



January 9, 2013

Kathleen Sebelius  
Secretary  
US Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Madam Secretary:

We are aware of a letter sent to Ms. Marilyn Tavenner, Acting Administrator, Centers for Medicare and Medicaid Services, from the American Medical Association and a number of other medical associations, societies, and colleges seeking to stop ICD-10-CM implementation.

Certainly these are not all the physicians' associations, but clearly, this is a sizeable group whose leaders feel overburdened by all the change experienced by their members. However, the fact remains that if this country's initiatives are to be met -- establish a standard electronic health record, implement health information exchange, improve quality, patient safety, and public health while lowering the cost of healthcare -- we must have data that is reliable and trustworthy to achieve these goals. We request that you maintain the previous commitment to only extend the compliance date for ICD-10-CM and PCS to October 1, 2014 and not stop the implementation process.

The arguments regarding the advantages and perceived disadvantages of ICD-10 are well known to all and do not need to be repeated here. The costs of implementation vary and the clearest data to date is that which has been collected by HHS. As the final rule setting the 2014 deadline noted, "Forgoing ICD-10 translates into a loss of up to \$22 billion for the U.S. health care industry. This does not take into account the projected fiscal and public health benefits that would be lost every additional year that we use ICD-9. Given the considerable financial investment made by entities in preparation for ICD-10, and the timelines and uncertainties regarding a possible adoption of ICD-11, we cannot forgo ICD-10 in the hopes that a future, more effective code set will be adopted."

The cost of not having a vastly improved system is not known, nor is the cost of having no data since ICD-9-CM has essentially failed. The debate on when to implement ICD-10-CM and PCS has gone on since the late 1990s, and each time the barrier is a different requirement. Each delay has added significant cost to all entities, and now in 2013 we find the same request at a time when we are building electronic health records and a means of sharing data and not preparing these systems for the data they must carry.

The American Health Information Management Association (AHIMA) is the national not-for-profit association of health information management (HIM) professionals. With over 64,000 members, AHIMA works to meet health information needs and implement standards throughout the healthcare industry, government and educational systems. AHIMA has worked diligently for over two decades to see the US move forward and adopt ICD-10-CM and PCS. HIM programs at our nation's colleges and universities

have changed their curricula to meet the need for new graduates to manage systems with better data, and many HIM professionals have sought ICD-10-CM or PCS education at their own expense to ensure a successful implementation process.

AHIMA has been a trusted partner with HHS in the development, vetting, and maintenance of the ICD-10-base classifications. We have worked with HHS to develop and deliver education and training to all providers, health plans, and clearinghouses affected by the ICD-10-HIPAA requirements. In 2013, AHIMA's state health information management (HIM) associations plan to accelerate assistance to physician practices and other healthcare entities at the local level. AHIMA will continue to work with others in the industry to assist those professionals who need guidance in the implementation process.

We know many other organizations have worked to meet the goal of improved healthcare quality, electronic health records, and improved research and efficiencies. HHS has worked with these groups as well, and there is much to be lost if the US fails to improve its health information classification now.

The issue is now in your hands. AHIMA and others can support you and offer assistance in the necessary implementation efforts needed for conversion. But if HHS does not step forward and say "no" to this letter and maintain the extended commitment date of October 1, 2014, we will continue to see our healthcare system muddled in inadequate data and information for years to come, and the cost of healthcare will continue to rise in order to work around the lack of clear data and information.

AHIMA has done its part to see the use of ICD-10-CM/PCS achieved and will continue to do so. If there is anything AHIMA can do at this point in time besides urging all healthcare entities to continue their implementation, please let us know by contacting our vice president for advocacy and policy, Dan Rode, at either (202) 659-9440 or [dan.rode@ahima.org](mailto:dan.rode@ahima.org). We look forward to achieving the October 1, 2014 milestone and thank you for your time and consideration of our request.

Sincerely,



Kathleen A. Frawley, JD, MS, RHIA, FAHIMA  
President/Chair



Lynne Thomas Gordon, MBA, RHIA, CAE,  
FACHE, FAHIMA  
Chief Executive Officer

cc: Nancy-Ann Min DeParle, Deputy Chief of Staff, The White House  
Marilyn Tavenner, Acting Administrator, Centers for Medicare and Medicaid Services  
Thomas Frieden, MD, MPH, Director, Centers for Disease Control and Prevention  
Farzad Mostashari, MD, ScM, National Coordinator, Office of the National Coordinator for HIT  
Dan Rode, MBA, CHPS, FHFMA, AHIMA