

May 17, 2013

The Honorable David Lee “Dave” Camp
Chairman
Committee on Ways and Means
U.S. House of Representatives
341 Cannon House Office Building
Washington, D.C. 20515

The Honorable Kevin Brady
Chairman
Ways and Means Subcommittee on Health
U.S. House of Representatives
301 Cannon House Office Building
Washington, D.C. 20515

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2183 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Joe Pitts
Chairman
Energy and Commerce Subcommittee on Health
U.S. House of Representatives
420 Cannon House Office Building
Washington, D.C. 20515

The Honorable Sander M. “Sandy” Levin
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
1236 Longworth House Office Building
Washington, D.C. 20515

The Honorable Jim McDermott
Ranking Member
Ways and Means Subcommittee on Health
U.S. House of Representatives
1035 Longworth House Office Building
Washington, D.C. 20515

The Honorable Henry A. Waxman
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
2204 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone, Jr.
Ranking Member
Energy and Commerce Subcommittee on Health
U.S. House of Representatives
237 Cannon House Office Building
Washington, D.C. 20515

Dear Chairmen Camp, Brady, Upton, and Pitts and Representatives Levin, McDermott, Waxman and Pallone:

We are writing to express our support for the October 2014 adoption of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting diagnoses by all health care providers and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) for hospital reporting of inpatient procedures, collectively referred to as ICD-10. We oppose any actions to further delay full compliance with the planned adoption of ICD-10.

ICD-10 was developed as an improvement to ICD-9, to allow for more specific and accurate representation of current and future medical diagnoses than is possible with the 30-year old ICD-9 system. Although many of the signatories to this letter were at odds over the timing of implementation when the National Committee on Vital and Health Statistics (NCVHS) and HHS embraced ICD-10 – which has already been adopted outside the U.S. worldwide – we are now in agreement that any delay or deviation from the October 1, 2014 compliance date would be disruptive and costly for health care delivery innovation, payment reform, public health, and health care spending.

ICD-10 is the next generation coding system that will modernize and expand the capacity of public and private payers to keep pace with changes in medical practice and healthcare delivery. Thus, ICD-10 will provide higher quality information for measuring service quality, outcomes, safety, and efficiency. By allowing for greater coding accuracy and specificity, ICD-10 is key to collecting the information needed to implement health care delivery innovations such as patient-centered medical homes and value-based purchasing. Data is critical to supporting these new payment and delivery models, which depend on accurate data to help providers improve the effectiveness of treatments. ICD-10 will enable better patient care through better understanding of the value of new procedures, improved disease management, and an improved ability to study and understand patient outcomes.

Moreover, any delays in adoption of ICD-10 in the U.S. will make it difficult to track new and emerging public health threats. The transition to ICD-10 is time-sensitive because of the urgent need to keep up with tracking, identifying, and analyzing new medical services and treatments available to patients. Continued reliance on the increasingly outdated ICD-9 coding system is not an option.

All of the organizations below have already expended notable effort in preparing for the transition. Any further delays would add significant cost to the system and measurably increase the cost of completing the transition. In addition, significant investments have been made to date by all stakeholders, from hospitals, health systems, and physician groups to payers, vendors, clearinghouses and other associations. According to an industry survey, most vendors and providers have begun their transition efforts and are working on collaboration and testing efforts, including internal and external testing in 2013 and before ICD-10 is adopted in 2014.

We would be happy to meet with you and your staff at any time to discuss this process, as well as respond to any specific questions or concerns you have about the system.

Sincerely,

Advanced Medical Technology Association (AdvaMed)
American Health Information Management Association (AHIMA)
AMIA (American Medical Informatics Association)
BlueCross and BlueShield Association
Cepheid
Health IT Now Coalition
Medical Device Manufacturers Association
3M Health Information Systems
Roche Diagnostics Corporation
Siemens Health Services

May 17, 2013

The Honorable David Lee “Dave” Camp
Chairman
Committee on Ways and Means
U.S. House of Representatives
341 Cannon House Office Building
Washington, D.C. 20515

The Honorable Kevin Brady
Chairman
Ways and Means Subcommittee on Health
U.S. House of Representatives
301 Cannon House Office Building
Washington, D.C. 20515

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2183 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Joe Pitts
Chairman
Energy and Commerce Subcommittee on Health
U.S. House of Representatives
420 Cannon House Office Building
Washington, D.C. 20515

The Honorable Sander M. “Sandy” Levin
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
1236 Longworth House Office Building
Washington, D.C. 20515

The Honorable Jim McDermott
Ranking Member
Ways and Means Subcommittee on Health
U.S. House of Representatives
1035 Longworth House Office Building
Washington, D.C. 20515

The Honorable Henry A. Waxman
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
2204 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone, Jr.
Ranking Member
Energy and Commerce Subcommittee on Health
U.S. House of Representatives
237 Cannon House Office Building
Washington, D.C. 20515

Dear Chairmen Camp, Brady, Upton, and Pitts and Representatives Levin, McDermott, Waxman and Pallone:

We are writing to express our support for the October 2014 adoption of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting diagnoses by all health care providers and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) for hospital reporting of inpatient procedures, collectively referred to as ICD-10. We oppose any actions to further delay full compliance with the planned adoption of ICD-10.

ICD-10 was developed as an improvement to ICD-9, to allow for more specific and accurate representation of current and future medical diagnoses than is possible with the 30-year old ICD-9 system. Although many of the signatories to this letter were at odds over the timing of implementation when the National Committee on Vital and Health Statistics (NCVHS) and HHS embraced ICD-10 – which has already been adopted outside the U.S. worldwide – we are now in agreement that any delay or deviation from the October 1, 2014 compliance date would be disruptive and costly for health care delivery innovation, payment reform, public health, and health care spending.

ICD-10 is the next generation coding system that will modernize and expand the capacity of public and private payers to keep pace with changes in medical practice and healthcare delivery. Thus, ICD-10 will provide higher quality information for measuring service quality, outcomes, safety, and efficiency. By allowing for greater coding accuracy and specificity, ICD-10 is key to collecting the information needed to implement health care delivery innovations such as patient-centered medical homes and value-based purchasing. Data is critical to supporting these new payment and delivery models, which depend on accurate data to help providers improve the effectiveness of treatments. ICD-10 will enable better patient care through better understanding of the value of new procedures, improved disease management, and an improved ability to study and understand patient outcomes.

Moreover, any delays in adoption of ICD-10 in the U.S. will make it difficult to track new and emerging public health threats. The transition to ICD-10 is time-sensitive because of the urgent need to keep up with tracking, identifying, and analyzing new medical services and treatments available to patients. Continued reliance on the increasingly outdated ICD-9 coding system is not an option.

All of the organizations below have already expended notable effort in preparing for the transition. Any further delays would add significant cost to the system and measurably increase the cost of completing the transition. In addition, significant investments have been made to date by all stakeholders, from hospitals, health systems, and physician groups to payers, vendors, clearinghouses and other associations. According to an industry survey, most vendors and providers have begun their transition efforts and are working on collaboration and testing efforts, including internal and external testing in 2013 and before ICD-10 is adopted in 2014.

We would be happy to meet with you and your staff at any time to discuss this process, as well as respond to any specific questions or concerns you have about the system.

Sincerely,

Advanced Medical Technology Association (AdvaMed)
American Health Information Management Association (AHIMA)
AMIA (American Medical Informatics Association)
BlueCross and BlueShield Association
Cepheid
Health IT Now Coalition
Medical Device Manufacturers Association
3M Health Information Systems
Roche Diagnostics Corporation
Siemens Health Services

May 17, 2013

The Honorable David Lee “Dave” Camp
Chairman
Committee on Ways and Means
U.S. House of Representatives
341 Cannon House Office Building
Washington, D.C. 20515

The Honorable Kevin Brady
Chairman
Ways and Means Subcommittee on Health
U.S. House of Representatives
301 Cannon House Office Building
Washington, D.C. 20515

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2183 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Joe Pitts
Chairman
Energy and Commerce Subcommittee on Health
U.S. House of Representatives
420 Cannon House Office Building
Washington, D.C. 20515

The Honorable Sander M. “Sandy” Levin
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
1236 Longworth House Office Building
Washington, D.C. 20515

The Honorable Jim McDermott
Ranking Member
Ways and Means Subcommittee on Health
U.S. House of Representatives
1035 Longworth House Office Building
Washington, D.C. 20515

The Honorable Henry A. Waxman
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
2204 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone, Jr.
Ranking Member
Energy and Commerce Subcommittee on Health
U.S. House of Representatives
237 Cannon House Office Building
Washington, D.C. 20515

Dear Chairmen Camp, Brady, Upton, and Pitts and Representatives Levin, McDermott, Waxman and Pallone:

We are writing to express our support for the October 2014 adoption of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting diagnoses by all health care providers and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) for hospital reporting of inpatient procedures, collectively referred to as ICD-10. We oppose any actions to further delay full compliance with the planned adoption of ICD-10.

ICD-10 was developed as an improvement to ICD-9, to allow for more specific and accurate representation of current and future medical diagnoses than is possible with the 30-year old ICD-9 system. Although many of the signatories to this letter were at odds over the timing of implementation when the National Committee on Vital and Health Statistics (NCVHS) and HHS embraced ICD-10 – which has already been adopted outside the U.S. worldwide – we are now in agreement that any delay or deviation from the October 1, 2014 compliance date would be disruptive and costly for health care delivery innovation, payment reform, public health, and health care spending.

ICD-10 is the next generation coding system that will modernize and expand the capacity of public and private payers to keep pace with changes in medical practice and healthcare delivery. Thus, ICD-10 will provide higher quality information for measuring service quality, outcomes, safety, and efficiency. By allowing for greater coding accuracy and specificity, ICD-10 is key to collecting the information needed to implement health care delivery innovations such as patient-centered medical homes and value-based purchasing. Data is critical to supporting these new payment and delivery models, which depend on accurate data to help providers improve the effectiveness of treatments. ICD-10 will enable better patient care through better understanding of the value of new procedures, improved disease management, and an improved ability to study and understand patient outcomes.

Moreover, any delays in adoption of ICD-10 in the U.S. will make it difficult to track new and emerging public health threats. The transition to ICD-10 is time-sensitive because of the urgent need to keep up with tracking, identifying, and analyzing new medical services and treatments available to patients. Continued reliance on the increasingly outdated ICD-9 coding system is not an option.

All of the organizations below have already expended notable effort in preparing for the transition. Any further delays would add significant cost to the system and measurably increase the cost of completing the transition. In addition, significant investments have been made to date by all stakeholders, from hospitals, health systems, and physician groups to payers, vendors, clearinghouses and other associations. According to an industry survey, most vendors and providers have begun their transition efforts and are working on collaboration and testing efforts, including internal and external testing in 2013 and before ICD-10 is adopted in 2014.

We would be happy to meet with you and your staff at any time to discuss this process, as well as respond to any specific questions or concerns you have about the system.

Sincerely,

Advanced Medical Technology Association (AdvaMed)
American Health Information Management Association (AHIMA)
AMIA (American Medical Informatics Association)
BlueCross and BlueShield Association
Cepheid
Health IT Now Coalition
Medical Device Manufacturers Association
3M Health Information Systems
Roche Diagnostics Corporation
Siemens Health Services

May 17, 2013

The Honorable David Lee “Dave” Camp
Chairman
Committee on Ways and Means
U.S. House of Representatives
341 Cannon House Office Building
Washington, D.C. 20515

The Honorable Kevin Brady
Chairman
Ways and Means Subcommittee on Health
U.S. House of Representatives
301 Cannon House Office Building
Washington, D.C. 20515

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2183 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Joe Pitts
Chairman
Energy and Commerce Subcommittee on Health
U.S. House of Representatives
420 Cannon House Office Building
Washington, D.C. 20515

The Honorable Sander M. “Sandy” Levin
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
1236 Longworth House Office Building
Washington, D.C. 20515

The Honorable Jim McDermott
Ranking Member
Ways and Means Subcommittee on Health
U.S. House of Representatives
1035 Longworth House Office Building
Washington, D.C. 20515

The Honorable Henry A. Waxman
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
2204 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone, Jr.
Ranking Member
Energy and Commerce Subcommittee on Health
U.S. House of Representatives
237 Cannon House Office Building
Washington, D.C. 20515

Dear Chairmen Camp, Brady, Upton, and Pitts and Representatives Levin, McDermott, Waxman and Pallone:

We are writing to express our support for the October 2014 adoption of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting diagnoses by all health care providers and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) for hospital reporting of inpatient procedures, collectively referred to as ICD-10. We oppose any actions to further delay full compliance with the planned adoption of ICD-10.

ICD-10 was developed as an improvement to ICD-9, to allow for more specific and accurate representation of current and future medical diagnoses than is possible with the 30-year old ICD-9 system. Although many of the signatories to this letter were at odds over the timing of implementation when the National Committee on Vital and Health Statistics (NCVHS) and HHS embraced ICD-10 – which has already been adopted outside the U.S. worldwide – we are now in agreement that any delay or deviation from the October 1, 2014 compliance date would be disruptive and costly for health care delivery innovation, payment reform, public health, and health care spending.

ICD-10 is the next generation coding system that will modernize and expand the capacity of public and private payers to keep pace with changes in medical practice and healthcare delivery. Thus, ICD-10 will provide higher quality information for measuring service quality, outcomes, safety, and efficiency. By allowing for greater coding accuracy and specificity, ICD-10 is key to collecting the information needed to implement health care delivery innovations such as patient-centered medical homes and value-based purchasing. Data is critical to supporting these new payment and delivery models, which depend on accurate data to help providers improve the effectiveness of treatments. ICD-10 will enable better patient care through better understanding of the value of new procedures, improved disease management, and an improved ability to study and understand patient outcomes.

Moreover, any delays in adoption of ICD-10 in the U.S. will make it difficult to track new and emerging public health threats. The transition to ICD-10 is time-sensitive because of the urgent need to keep up with tracking, identifying, and analyzing new medical services and treatments available to patients. Continued reliance on the increasingly outdated ICD-9 coding system is not an option.

All of the organizations below have already expended notable effort in preparing for the transition. Any further delays would add significant cost to the system and measurably increase the cost of completing the transition. In addition, significant investments have been made to date by all stakeholders, from hospitals, health systems, and physician groups to payers, vendors, clearinghouses and other associations. According to an industry survey, most vendors and providers have begun their transition efforts and are working on collaboration and testing efforts, including internal and external testing in 2013 and before ICD-10 is adopted in 2014.

We would be happy to meet with you and your staff at any time to discuss this process, as well as respond to any specific questions or concerns you have about the system.

Sincerely,

Advanced Medical Technology Association (AdvaMed)
American Health Information Management Association (AHIMA)
AMIA (American Medical Informatics Association)
BlueCross and BlueShield Association
Cepheid
Health IT Now Coalition
Medical Device Manufacturers Association
3M Health Information Systems
Roche Diagnostics Corporation
Siemens Health Services