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The Honorable Ted Poe
U.S. House of Representatives
2412 Rayburn House Office Building
Washington, DC 20515

Dear Representative Poe:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am pleased to express our strong support for the Cutting Costly Codes Act of 2015, H.R. 2126, which would prohibit the Secretary of the U.S. Department of Health and Human Services from replacing the current International Classification of Diseases, 9th Revision (ICD-9) with the ICD-10 diagnostic code set. In addition, your bill would require the Government Accountability Office, in consultation with stakeholders, to conduct a study on ways to mitigate the disruption on health care providers resulting from a replacement of ICD-9 with ICD-10.

The differences between ICD-9 and ICD-10 are substantial, and physicians are overwhelmed with the prospect of the tremendous administrative and financial burdens of transitioning to ICD-10. ICD-10 includes 68,000 codes—a five-fold increase from the approximately 13,000 diagnosis codes currently in ICD-9. Implementation will not only affect physician claims submission; it will impact most business processes within a physician's practice, including verifying patient eligibility, obtaining pre-authorization for services, documentation of the patient's visit, research activities, public health reporting, and quality reporting. This will require education, software, coder training, and testing with payers. As HIPAA-covered entities, physicians will be responsible for complying with this ICD-10 mandate, and therefore will bear the entire cost of such a transition. Furthermore, not only will physicians face the prospect of significant disruption in claims processing and payment during the transition to ICD-10, any physicians who are unable to transition to ICD-10 by the implementation date simply will not get paid.

The timing of the ICD-10 transition could not be worse as many physicians are currently spending significant time and resources implementing electronic health records (EHRs) into their practices and adopting new payment and delivery models. Managing the change to ICD-10 at the same time as these care innovations may force physicians to choose to update their code set in order to get paid over improving the quality of patient care.

We believe your bill takes the prudent approach to set aside the implementation of ICD-10 and seek solutions that mitigate the disruption to physician practices when advancing to a new diagnostic code set. We appreciate your leadership on this important matter and look forward to working together to achieve this goal.

Sincerely,

James L. Madara, MD