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April 30, 2021

VIA ELECTRONIC MAIL

Mady Hue
Centers for Medicare and Medicaid Services
CMM, HAPG, Division of Acute Care
Mail Stop C4-08-06
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Donna Pickett, MPH, RHIA
National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

Dear Ms. Hue and Ms. Pickett:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the possible adoption of an April 1 code implementation date.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

AHIMA supports the adoption of an April 1 implementation date for both ICD-10-CM and ICD-10-PCS code updates. In a rapidly changing and increasingly data-driven healthcare environment, it is imperative for medical code sets to keep pace in order to meet evolving demands for healthcare data. Annual code set updates are no longer sufficient to meet these demands. Many other code set developers have already recognized the inadequacy of annual code set updates and have released multiple updates throughout the year for some time now.

AHIMA recommends that CMS and CDC/NCHS establish a set of guiding principles (or criteria) for determining which code proposals should be implemented on April 1 rather than October 1. We suggest that code proposals that fall under one of these categories should be considered for an April 1 implementation date:

- Codes related to a current public health emergency
- Addenda changes
- Code proposals for which the public has declared an urgent need and public comments support expedited implementation
- Code proposals that have been presented at multiple ICD-10 Coordination and Maintenance Committee meetings (since the original code request is quite old by the time it is finally approved for implementation).

The sample timeline CMS shared during the C&M meeting seems reasonable, but it will be critical for CMS and CDC/NCHS to adhere to this timeline (particularly deadlines for posting code update files, updated coding guidelines, and MS-DRG Grouper software and related materials) in order for the healthcare industry to meet the requirements to be prepared for an April 1 implementation date. In order for healthcare organizations (including vendors and payers) to educate staff and update processes and systems in time for the April 1 implementation date, CMS and CDC/NCHS must meet established deadlines for releasing the new codes and updated official coding guidelines.

The sample timeline is missing some important steps. ICD-10-CM/PCS code data files should be republished in total and include additions, revisions, and deletions. When only a subset of the files is posted, systems implementation can be problematic and prone to error because manual manipulation is required. The November 2021 announcement of new ICD-10-CM/PCS codes being implemented April 1 is not sufficient. There should be Medicare Code Editor and Outpatient Code Editor transmittals and code files published with the long, medium, and short code descriptions and effective dates of any new code. Also, documentation indicating any sex/age/sequencing/maternity restrictions as the codes are added to the groupers/editors is imperative for coding accuracy. Hierarchical condition category (HCC) files that leverage ICD-10-CM codes should also be updated. Details should be added to the timeline identifying the: change notice/amendment posting date for the hospital inpatient prospective payment system final rule files and data table updates; change notices for updates required to the Medicare coverage database; and change notice of provider-specific file data changes.

AHIMA recognizes that implementing ICD-10-CM/PCS code updates on April 1 in addition to October 1 will increase CMS' and CDC/NCHS' workloads and change their timelines and internal processes. Therefore, **we recommend that CMS and CDC/NCHS assess whether funding and staffing for ICD-10-CM/PCS maintenance activities are adequate to support biannual code updates (and associated timelines) and seek additional resources if necessary.**

Thank you for the opportunity to comment on the possible adoption of an April 1 code implementation date. If you have any questions, please feel free to contact Sue Bowman, Senior Director of Coding Policy and Compliance, at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,

A handwritten signature in black ink that reads "Wylecia Wiggs Harris". The signature is fluid and cursive, with "Wylecia" and "Harris" being more distinct than "Wiggs".

Dr. Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer