



February 23, 2012

Kathleen G. Sebelius
Secretary
US Department of Health and Human Services
Room 603 Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington DC 20201

Dear Madam Secretary:

On behalf of the more than 64,000 health information management (HIM) professionals that make up the membership of the American Health Information Management Association (AHIMA), we strongly urge you not to delay the compliance date for the US healthcare system to use the ICD-10-CM and ICD-10-PCS classification systems. ICD-9-CM does not accurately capture outcomes or support other important national healthcare initiatives such as Meaningful Use, pay-for-performance and electronic health records. We also call on you to make it clear that the Department of Health and Human Services (HHS) will not entertain any replacement for ICD-9-CM other than the ICD-10 classifications.

On January 16, 2009, HHS published a final rule adopting the ICD-10 classification systems to be used for US healthcare administrative transactions under the Health Insurance Portability and Accountability Act of 1996. This rule came about after a ten-year effort by the Department and education campaigns led by groups such as AHIMA to let the public and the healthcare industry know that the United States was rapidly losing its ability to collect and use health information, not only for healthcare reimbursement but also for many initiatives on the horizon. These include quality measurement, improved public health reporting, bio-surveillance, value-based purchasing and consumer health information for a consumer-centric healthcare system. ICD-10-CM/PCS also is needed to maintain and advance the United States' leadership in health research.

The 2009 announcement recognized that some sectors of the healthcare industry were concerned about the move from ICD-9-CM. At the same time, the rule recognized that the United States ICD-9-CM system was broken and needed to be replaced as soon as possible. So, HHS provided a compromise; it extended the implementation period by two years with a mandatory compliance date of October 1, 2013, which allowed for more than four years for implementation. In 2011, HHS announced a coding freeze with a few exceptions until after the October 1, 2013, compliance date.

Over the course of the last decade and a half, AHIMA has worked closely with HHS and its agencies and offices including CDC-NCHS, CMS/HCFA, NIH-NLM, and ONC, to provide leadership and guidance to the industry for implementation. We did so not only because we know the value of quality health information, but also because we see how accurate and secure health information can further the shared goals of health information management (HIM) professionals and your administration to realize the potential of electronic health records and data exchange to improve the quality and cost-effectiveness of healthcare and reduce the incidence of disease and other medical problems in the United States.

Meanwhile, a large majority of the healthcare industry has made tremendous investments (some in the millions of dollars), created new jobs, upgraded systems, implemented EHR's in preparation and so forth.

AHIMA has spent more than 20 years working not only with HHS agencies and offices, but also with many healthcare professionals, providers, health plans, clearinghouses, vendors and academics to prepare the United States to replace the dilapidated ICD-9-CM classification system. **Given the significant investment that countless providers, health plans, academic programs and others have made to comply with the mandate to implement ICD-10-CM/PCS, our members are critical of this HHS action. The healthcare industry is turning to AHIMA to better understand what the delay means in terms of work that has already been done and how long a delay is being considered and why. The updated classification system is essential for feedback to the information generators (providers), improving the quality of care in the United States, and monitoring international health trends.**

We also are concerned that those who want to stop ICD-10 implementation do not understand the classification systems, how they are used, and their role in U.S. healthcare beyond the current reimbursement system and how they can be used to improve practice, including in the offices of individual practitioners. In coordination with CMS, we have strived to reach out to assist physicians in understanding the system as well as the implementation and documentation necessary for accurate health information. Several of our 52 component state associations have done the same; however, with your current announcement, there is concern that a delay will promote procrastination of the planning and preparation for ICD-10-CM/PCS.

Our members have many questions as a result of your announcement, a few of them include:

- Will the Meaningful Use stage 2 and 3 programs be modified and extended if there is a delay in ICD-10 implementation? Our members feel that building an infrastructure that will carry poor data will not improve US healthcare.
- Will the coding freeze be lifted so that the many procedures and other medical breakthroughs that need new codes can somehow be answered while not adding to the complexity of the ICD-9-CM caused by continued violations of its structure? Our members are concerned that the continued misuse of the ICD-9-CM structure to accommodate codes will result in an inability to use data and also will continue the error rate caused by lack of specific codes.
- Will HHS and the Administration subsidize the industry for the investments that have been made to prepare for an October 1, 2013, compliance date? The industry now must decide whether to continue implementation, which AHIMA is urging, or suspend operations until a new roadmap is issued by HHS that also includes the other Medicare and Meaningful Use programs that have overlapping requirements and mandates. We realize Meaningful Use is voluntary, but those who have chosen to enter the programs now are faced with maintaining their commitment.
- How will the quality measures be affected since they depend on ICD classifications coding and will only be truly useful when they can depend on the ICD-10 coding?
- How should colleges and universities that currently are adding staff and have changed their curriculum in anticipation of the October 2013 due date, address the issue over the next few years? Most programs either began ICD-10 this semester or will be doing so in the fall.

AHIMA is a leader in the development of US clinical transaction and classification systems. Our members also work directly with the US and international healthcare communities to ensure vocabularies – terminologies, classification, and other data structures – are available and reflective of current healthcare

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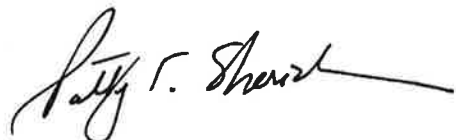
knowledge and data mapping. This ensures the integrity of health information. Your decision also affects the work we do as the United States becomes increasingly engaged in using global standards.

AHIMA sees the delay of ICD-10 as a setback to innovation and advancement in health information capture. Those stakeholders who are advocating for delay will only delay their own implementation progress even more. Discussions of a delay send the wrong message to the healthcare community. We urge you to move forward with the October 2013 implementation date and join AHIMA in reaching out to those who need assistance or guidance to complete their work within the current timeframe. In addition to AHIMA's work with CMS, many of our state associations also are reaching out to work with physicians, Medicaid agencies and others who can benefit from our guidance.

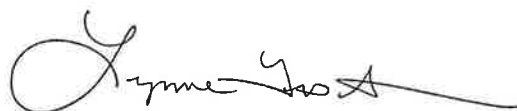
Madam Secretary, we want to work with you and continue our work with HHS' various agencies and offices to make sure our nation does not continue to lag behind the rest of the world's efforts to improve health information and the means by which it is captured, stored, exchanged and conveyed. AHIMA's members are ready to do what it takes to see the achievement of ICD-10 use.

AHIMA and its members look forward to your prompt response. Please contact either of us or in our absence, Dan Rode, AHIMA's vice president for advocacy and policy in our Washington, DC office at (202) 659-9440 or dan.rode@ahima.org.

Sincerely,



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