



March 7, 2011

Donald Berwick, MD
Administrator
Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244-1850

Edward Sondik, PhD
Director, National Center for Health Statistics
Centers for Disease Control and Prevention
National Centers for Health Statistics
3311 Toledo Rd.
Hyattsville, MD 20782

Dear Drs. Berwick and Sondik:

On behalf of the American Health Information Management Association (AHIMA) and American Hospital Association (AHA), we request consideration of the following recommendation regarding the upcoming freeze of the ICD-9-CM and ICD-10-CM/PCS code sets in preparation for implementation of ICD-10-CM/PCS on October 1, 2013.

AHIMA is a nonprofit, professional association representing more than 61,000 health information management (HIM) professionals who work throughout the various segments of the healthcare industry. AHA is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Close to 5,000 hospitals, health care systems, networks, other providers of care and 37,000 individual members come together to form the AHA. AHIMA and AHA serve as two of the Cooperating Parties, along with the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS). The Cooperating Parties oversee the development and maintenance of the official coding guidelines associated with ICD-9-CM, ICD-10-CM, and ICD-10-PCS.

At the September 2010 ICD-9-CM Coordination and Maintenance Committee meeting, CDC and CMS announced that a partial code freeze of the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) would be implemented as follows:

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- The last regular, annual updates to both ICD-9-CM and ICD-10 code sets will be made on October 1, 2011.
- On October 1, 2012, there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.
- On October 1, 2013, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.
- On October 1, 2014, regular updates to ICD-10 will begin.

AHIMA and AHA fully support the federal government's proposal for a partial code set freeze. We believe this timetable balances the need to ensure ICD-9-CM and ICD-10-CM/PCS are as up-to-date as possible with the need to allow the federal government and the healthcare industry sufficient time to concentrate on ICD-10-CM/PCS transition activities. However, we believe the limited code update on October 1, 2012 should include correction of errors and minor modifications (i.e., index entries, instructional notes) as well as the capture of new technologies and diagnoses.

The stated partial code set freeze policy does not specifically address code set modifications that don't involve the creation of new codes, such as error corrections or additional index entries or instructional notes, but would improve coding accuracy and consistency. Examples of these types of modifications can be found in the attached lists of suggested corrections that AHIMA and AHA recently sent to CDC and CMS. Similar errors or omissions may be identified after the code set freeze has begun, and it is important to correct them before intensive coder training on ICD-10-CM/PCS takes place (this training is recommended for 6-9 months prior to the October 1, 2013 compliance date) in order to avoid confusion and misinterpretation regarding proper ICD-10-CM/PCS coding.

In AHIMA's comments on the code set freeze that were submitted to CDC and CMS in October 2009 and April 2010 (see attached letters), we recommended that CDC and CMS be allowed the flexibility to correct errors identified in the ICD-10-CM/PCS code sets during the freeze period. However, the final freeze policy, as outlined above, does not address the issue of error correction.

Recommendation

AHIMA and AHA urge CDC and CMS to permit the inclusion of error corrections and minor modifications not involving the creation of new codes as part of the October 1, 2012 limited update. These error corrections and modifications should include the addition of index entries or instructional notes that are identified as necessary for providing appropriate coding guidance to the healthcare industry. This will help to ensure implementation of accurate ICD-10 code sets and promote consistent code interpretation and application, with minimal impact on ICD-10 transition activities. Coded data impact a number of federal initiatives, including the widespread adoption of electronic health record systems, the Meaningful Use program, and value-based purchasing, resulting in an increased demand for data integrity.

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If AHIMA or AHA can provide any further information or if there are any questions regarding our recommendation, please contact Sue Bowman (AHIMA) at (312) 233-1115 or sue.bowman@ahima.org, or Nelly Leon-Chisen (AHA) at (312) 422-3396 or nleon@aha.org.

Sincerely,

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

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

A handwritten signature in black ink that reads "Nelly Leon-Chisen". The signature is written in a cursive style.

Nelly Leon-Chisen, RHIA
Director, Coding and Classification

cc: Dan Rode, MBA, CHPS, FHFMA – AHIMA

cc: George Arges – AHA