



By e-mail to: Daniel.Duvall@cms.hhs.gov

MEMORANDUM

TO: Daniel J. Duvall, M.D.
Medical Officer, Hospital and Ambulatory Policy Group
Centers for Medicare and Medicaid Services - CMS

FROM: NCHICA ICD-10 Task Force

RE: Feedback on *ICD-10 Implementation Strategies for Physicians National Provider Call on August 3, 2011*

DATE: August 19, 2011

We want to applaud CMS for proactively reaching out to the physician community to ensure they are aware of and prepared for the transition from ICD-9 to ICD-10. CMS's proactive stance was most recently represented during the August 3, 2011 national conference call, *ICD-10 Implementation Strategies for Physicians National Provider Call*.

The NCHICA ICD-10 Task Force decided during their August 11, 2011 meeting that feedback related to this most recent conference call was warranted. The primary concern of Task Force members was the perception that the impact of the transition to ICD-10 for physicians will be minimal. We question the basis of these determinations. Examples of this are statements such as the following that were made during the presentation:

- Work for physicians is negligible
- Physicians will be impacted the least by the ICD-10 conversion (e.g., tension headache)
- Physicians can create new superbills in about 6-8 hours
- The cost for physician offices will be small
- Physician office staff will experience minimal impact to productivity
- The cost for training will not be out of line with normal training costs

Certainly, the impact to physician offices will depend on the type of practice for each physician. However, the perception is that most physician offices will experience very little impact and therefore the impact to physician practices will be negligible. We certainly do not agree with this perception and in our opinion the impact will be much greater, as indicated in the examples below.

Examples:

- In Family Practice offices, these physicians treat clients with any number of injuries and illnesses. Because the number of ICD-10-CM codes are exponentially greater than ICD-9-CM, it will be virtually impossible to develop a superbill that contains the majority of diagnoses that specifically represent the illness or injury that is treated.
- The documentation of operative notes performed by surgeons in hospitals will need to be comprehensive and precise in order to ensure that most accurate ICD-10-PCS code is assigned. Otherwise, a less specific code will have to be assigned and that could change the DRG resulting in lower reimbursement.

Under representing the impact of the transition to ICD-10 to the physician community may increase the risk that physicians would not invest adequate resources and thus not be prepared for the deadline. For indirect providers that are typically required under both HIPAA and payor rules to submit diagnosis codes for payment, insufficient diagnosis coding data from ordering providers is a major concern since indirect providers cannot render or determine diagnosis codes for themselves.

Members of the NCHICA ICD-10 Task Force are more than happy to discuss our concerns with you. We meet monthly on the second Thursday, 12:30pm-3:00pm and would like for you to attend (via conference call) if you would like to discuss this matter further with members of the Task Force. If our regularly scheduled meeting does not coincide with your schedule, we would be glad to arrange a conference call at a different date/time.

If you would like to participate in a conference call with representatives of the NCHICA ICD-10 Task Force, please contact Holt Anderson, Executive Director of NCHICA (919-558-9258 ext. 27 or holt@nchica.org) and he will assemble as many Task Force members as possible to discuss our concerns.

Thank you in advance for your consideration of the concerns expressed above. We look forward to future conference calls hosted by CMS because we certainly agree that they are beneficial to the healthcare community as we work toward successful implementation of ICD-10 on October 1, 2013.

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Background: NCHICA is a 501(c)(3) nonprofit consortium of providers, payers, professional associations, government agencies, business partners that was established in 1994 by Executive Order of the Governor and has a mission of “assisting NCHICA members in accelerating the transformation of the US healthcare system through the effective use of technology, informatics, and analytics.” NCHICA convenes and facilitates roundtables, workgroups, and task forces to develop consensus positions on matters of importance to all sectors of health and healthcare to ease the tasks of implementing standards and regulations.