

Wanted: HIM Expertise: ICD-10-CM/PCS, Data Governance Initiatives Require HIM Guidance

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By Dan Rode, MBA, CHPS, FHFMA

The US healthcare industry is now a mere six months from the point in time that the Centers for Medicare and Medicaid Services has suggested for ICD-10-CM/PCS readiness testing to begin. Many health plans have said they are already prepared-or will be ready when the time comes-to test transactions with the ICD-10-CM/PCS codes. There is not much time left, but smaller health plans have the option of reverting to a “super-bill” approach with ICD-10-CM initially.

For examples of “super-bills” that could be used and designed with very little effort, visit the AHIMA website at www.ahima.org. Many clearinghouses have also indicated their ability to assist in the transition.

Beyond ICD-10-CM/PCS

ICD-10-CM/PCS is just the tip of the coding data iceberg that HIM professionals will have to address over the remainder of this decade. The Office of the National Coordinator for Health Information Technology (ONC) has already raised the use of SNOMED CT in certified electronic health record systems (EHRs), and soon those systems that are not already using SNOMED CT will begin to install it in their programs.

Those HIM professionals who went to school in the 1970s and 1980s had some exposure to SNOMED CT, but many since have not been exposed to the subject as programs have shifted focus in favor of other curriculum.

It’s time to brush up on SNOMED CT, and AHIMA is working on education programs in this area along with many HIM academic programs. The next step is to ensure SNOMED CT is applied effectively so that organizations can take advantage of the vast digitized base of information. Until the industry has EHRs using SNOMED CT, other terminologies like LOINC, and classifications like ICD-10-CM/PCS, healthcare will not be able to achieve interoperability.

Last fall, there was significant discussion in the press, among members of Congress, and from the White House regarding the issue of fraud and abuse. While some suggested a problem with “coding creep,” others suggested that perhaps EHRs could be wired to maximize reimbursement. AHIMA has spoken out on these issues, but it ultimately comes down to what is happening on the healthcare facility front lines on issues like adequate documentation in relation to ICD-10-CM/PCS and quality measurement.

Many healthcare stakeholders have expressed just as much concern for the cost of improved documentation as have been concerned about the cost of ICD-10-CM/PCS implementation. Proper and complete documentation is key not only to ICD-10 and quality reporting, but also to clinical decision support and public health reporting.

Documentation Vital for Improving Health, Lowering Cost

The issues surrounding documentation have been around for a long time, but with the current era of EHRs, health information exchange, and increasing quality measurement, detailed documentation is now seen as vital for improving health and lowering costs. Coding is now also as important on the administrative and clinical sides as the source data.

One of the key principles of HIM is data integrity, and it has never been so important for HIM professionals to take a leadership position to ensure their organization is meeting all of the primary and secondary needs for data. The HIM professional has been educated to work with others in their organization to achieve data integrity and are best situated to govern the development, collection, storage, and security of the organization’s health data and information. AHIMA testified to this in a November 2012 ONC health IT subcommittee meeting on the “quality of quality data.”

AHIMA has already begun addressing issues such as the “legal EHR,” fraud and abuse, and data and information integrity, and will address information governance issues this spring. The ARRA-HITECH “meaningful use” EHR Incentive Program has derailed once-conventional thinking that administrative information and its uses are separate from clinical information.

Movement toward outcomes and quality care, as required by meaningful use, are demonstrating what HIM professionals have known for years—data are critical for achieving quality care and eventually become the legal record for claims, research, and other uses.

ONC’s work has helped to ensure that the Agency for Healthcare Research and Quality and members of the White House understand this point well. But it is equally important for healthcare provider organizations and health plans to also understand data’s potential.

Informed constituents will be able to accurately and effectively answer questions or concerns that their representatives in Congress may voice, and explain what role data should take to improve quality and reduce cost.

ICD-9-CM does not adequately record information relevant to 21st century medical knowledge and disease, yet groups in the industry and the consumer sector use this data to determine and display to consumers which facilities constitute quality providers.

Advocacy Ramps Up with Hill Day 2013

This month close to 200 AHIMA members are expected to attend AHIMA’s annual Capitol Hill Day in Washington, DC. The first day of this year’s meeting will be an opportunity for attendees to learn the ins and outs of advocacy in a new advocacy and leadership symposium. The following day, attendees will be up on “the Hill” visiting members of each state’s Congressional delegation. There will be conversations about the recovery audit contractor program, personal identifiers and patient safety, and the need to continue support for the expansion of EHRs. Additional topics that attendees will discuss include ICD-10-CM/PCS. This event is an opportunity for AHIMA members to explain the importance of the HIM role and HIM professionals’ collective perspective on the issues at hand.

ICD-10-CM has danced back and forth in the politics of healthcare entities and the federal government for years—and the debate has resurfaced once again. A number of state medical boards have signed a letter from the American Medical Association asking CMS to halt ICD-10-CM. Several states, however, did not. In the majority of states who did not join in signing this letter, AHIMA members and state HIM associations have been working with state medical societies to foster a better understanding of the benefits and need for the ICD-10 transition.

If the HIM profession is going to make its mark on healthcare, HIM professionals must exert their expertise and knowledge within their own organizations—whether the organization staff numbers in the thousands or just a handful of employees.

Consumers, from employers purchasing healthcare coverage for employees to patients checking in to the hospital, expect healthcare organizations to collect information that will improve their health and keep their healthcare costs low. Even members of Congress are often surprised to find out that healthcare systems are not fully electronic and that a mutual understanding and exchange of record content is not always available between providers.

As change continues to move forward at the industry and federal level, it’s up to HIM professionals to ensure progress continues in the health information management sphere and that their voices are heard in both their specific facility and in Washington, DC.

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