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April 24, 2012

Kathleen Sebelius
Secretary
Marilyn Tavenner
Acting Administrator, CMS
US Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Ave., SW
Washington, DC 20201

RE: CMS—0040-P – Change to Compliance Date for ICD-10-CM and ICD-10-PCS Medical Data Code Sets

Madam Secretary and Administrator Tavenner:

On behalf of the more than 64,000 members of the American Health Information Management Association (AHIMA), I am responding to one of the proposed rules issued by the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) issued on April 17, 2012, in the *Federal Register* (Vol. 77, No. 74, Pages 22950-23005) and identified as RIM 0938-AQ13. Specifically, AHIMA wishes to comment on the sections of the proposed rule that address “Change to the Compliance Date for ICD-10-CM and ICD-10-PCS Medical Data Code Sets.”

AHIMA Comments

No delay

AHIMA continues to strongly recommend that there should be no delay applied to the compliance date for ICD-10-CM and ICD-10-PCS of October 1, 2013. Setting back the compliance date ignores both the efforts of the healthcare industry and the ability to use the much-improved data code sets to support the crucial data needed to move the nation toward an electronic health record (EHR) and exchange infrastructure that will improve the quality of care through more detailed data, as well as improve our public health, quality, and outcomes data, provide information for better research, and lower the cost of delivering care.

The US healthcare industry has known for at least 15 years that ICD-10-CM/PCS would be adopted as a replacement for the severely outdated and “broken” ICD-9-CM code set. Until the ICD-10-CM/PCS code sets are implemented, US health data will continue to deteriorate, at a time when there is an increasing number of data-dependent healthcare initiatives aimed at

improving value. The value of these initiatives will be diminished if the data output is represented by an antiquated code set.

Any Delay Should be Limited to One Year

AHIMA realizes that by taking steps to consider a delay in the compliance date for ICD-10-CM/PCS the Department and CMS have, in fact, created a delay, rewarding those HIPAA-covered entities that failed to begin to implement the 2009 regulations and causing some in the industry to divert resources to other projects. **Therefore, if a delay is inevitable at this point, AHIMA urges that such a delay be limited to the one year stated in the proposed rule to limit financial and information losses, and HHS should make certain that all covered entities understand that:**

- **HHS and CMS fully intend to implement and use the ICD-10-CM/PCS codes sets effective October 1, 2014, and**
- **The October 1, 2014 compliance date will not be extended and those that fail to comply will be penalized for their inability to use the new code set.**

AHIMA urges the Department and CMS to continue its assistance to those implementing the medical code sets as you have so admirably done over the last three years throughout all phases of implementation. However, expanded outreach and education are clearly needed to ensure all industry sectors are able to meet the final compliance date. The industry has had three years to prepare for the transition since publication of the final rule adopting ICD-10-CM/PCS. And yet significant numbers of healthcare entities have not made adequate progress. Therefore, it does not seem as though provision of more time, by itself, is likely to be sufficient to ensure those lagging in ICD-10-CM/PCS preparation are ready by a new compliance date. The Department and CMS should work with the private sector to identify the barriers and challenges of small providers and hospitals and other entities struggling to comply with ICD-10-CM/PCS implementation, and provide solutions to ensure all sectors are prepared to meet the final compliance date.

The NPRM does not address how to assist those individuals and organizations that subscribed to the Department's regulatory timeline and now potentially find themselves with a potential, additional delay time in which their investment stands idle. AHIMA appreciates its members and their organizations that will be prepared by October 2013, and we will work with these professionals and organizations to help them make the most of their investment in the intervening months before the proposed compliance date of October 1, 2014. We reiterate, however, that any further delay will greatly exacerbate these efforts and could result in additional costs that must eventually be directly or indirectly borne by consumers.

AHIMA requests that the Department and CMS also take the lead in ensuring adequate testing occurs over the next year and a half at the local and national level to ensure the ICD-10-CM/PCS-related transactions successfully occur. Additionally, AHIMA recommends that CMS take the lead with provider organizations, health plans, and its own

contractors for testing. Many entities have indicated they will be ready to conduct testing by the fourth quarter of 2012. Further comments are indicated below.

AHIMA and the HIM Profession

AHIMA and the health information management (HIM) professionals who comprise its membership are well qualified to respond to this proposed rule. Many AHIMA members are employed to directly work with the classification systems affected by these rules, including active participation in the development and maintenance of the existing ICD-9-CM code set and the ICD-10-CM and ICD-10-PCS classification systems which were developed in the 1990s and maintained annually since 1998 when they were ready to be implemented. AHIMA and the American Hospital Association, CMS, and the Centers for Disease Control and Prevention's (CDC's) National Center for Health Statistics (NCHS) serve as the Cooperating Parties that oversee the development of guidelines for the use of the ICD code sets in the US.

In addition to serving as coding professionals who code, analyze, and perform other coding-related functions, AHIMA members are responsible for the adoption, implementation, and management of health data and record systems in both paper and electronic format. All HIM professionals are acutely aware of the importance of data integrity not only in the classifications and terminologies used in healthcare but also the need to ensure data integrity from documentation to use for either primary quality care or secondary uses of data to improve healthcare nationally and internationally. HIM professionals are therefore active in the World Health Organization's (WHO's) development of the successor to ICD-10 (commonly known as ICD-11) as well as its integration with SNOMED-CT® through the efforts of the International Health Terminology Standards Development Organization (IHTSDO) and the WHO.

HIM professionals recognize that terminology and classification systems are not easily comprehensible to the average layman, even for some healthcare professionals. These systems have been designed as a means of turning the information collected or ascertained by the healthcare professionals rendering diagnostic and care services into data that can be used to improve patient care as well as for a multiple number of secondary purposes. It is unfortunate that far too often classification systems are seen as billing and claims mechanisms and are not recognized for the care and diagnosis information that can be used and designed for communicating issues of severity, quality, and other detailed descriptions that can better the practice of healthcare for both the individual patient and the community. As the US builds its electronic records and infrastructure it is this information that will make these efforts fruitful. AHIMA must continue to challenge and work with HHS, CMS, and the healthcare community to improve and protect the health information used on a daily basis.

Further Comments

Delay must be limited and final

While 96 percent of AHIMA's members in director roles indicated their organization would be ready for the 2013 compliance date, AHIMA recognizes that there are a sizeable number of health providers, plans, and payers that are apparently not prepared to implement

ICD-10-CM/PCS on October 1, 2013, some 15 months from now. If a delay of one year is given, **HHS and CMS must provide:**

- **A clear indication that no further delays will be made for ICD-10-CM or ICD-10-PCS compliance.** Unfortunately, HIPAA rules have a history of being extended, leading to a perception that no compliance date is “final,” and procrastination becomes the norm for some entities. Since adoption of ICD-10-CM/PCS has been under national consideration for at least 15 years, there is an especially high risk that some entities will continue to procrastinate because they will expect the compliance date to change again. .
- Given the proposed rule’s citing of the problems associated with the recent/current implementation of the ASC X12 version 5010, **HHS and CMS should use the lessons learned to assist the healthcare industry in the implementation and testing of ICD-10-CM/PCS. Furthermore, CMS and federal contractors should lead the way in this implementation and testing and be directed to assist providers and health plans to ensure the extra time allotted be used wisely so compliance can be accomplished by October 1, 2014.** Additionally, AHIMA members in some states indicate the potential for delay among state Medicaid agencies. **AHIMA suggests that CMS continue to work closely with state Medicaid agencies to ensure their compliance. AHIMA also suggests that CMS reach out to healthcare professions and trade organizations to assist in its efforts to assist the healthcare industry, including local and state providers, plans, and payers – governmental and private.**
- The proposed rule also cites provider complaints that programs such as CMS’s Medicare and Medicaid Meaningful Use Incentive Program has gotten in the way of the ICD-10-CM implementation process; however, the success of meaningful use will not be achieved until ICD-10-CM/PCS is an integral part of the advancement in EHRs and exchange. Therefore, **we suggest that:**
 - **The Office of the National Coordinator for HIT (ONC) ensure that all certified EHRs be required to include and facilitate the use of ICD-10-CM or ICD-10-PCS (as required) in the 2014 edition of the certification requirements.**
 - **That CMS and ONC work together to ensure the Regional Extension Centers be further trained to undertake ensuring the implementation of ICD-10-CM or ICD-10-PCS (as required) as part of their work to implement EHRs in client hospitals or physician practices.**
 - **CMS should also consider using its Quality Improvement Organizations to assist providers in the implementation and testing of ICD-10-CM or ICD-10-PCS as required.**

We realize these recommendations come at a cost, but we also believe this effort must be conducted to ensure the extension results in full compliance, given the extra 12 months being offered.

ICD-11 and SNOMED-CT®

Over the few months that this delay has been considered, there has been additional rhetoric that the move to ICD-10-CM/PCS use should be aborted completely, or that the nation should wait until it is ready to adopt and implement the next WHO classification system currently referred to as ICD-11.

- **AHIMA agrees with the Department that waiting for ICD-11 is not a viable option. AHIMA believes that such a delay would be catastrophic.** AHIMA is actively engaged with the WHO and IHTSDO, and agrees that this new system—while promising many benefits—would not be ready for release until 2016, and US implementation, even on a fast track would not occur until after 2020. Replacement of ICD-9-CM is long overdue. ICD-9-CM is unable to support current or future health information needs, and continued use of ICD-9-CM only hinders US efforts to have clinically relevant data. The ability to effectively measure quality of care, assess patient outcomes, monitor patient safety, track public health threats, exchange meaningful health data with other healthcare organizations and government agencies, and adopt value-based purchasing is seriously jeopardized as long as ICD-9-CM continues to be used. The failure to replace ICD-9-CM also contributes to growing healthcare costs (for example, costs associated with inaccurate decisions or conclusions based on faulty or imprecise data and administrative inefficiencies due to continued reliance on manual processes).
- **AHIMA notes that the structure of ICD-10-CM/PCS has been designed to allow for the eventual changeover to the ICD-11 system.** Failure to provide for this structure would result in the retrofitting of many more of today’s electronic healthcare systems at catastrophic costs. AHIMA realizes that if the US adopted ICD-10-CM/PCS in the late 1990’s when there were limited electronic systems, the cost would be significantly lower than what the industry is facing today. Given the implications of waiting for ICD-11, **AHIMA suggests that CMS, CDC, ONC, and the National Library of Medicine assume an education and awareness initiative to explain the migration of terminologies and classifications anticipated over the next 10 years and its impact on the US’s health information technology goals, so the healthcare industry and public understand where we are, where we are going, and the path to get there. If AHIMA can assist in this education, please contact us.**
- **AHIMA also recommends that HHS make it clear in its final rule that the decision to adopt and use ICD-10-CM and ICD-10-PCS is final, as the debate over whether or not these code sets should be adopted in the US ended after extensive public discussion and comments through multiple National Committee on Vital and Health Statistics hearings and the rulemaking process..** AHIMA believes as long as there is hope by some in the industry that the use of ICD-10-CM or ICD-10-PCS will be aborted, their implementation progress will lag.

Education costs

The analysis by HHS on the efforts and costs incurred by those in the healthcare industry that plan to be ready to use ICD-10-CM/PCS by October 1, 2013, reflects what AHIMA has also heard and reflected in some of the data we have received from our members. CMS and AHIMA have identified the numerous problems this delay will have on colleges and universities with HIM and other healthcare programs and curriculums modified during the 2011–2012 period to ensure the readiness of new graduates to understand and use ICD-10-CM/PCS. While these costs were recognized, the NPRM does not address how to assist educational institutions and students in addressing the challenges created by a delay in ICD-10-CM/PCS implementation.

As the NPRM noted, students in various healthcare programs in colleges and universities are faced with additional costs due to the delay in ICD-10-CM/PCS compliance. This will require students—already at a difficult point in their careers, and potentially no job—to both maintain the skills associated with ICD-10-CM/PCS and take additional coursework to learn ICD-9-CM for a limited period of time. **AHIMA urges the Department to work within the federal government’s resources and offer education grants or scholarships so these students and graduates and their need to obtain education and training are not harmed by this delay**

On a similar note, many healthcare coding professionals have gone forward with their ICD-10-CM or PCS education in order to ready their organization for ICD transformation, or in order to be ready to educate and train other healthcare professionals in the ICD-10-CM or PCS classifications. With a delay, these individuals now find their training must continue to be maintained for an additional year in order to conduct training of frontline coding professionals closer to the actual compliance date. **AHIMA suggest that HHS develop a program to help these coding professionals maintain their skills and expertise in ICD-10-CM or PCS over this extended period. Again, AHIMA is willing to work with the Department to develop such resources or programs.**

Impact on other federal programs

As indicated above, AHIMA recognizes that the ICD-10-CM/PCS classifications systems were developed and anticipated to accomplish more than an updated coding system for various claims reimbursement. We see ICD-10-CM and PCS as playing a significant part in the advancement of meaningful use of EHRs and other data reporting and aggregations to better our health and our healthcare system.

- **AHIMA is concerned that moving the compliance date to October 1, 2014 (effectively FY2015) will disrupt the Meaningful Use Stage 2 and 3 implementation and requests the Department, CMS, and ONC describe how the meaningful use programs (Medicare and Medicaid) will be affected or modified by the proposed delay.** The current NPRM related to meaningful use details the use of ICD-10-CM/PCS for a number of reporting requirements related to quality and meaningful use reporting. How will the ICD-10-CM/PCS delay affect the use and reporting of data under Meaningful Use?

- AHIMA is aware that the delay in ICD-10-CM/PCS will affect other Medicare programs such as reimbursement based on quality or outcome measures, in addition to the e-quality measures and similar data reports. Furthermore, programs such as Accountable Care Organizations, claim/payment bundling, and value-based purchasing will depend on and be affected by the delay. **AHIMA requests that the Department and CMS consider the impact of the ICD-10 delay on these programs and inform the industry as to how they will be modified to handle the delay in ICD-10-CM/PCS conversion.** ICD-10-CM/PCS play a major part in the effectiveness anticipated in the introduction and implementation of these programs, and this impact should be taken into account in these programs' requirements if there is any delay in the ICD-10-CM/PCS compliance date. .
- The delay in programs just cited affects other groups, especially electronic systems developers and those working on e-measurements. Effectively, both of these groups will incur additional expense due to the delay and the need to continue to use ICD-9-CM as well as prepare for ICD-10-CM/PCS. This change also affects registries and others who have worked to anticipate the ICD-10 changes. **If HHS is concerned with the dilemma caused by healthcare parties not being ready for the ICD-10-CM/PCS conversion, then the Department must also work to ensure the extended conversion and compliance date are understood and integrated into the strategic plans of all components of the industry.**

Any delay in ICD-10-CM/PCS conversion affects the entire healthcare industry and its patients, especially if this community must continue to suffer the loss of information that could have been provided by this more contemporary and detailed code set. AHIMA was surprised that the HHS analysis in the NPRM did not acknowledge the impact on long-term, home health, post-acute providers, and behavioral health care, which we believe would demonstrate a greater need for comprehensive classification systems, especially as the industry turns its attention to the necessary continuity of care and sharing of healthcare data.

Coordination of federal efforts

AHIMA acknowledges that many providers and plans are caught in the middle of many changes brought about by the industries slow conversion to EHRs that must be grounded in 21st century terminologies, classifications, and needs. We also recognize that an exasperated Congress did not necessarily understand that in pushing the industry toward an electronic goal the regulations flowing from its legislation must allow for a coordinated transformation. **HHS has the leadership position to assist the industry in this full conversion, and must take the lead, along with the healthcare industry, in ensuring a coordinated transformation that recognizes the cost of conversion if all segments of the industry are not moving forward in a coordinated fashion.** By keeping the final compliance with the mandate for ICD-10-CM/PCS to a minimum delay, HHS will see a valuable building block put in place for true meaningful use of EHRs and this nation's healthcare data.

AHIMA pledges to continue its work to promote the uniform use of technology standards and use, including the implementation and use of terminologies and classifications that represent the nation's healthcare knowledge. AHIMA and its more than 64,000 members and 52 component

state associations stand ready to assist HHS, the healthcare industry, and its consumers in this transformation. If you have any questions or concerns related to our comments or need further information, please contact me at the phone number above or at dan.rode@ahima.org. In my absence, please contact AHIMA's senior director, coding policy and compliance, Sue Bowman at (312) 233-1115 or sue.bowman@ahima.org.

We thank you for your efforts in moving ICD-10-CM/PCS forward and look forward to a quick decision on the October 1, 2014 compliance date and the final, timely implementation and use of ICD-10-CM/PCS. We also thank you for your time and consideration of these comments.

Sincerely,

A handwritten signature in blue ink that reads "Dan Rode". The signature is fluid and cursive, with the first letters of "Dan" and "Rode" being capitalized and prominent.

Dan Rode, MBA, CHPS, FHFMA
Vice President, Advocacy and Policy

| cc.-Sue Bowman, MJ, RHIA, CCS