economic impact. Finally, it will provide a comment period for the public to review the proposed rule and make any recommendations for changes, deletions, or additions. The period for comment will be 30 to 60 days.

Once the comment period is closed, all two-way dialogue between HHS and the public ceases. If the department has a question, it can “fact find” for an answer, but no additional comments can be made or considered, unsolicited, until a final notice is published. The waiting period for a final rule can vary tremendously, as we have seen with other HIPAA regulations. It could be as short as 30 days or it could be years.

The final rule is the last step. It may appear in several iterations, and there may be a version that allows additional comments, should HHS decide to add to the regulation significant changes not considered in the NPRM. The final rule states the final regulations: what they are, how they were reached, and when compliance is required.

Why ICD-10 Can’t Wait

AHIMA members know that conversion to the ICD-10-CM and ICD-10-PCS systems is key in the nation’s move toward a national health information infrastructure (NHII) and a standard electronic health record. For this conversion to take place, however, every HIM professional must respond to an NPRM. If the industry fails to champion the replacement of ICD-9-CM, the secretary could decide not to move forward in a timely fashion with adoption and implementation of the ICD-10 systems. Any delay in such adoption could mean significantly higher costs for eventual implementation—and we’ll be no closer to an NHII or an EHR.

AHIMA has offered testimony in the past, and it continues to work with the coding authorities and others to accelerate an appropriate final rule as soon as possible—ideally, in 2004.

Such a NPRM is likely to include a description of the two classification set standards (or at least an indicator where the standards can be found; description of the data elements and the impact on known HIPAA transaction standards; how uniform and standardized guidance will be handled, per HIPAA; the maintenance process for both (most likely similar to the coordination and maintenance process we know today); the anticipated implementation process, and the implementation dates.

There will be some differences in implementation between these two classification code set standards and the transaction sets. Namely:

- Conversion or final implementation would be the same date for all covered entities. We expect this to be an October 1 date to coincide with the existing maintenance update.
- The recommended implementation period will probably be two years from the final rule date—coordinated with the October 1 change. Most testimony for conversion indicated a two-year period would be necessary.
- The rule would allow for maintenance to the codes to occur in the classification system during implementation. This has to occur because code sets cannot be frozen during the implementation period and be kept up to date.

What HIM Professionals Can Do to Help

How can HIM professionals help? No matter what your job, your role in this process is important. Here are some things HIM professionals can do to support the process:

- **Get up to speed on ICD-10.** You don't have to know how to code with these classification systems, but you do have to know what the systems achieve, what components of healthcare they affect, why a 30-year-old classification system does not represent 21st-century medicine, and so on. You can find resources describing the issue in the Communities of Practice, the FORE Library: HIM Body of Knowledge, and elsewhere on AHIMA's Web site (www.ahima.org). You can also find articles in past and upcoming issues of the *Journal of AHIMA*. AHIMA will continue to prepare materials to educate its members, but you have to be the authority. Others in the industry will be seeking you out to question this change. Be prepared to discuss the NPRM. Read the rule when it is published, understand how you and your organization will be affected, and lend your voice in support.
- **Know what these classification systems do** and how they will affect your organization or institution. Conversion to ICD-10 will, to some extent, affect everyone. Administrators, information systems managers, financial and billing managers, and doctors will want to know how it will affect computer systems, data collection, documentation, billing, data reporting, and so forth. HIM professionals will need to help their organizations understand how this change will affect the organization and what the benefits are.
- **Comment on the NPRM.** Your expertise and your voice are very necessary for this process. While an association like AHIMA can promote adoption, it can only write one letter. In the face of opposition from groups such as the Blue Cross and Blue Shield Association and the American Association of Health Plans/Health Insurance Association of America, the voice of AHIMA members is particularly needed. These groups have opposed upgrading ICD-9-CM based on cost, but they fail to acknowledge the value of detailed standardized classification of diseases and inpatient procedures. The secretary must see that upgrading ICD-9-CM has the full support of the industry. Your voice must be heard.

Moving Forward: You Won't Go It Alone

You will not be alone in the professional effort to adopt and implement ICD-10-CM and ICD-10-PCS. AHIMA has been very involved in the creation and testing of these two classification systems, and the association intends to be 46,000 members strong in making this change a credit to our profession. Several AHIMA tools are at your disposal regarding the history and arguments for upgrading ICD-9-CM, as well as information and education resources regarding the replacement classification systems.

For instance, a Community of Practice for those interested in ICD-10-CM and PCS implementation has been established. The Coding Roundtables will also offer a means for two-way communication. This is a time for the HIM profession to shine, take the lead, and help bring in these changes in a professional, timely, and efficient manner. Together we can take the next steps.

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

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