

OASIS Alert

Coding: ALL FOR ONE AND ONE FOR ALL?

The GAO has sent a message to health care providers that have been clamoring for a single code set all provider types can use: "We hear you, but it ain't happening anytime soon."

While the code sets the **Department of Health and Human Services** have adopted as Health Insurance Portability and Accountability Act standard transactions aren't perfect, they were pragmatic selections given their widespread use, the **General Accounting Office** concludes in an Aug. 9 report.

Neither ICD-9-CM nor Current Procedural Terminology (CPT) codes are as specific as would be ideal under HIPAA, the GAO concludes.

On the other hand, the two code sets "meet almost all of the criteria recommended for HIPAA standard code sets" and represent "practical options for HIPAA code set standards given their widespread use in the health care industry," the oversight agency points out in "HIPAA Standards: Dual Code Sets Are Acceptable for Reporting Medical Procedures" (GAO-02-796).

The GAO also suggests that it's not clear that converting to a single code set that would apply across the health care board would be worth the trouble. Some groups argue that a single code set standard will make the system more efficient and make it easier to analyze data across sites of service.

Providers and policy analysts have been talking about creating a master code set for close to a decade now.

Establishing one code set for home health agencies, hospitals, physicians, long-term care facilities and other providers to use would eliminate much of the confusion arising from the multiple code sets currently in use, explains **Dan Rode**, vice president of policy and government relations for the **American Health Information Management Association**.

"We're working in an environment now where the chronic patient is almost expected to move among different types of services," Rode notes. And it's troublesome for different provider types to be reading from different scripts while attempting to perform in the same scene.

But the GAO avers that "it is unknown if the benefits of moving to a single procedural code set would justify the transition costs, or how long it would take for the benefits to recoup these costs because the theoretical merits of a single procedural code set have yet to be demonstrated empirically."

And while it certainly would be helpful to have a single system in place, experts agree that now isn't the time to undertake the mammoth task. "We're going to have to go to a single set because none of the sets we have is perfect," notes consultant **Patricia Trites**, CEO of **Healthcare Compliance Resources** in Augusta, MI. But there are too many other changes taking place right now to add this one to the mix, she argues.

Before the government can overhaul the coding systems to form one all-inclusive tome, they must conduct an "in-depth project" to determine exactly what health care providers need, Rode insists. "This is something that is going to need a lot more work."

Editor's Note: The report is at www.gao.gov/new.items/d02796.pdf.