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January 30, 2024

Xavier Becerra
Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: Evaluation, Planning, and Potential Implementation of ICD-11

Dear Secretary Becerra:

On behalf of the American Health Information Management Association (AHIMA®), **I am writing to encourage the US Department of Health and Human Services (HHS) to designate an office within HHS to serve as a central coordinating entity for evaluation, planning, and potential adoption of the International Classification of Diseases, 11th Revision (ICD-11).**

AHIMA is a global nonprofit association of health information (HI) professionals. The AHIMA 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 serve in data integrity and information privacy job functions worldwide. As a member of the Cooperating Parties for ICD-10-CM/PCS and one of the founders of the ICD-10 Coalition (a multi-stakeholder ICD-10 advocacy group), AHIMA has a long history of holding a strong leadership role in the implementation of ICD-10-CM/PCS in the US. We pledge our support and offer our ongoing assistance to HHS with respect to the transition to ICD-11.

Clear and effective leadership regarding the evaluation of ICD-11 for possible adoption in the US as a Health Insurance Portability and Accountability Act (HIPAA) code set is essential to ensure consistent messaging, appropriate engagement of industry stakeholders, and a smooth transition that optimizes benefits and minimizes costs if a decision is made to adopt ICD-11 for morbidity use. As was demonstrated by the transition to ICD-10-CM, implementing a new version of ICD is a complex process affecting many stakeholders. A successful transition to ICD-11 requires timely and effective leadership, and early and regular outreach and communication to the healthcare industry. Currently, there is a great deal of uncertainty and speculation across the healthcare industry regarding the adoption and use of ICD-11 in the US.¹ There are questions on what additional work needs to be

¹Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10495107/>.

done to evaluate and prepare for ICD-11, additional needed research on the functionality and benefits, the timeline for evaluation and implementation, and who should lead this work.

ICD is the international standard for reporting mortality and morbidity data and serves a broad range of uses globally. The World Health Organization (WHO) began developing ICD-11 in 2007, published it for review in 2018, adopted ICD-11 in 2019, and it became effective January 1, 2022.² The WHO has retired and is no longer supporting ICD-10, and WHO member countries are currently adopting ICD-11.³ The WHO estimates that the transition to ICD-11 will require a minimum of 4 to 5 years for implementation.⁴

ICD-11 incorporates current medical knowledge and enhanced clinical content, as well as the latest knowledge in classification design and digital computing. Perhaps the most important difference between ICD-11 and earlier versions is that it is based on a computable knowledge framework. ICD-11 is completely restructured to take advantage of modern digital capabilities, better integrate with electronic health records (EHRs), enable it to be continuously updated, and improve coordination across other classifications and terminologies.⁵

With HHS' scope, network, and expertise, AHIMA believes HHS is best equipped to designate an office to lead the evaluation, planning, and involvement of ICD-11 to make a well-informed decision on potential US adoption and lead a whole of government approach. Such an office can provide leadership on guidance, the cost-benefit analysis of introducing and adopting ICD-11, what such a process would look like, as well as the convening of subject matter experts and relevant stakeholders for thoughtful and intentional collaboration and discussion.

Multiple stakeholders, including those that were involved with the transition to ICD-10, should be consulted and involved in this evaluation, and HHS would be a valuable convener for these entities to incorporate lessons learned, gather feedback, and cultivate the best plan of action to ensure the US is fully prepared for a potential transition to ICD-11. Given AHIMA's and our members' experience with the ICD-10-CM/PCS transition and our background and deep expertise in the development, maintenance, and use of classification systems, AHIMA welcomes the opportunity to collaborate with HHS to ensure a thoughtful, deliberate, and coordinated approach. We are committed to assisting HHS with the selection of a coordinating office, research into the fit of ICD-11 with US healthcare needs, and implementation of ICD-11.

As HHS begins work on evaluation and planning amid the development of ICD-11 across the globe, AHIMA and its membership look forward to partnering with HHS to ensure appropriate evaluation and discussion ahead of future action on ICD-11. If AHIMA can provide any further information or if there are any questions regarding this letter and its recommendations, please contact Sue Bowman, Senior Director of Coding Policy and Compliance, at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,



Mona Calhoun, PhD, MS, MEd, RHIA, FAHIMA
President/Chair
AHIMA Board of Directors



Kevin Klauer, DO, EJD
Chief Executive Officer
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² Available at: <https://www.who.int/classifications/classification-of-diseases>.

³ Available at: <https://www.who.int/standards/classifications/frequently-asked-questions/icd-11-implementation>.

⁴ Available at: https://icd.who.int/en/docs/icd11factsheet_en.pdf.

⁵ Available at: <https://icdcdn.who.int/icd11referenceguide/en/html/index.html>.