September 21, 2006

The Honorable Michael Enzi
Chairman, Senate Committee on Health,
Education, Labor and Pensions
379A Russell Senate Office Building
Washington, DC 20510

The Honorable Edward Kennedy
Ranking Member, Senate Committee on Health,
Education, Labor and Pensions
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Joe Barton
Chairman, Energy and Commerce Committee
2109 Rayburn House Office Building
Washington, DC 20515

The Honorable John Dingell
Ranking Member, Energy and Commerce
Committee
2208 Rayburn House Office Building
Washington, DC 20515

The Honorable Bill Thomas
Chairman, Ways and Means Committee
2208 Rayburn House Office Building
Washington DC 20515

The Honorable Fortney Pete Stark
Ranking Member, Ways and Means Committee
239 Cannon House Office Building
Washington DC 20515

Dear Chairmen and Ranking Members:

The undersigned organizations, representing physicians from a wide range of medical specialties, commend your strong bipartisan leadership in advancing health information technology (HIT) legislation. We believe that HIT will be a powerful tool for physicians to improve the lives of their patients and are encouraged by the recent passage of H.R. 4157 and S. 1418. We are deeply concerned, however, that the provision calling for the adoption of ICD-10-CM codes is premature and would result in a significant cost to physician practices.

As you know, H.R. 4157 contains a provision replacing International Classification of Diseases, 9th edition, Clinical Modification (ICD-9-CM) diagnosis codes with the more exhaustive ICD-10-CM codes. Conversion to ICD-10 would inevitably result in a significant cost to physician practices. The Congressional Budget Office (CBO) confirmed this in their June 15, 2006 letter indicating that the costs to transition to the ICD-10 standard "will be substantial." Practices would face a complete retraining of their coding and billing staff. Physician practices would also be faced with the costly prospect of upgrading their practice management systems responsible for the billing, coding, and scheduling operations for a practice. For some practices, this would necessitate purchasing completely new practice management systems and code selection software. Physicians would also be faced with increased administrative work during transition, resulting in significant loss in productivity.

We believe that the language in H.R. 4157 will result in massive costs for the government, physician practices, and private health care programs. All of these costs and administrative burdens would come at a time when physicians have already seen the overall costs of doing business rise and Medicare reimbursement for professional services drop. Moving rapidly to ICD-10 will divert scare financial, intellectual, and educational resources as well as physician practice investment in HIT, contrary to the true intent of the legislation.

We believe other provisions contained in both House and Senate bills will assist in facilitating the widespread adoption of HIT. Therefore, we urge Congress to reject the ICD-10 provision contained in H.R. 4157 and request that House-Senate conferees move expeditiously on the other portions of the legislation.

Sincerely,

American Academy of Dermatology Association
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Chest Physicians
American College of Physicians
American Gastroenterological Association
American Geriatrics Society
American Society of Cataract & Refractive Surgery
American Thoracic Society
American Urological Association
Congress of Neurological Surgeons
Infectious Diseases Society of America
Medical Group Management Association

cc: The Honorable Max Baucus
The Honorable John Boehner
The Honorable Hillary Clinton
The Honorable Nathan Deal
The Honorable John Ensign
The Honorable Bill Frist
The Honorable Charles Grassely
The Honorable Judd Gregg
The Honorable J. Dennis Hastert
The Honorable Orrin Hatch
The Honorable Nancy Johnson