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October 22, 2009

Pat Brooks, RHIA  
Co-Chair, ICD-9-CM Coordination and Maintenance Committee  
Centers for Medicare & Medicaid Services (CMS)  
CMM, HAPG, Division of Acute Care  
Mail Stop C4-08-06  
7500 Security Blvd.  
Baltimore, MD 21244-1850

Donna Pickett, RHIA  
Co-Chair, ICD-9-CM Coordination and Maintenance Committee  
Office of Planning and Extramural Programs  
National Centers for Health Statistics  
3311 Toledo Rd.  
Hyattsville, MD 20782

Dear Ms. Brooks and Ms. Pickett:

On behalf of our more than 54,000 members, the American Health Information Management Association (AHIMA) is pleased to submit the following recommendations regarding the issue of freezing the ICD-9-CM and ICD-10-CM/PCS code sets.

The compliance date of October 1, 2013 for the implementation of the new code sets (ICD-10-CM/PCS) is rapidly approaching and the healthcare industry and all its stakeholders are taking steps in their planning and preparation efforts. With this change come challenges for the industry, such as implementing the Accredited Standards Committee X12 standard Version 5010, communications, training and awareness, software and systems development, and working with third parties to name a few. Trying to coordinate this changeover to the new code sets presents a very large and complex challenge to the healthcare industry. In order to conduct this substantial modification that impacts all areas of an organization, it is essential to freeze (cease updates) both the current (ICD-9-CM) and new (ICD-10-CM/PCS) code sets to enable users of the classification system enough time and opportunity to prepare for and make the transition to ICD-10-CM/PCS. While the healthcare industry is currently used to handling annual code set modifications, preparation for a transition to an entirely new code set is a much larger and more complex endeavor; incorporating additional code set modifications during the final stages of ICD-10-CM/PCS implementation preparation only adds further cost and complexity. Also, lack of constraints on the annual code set update process would mean additional modifications

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could range anywhere from a few new codes to many new codes, or a significant change, such as the addition of a new character value, that impacts hundreds of codes.

Ceasing (freezing) code set updates is a necessary component of the ICD-10-CM/PCS transition process to allow both the federal government and the healthcare industry to focus their limited resources on the ICD-10-CM/PCS conversion process without the additional cost and complexity of addressing ongoing code set updates at the same time.

### AHIMA's Recommendations

- There should be no FY 2013 ICD-9-CM code update. This would mean the last ICD-9-CM update would be FY 2012 (October 2011).
- No updates should be made to ICD-10-CM/PCS for FY 2013 or FY 2014. The last update to ICD-10-CM/PCS after FY 2012 would be FY 2015; the FY 2012 update to ICD-10-CM/PCS should include any changes necessitated by the FY 2012 ICD-9-CM code update.
- Exceptions should be allowed for urgently needed codes during the years when there are no code updates (that is, those that can make a “clear and convincing” case to the Coordination and Maintenance Committee as to why the codes can’t wait for the next regularly scheduled update, such as the emergence of a new disease—criteria similar to that used for April ICD-9-CM updates should be employed; as with the April update process, CMS and NCHS would have the final authority in determining whether a sufficiently “clear and convincing” case was made to warrant the establishment of a new code during the code set freeze period).
- If an urgent ICD-9-CM code proposal is approved for FY 2013, a corresponding change should immediately be made to ICD-10-CM/PCS to ensure these code sets include the most recent ICD-9-CM updates at the time of implementation.
- During the freeze period, CMS and NCHS should be allowed the flexibility to correct errors identified in the ICD-10-CM/PCS code sets, such as incorrect index entries or incorrect code references in instructional notes.
- Updates to the ICD-9-CM and ICD-10-CM/PCS guidelines should be frozen for the same years as the code sets, except for changes necessitated by the implementation of the urgent codes noted above.
- CMS should address the code set freeze issue in the FY 2011 hospital inpatient prospective payment system (IPPS) rulemaking cycle, with the final decision (including code set freeze date) published in the FY 2011 IPPS final rule.
- The Coordination and Maintenance Committee should continue to meet during the code set freeze period in order to consider ICD-10-CM/PCS code proposals and avoid a backlog of proposals in spring 2014. CMS and NCHS should consider posting “working draft addenda” during this time to keep the industry apprised of code changes slated to go into effect for FY 2015.
- ICD-10-CM/PCS code proposals should be included on the Coordination and Maintenance Committee agenda (starting in 2010) so that there is an opportunity for public discussion and input.

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#### Rationale

- Stable code sets during the time period when systems, policies, reports, and so forth are being converted to ICD-10-CM/PCS would reduce the cost, time, and complexity of ICD-10-CM/PCS implementation.
- All resources and time will be stretched to the limit by the ICD-10-CM/PCS transition, and even small changes will complicate the process of migrating to ICD-10-CM/PCS.
- Making no ICD-9-CM or ICD-10-CM/PCS code modifications for FY 2013 or FY 2014 would limit the amount of “re-work” needed to update ICD-10-CM/PCS modifications to reports, systems, policies, databases, and so forth that have already been made.
- Freezing the code sets would allow adequate time for systems and vendors to develop or modify software and conduct testing of systems to assure the systems are ready by October 1, 2013. It would add cost to the ICD-10-CM/PCS transition for vendors and payers to have to contend with code set changes while completing implementation preparation and testing.
- A freeze of the code sets ensures that as users began to learn the new code sets, no additional information (codes) would be added requiring them to go back and try and determine what has been added so they can make sure to learn the new material.
- A freeze ensures the availability of up-to-date coding products, educational materials, and other resources for the intensive coder training period and final ICD-10-CM/PCS implementation phase.
- There would be sufficient time to update ICD-10-CM/PCS resources (guidelines, GEMs, training materials, and so forth) without adding the cost of needing to update the materials to reflect additional code set changes.
- It will allow payers to focus on changes to payment systems, medical policies, and contracts necessitated by the transition to ICD-10-CM/PCS without also expending resources to make changes necessitated by ICD-9-CM updates.
- Ongoing code set modifications could complicate the testing process by making it more difficult to pinpoint the source of problems encountered during the testing process.
- Due to the number of changes organizations will need to make for the ICD-10-CM/PCS transition, many changes to systems applications and databases, system logic and edits, forms, reports, payer medical and reimbursement policies, payer contracts, and so forth will have already been made by this time, so any modifications to the code sets at this point would require significant additional cost and time (to go back through all of the systems, policies, and processes already converted to ICD-10-CM/PCS; determine which ones are impacted by the new code set modifications; and make the additional necessary changes).
- Ongoing updates to all three code sets (ICD-9-CM, ICD-10-CM, and ICD-10-PCS) during the ICD-10-CM/PCS transition would be burdensome on both the federal government (who is both responsible for maintenance of the code sets as well as implementation of ICD-10-CM/PCS as a payer) and the healthcare industry.

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AHIMA appreciates the opportunity to provide our recommendations on the code set freeze issue. We urge CMS to announce a decision regarding a code set freeze and the freeze date as part of the FY 2011 hospital inpatient prospective payment system rulemaking process. This timeline would provide the industry with as much advance notice as possible so their ICD-10-CM/PCS planning and preparation processes and timeline can take the code set freeze into consideration. It would also alert stakeholders to the timeline for submission of code proposals that they wish to see incorporated into the code sets prior to ICD-10-CM/PCS implementation.

If AHIMA can provide any further information, or if there are any questions or concerns in regard to this letter and its recommendations, please contact me at (312) 233-1115 or [sue.bowman@ahima.org](mailto:sue.bowman@ahima.org).

Sincerely,

A handwritten signature in black ink that reads "Sue Bowman". The signature is written in a cursive, flowing style.

Sue Bowman, RHIA, CCS  
Director, Coding Policy and Compliance

cc: Dan Rode, MBA, CHPS, FHFMA  
Allison Viola, MBA, RHIA