Team Efforts Key to Advocacy Success: HIM Colleagues Can Aid Drive to Consistency of Coding

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by Dan Rode, MBA, FHFMA

Consistency of coding is an issue that will only advance through a team effort. This article will discuss consistency of coding, its importance as an advocacy effort for the Association, and how you can make a difference.

Coding: Two Main Issues

There are essentially two types of issues in coding related to AHIMA advocacy. There is the consistency issue: How we can be sure we are all using codes in a standard fashion (the HIPAA goal)? And there is the issue of ensuring that our classification system—our codes—do the best job possible of describing the diagnoses and procedures involved with patient care.

At the end of 2003, we find ourselves in interesting times. Besides consistency of coding issues, we find ourselves using a classification system, ICD-9-CM, that does not permit the adequate description through coding processes of the diagnoses and inpatient procedures that represent episodes of care, what was rendered, or why it was needed. The ICD-9-CM classification system is almost a quarter century old.

Coding professionals do their best to use the systems (Volumes I/II and III), but when we cannot fully describe what happened or the current situation, we have to resort to providing copies or scans of the detail—the record—at great cost and effort. Sometimes, we can only go along minimally with only the codes we have.

If coding's only purpose was for the sake of billing, perhaps this would be sufficient. However, when coding is key to so many other uses, we must make the extra effort or turn to someone else to develop the necessary detail.

AHIMA and others have been advocating for the US to adopt ICD-10-CM and ICD-10-PCS to replace ICD-9-CM. As an Association we tested the new versions, just as the FDA tests new drugs. We found them to be an overwhelming improvement —an opportunity to not only do our job of describing the diagnoses and procedures better and in more detail, but with the potential to allow us to cut the cost of all the extra attachments and submissions we currently sustain.

Whether the need and value of ICD-10 are understood by local or national decision makers remains to be seen. Clinicians, administrators, and IT staff must understand the need to replace ICD-9-CM and the impact such an outdated classification system makes on our individual institutions, healthcare industry, and community.

Explaining the Need

Many inconsistencies in coding occur because there are missing guidelines for using codes, or, in many cases, there are mixed guidelines or instructions that contradict each other or go against the standards. Or perhaps there is more than one code to explain or represent the same thing.

Over the years, the Association has approached these issues in a number of ways. As a profession we have looked internally to make sure we have the right coding instruction and a thorough understanding of the subject. We attend coding classes, clinics, and roundtables to make sure we are doing it right. Moreover, AHIMA and its CSAs have taken our *Payers Guide for Correct Coding* to our health plan and payer partners to explain the need for consistent coding as well as what the rules themselves are.

Similarly, we have gone to our industry partners on a local and national basis with our questions and solutions to ensure agreement on coding issues. We have had a mixed bag of successes and failures, but while our successes have increased,

there is always room for improvement.

And we have HIPAA, a law that in the long run calls for consistency of coding, consistent standards, and guidelines across the board for health plans and providers. But there are still many problems to address. While our immediate attention and that of many policy makers has been toward the implementation of new versions for ICD-9-CM, these other issues cannot be overlooked.

The Big Picture

As coding professionals, we have a lot of clout. Our colleagues step forward to support our proposals when we take the time to explain the problem, need, and options and solutions and allow them to buy in.

To ensure that we can implement ICD-10-CM and ICD-10-PCS, we need to be able to explain to our clinical, financial, IT, and administrative colleagues what these two systems are, what the current problems are, and what the solution is and how and when it can be implemented.

Any reader who has proposed a project, idea, or solution knows that the process is easier when we can step forward accompanied by the support of all staff, from a variety of departments. We have to paint the picture of success, make our pitch locally—within our own institution and our own community—as much as we do at the highest level of policy making on a national basis.

When it comes to answering questions about consistency of coding issues, HIM professionals have to be able to give a reasonable explanation that paints the immediate and larger community picture of the need for improvement, correction, or whatever else needs to be done. The same thing happens with our other coding issues—before we can convince our industry partners, we have to ensure we have our team intact. Inconsistent coding should be the concern of everyone, not just the coding profession, and everyone needs to know the options and benefits.

With Action Comes Change

Anyone truly concerned with making changes in the consistency of coding has to participate. HIPAA has shown us that change does have to come from within as much as without. Your local CSA or Community of Practice (CoP) and AHIMA have knowledge and resources, but you are the key resource.

When the federal proposal for adoption of ICD-10-CM and PCS is released, it will be answered by a very large audience. Certainly, there will be national efforts to educate the industry on this issue, but the decision to comment (and how to comment) will be determined within your organization and community.

While ICD-9-CM is the issue at hand, the other issues related to consistency of coding must be addressed in the same way. As the new year approaches, please consider your part in these efforts and join us.

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