1400 Crystal Drive, Suite 900
Arlington, VA 22202
Phone: 202/789-1890
Fax: 202/789-1899
apicinfo@apic.org
apic.org

May 30, 2019

Katherine Allen-Bridson, RN, BSN, MScPh, CIC
National Center for Emerging and Infectious Zoonotic Disease
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30329

Re: Docket No. CDC-2019-0012: National Healthcare Safety Network's Proposed Requirement for Submission of Billing Codes as Part of the Surgical Site Infection (SSI) Event Reporting

Dear Ms. Allen-Bridson:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Disease Control and Prevention (CDC) for the opportunity to provide feedback on the National Healthcare Safety Network's (NHSN) proposed requirement for submission of billing codes as a component of the SSI event reporting. APIC is a nonprofit, multidisciplinary organization representing 16,000 infection preventionists (IPs) whose mission is to create a safer world through prevention of infection. Our members work to prevent healthcare-associated infections (HAIs) and educate healthcare providers and the public about patient safety.

APIC respectfully requests ongoing dialogue with CDC/NHSN on these protocols as CDC moves forward with the 2020 updates and maintenance work. It is essential that the responsibility of public reporting does not impede a facility's ability and resources to work on strategies to prevent HAIs.

APIC recognizes that there are pros and cons to standardized code reporting for surgical procedures. While APIC believes future use of ICD-10 (and CPT codes for outpatient procedures) may be useful for denominator data, we continue to express concerns about the accuracy and timeliness of mandatory ICD-10 billing code use at this time.

Here is feedback we have received from some of our members regarding their experiences:
- If billing codes are required, facilities may have barriers to adhering to the deadlines. For example, a small facility may have only one coder who does not have capability to implement coding changes and perform coding within 4.5 months of the close of the reporting period.
- APIC recognizes that difficulties persist with the conversion to ICD-10 coding and expresses concern about dependence on billing codes for denominator accuracy, particularly when these data are used in Value-Based Purchasing programs.
- Currently the process used by many infection prevention departments and vendors includes starting with the electronic operative record and then developing a crosswalk to the procedure code. Accuracy would improve if the NHSN protocol required the population under surveillance to be identified using the ICD-10 procedure codes.

Spreading knowledge. Preventing infection.™

- Patients may have multiple codes for one procedure, and while the primary procedure assignment is clearly designated, the secondary code assignment is random and may not be applied consistently across facilities.
- Some of our members report that third party vendors of infection prevention surveillance software require up to six months to apply changes to the ICD-10 codes.
- Coding errors, while infrequent, do occur and there are concerns how coding corrections would be captured.
- Since coding does not occur until the patient is discharged, patients with an extended length of stay may not be counted. This could affect risk adjustment efforts, leaving out the most critically ill.
- If NHSN requires codes, this may encourage vendors and end users to update the coding dictionary expeditiously.

Thank you for the opportunity to provide comments on the NHSN proposed requirements for the SSI Event protocol. APIC looks forward to continuing to work with NHSN staff on updates and improvements to the system.

Sincerely,

Karen Hoffmann, RN, MS, CIC, FSHEA, FAPIC
2019 APIC President

Spreading knowledge. Preventing infection.™