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Re: Request for Input from Interested Stakeholders Regarding the Freezing of ICD-9-CM and ICD-10-CM/ICD-10-PCS and Related Issues

Dear Ms. Brooks and Ms. Pickett:

The American Society for Hematology (ASH) is pleased to have the opportunity to respond to the request for input from interested stakeholders regarding the freezing of ICD-9-CM and ICD-10-CM/ICD-10-PCS and related issues. ASH members include hematologists who regularly render services to Medicare beneficiaries.

The final regulations related to the adoption of ICD-10-CM and ICD-10-PCS were published in the Federal Register on January 16, 2009. This rule finalized the proposal to replace the ICD-9-CM code set with ICD-10-CM and ICD-10-PCS with a compliance date of October 1, 2013. The Centers for Medicare and Medicaid Services (CMS) identified this as a major rule because it will have an impact of over \$100 million on the economy. The finalization of the adoption of ICD-10 is the culmination of an approximately 10-year debate.

Freezing of ICD-9CM

ICD impacts all facets of the delivery of medical care in the United States, including: clinical documentation, billing of services, coverage policy criteria and administrative issues. As a result, ASH agrees with the Agency's assessment that the implementation of ICD-10 is significant change. ASH anticipates that the transition from ICD-9 to ICD-10 will be tremendously time consuming and resource intensive for all providers and payors. Hematologists in private practice will be responsible for overseeing significant technical and administrative changes as well as proper training and education of themselves and other physicians in the practice as well as clinical and administrative staff. Hematologists practicing in hospitals and other large systems will also have to participate in transition activities, many in physician leadership positions, to ensure a smooth transition for their hospital or health system.

The enormity of the transition demands that ample time is allowed for all providers to inform themselves of the issues, develop a transition plan and execute it properly. Many aspects of the transition will require providers to hire technical experts and other vendors. Providers may end up competing for the limited number of technical resources available in the marketplace.

Smaller practices competing with larger practices or networks for the same vendors or practices in rural or other isolated areas may have difficulty accessing the appropriate technical resources and may have longer wait times to implement the necessary changes. Any transition timeline needs to accommodate and consider the challenges and limitations facing all providers. ***ASH strongly recommends that ICD-9 is frozen as early as possible and supports a last update of ICD-9-CM to be effective October 1, 2011.***

Freezing and Updating of ICD-10-CM and ICD-10-PCS

For many of the same reasons that ASH supports freezing ICD-9-CM as soon as possible, ASH supports freezing updates to ICD-10 as long as possible as well. Once the transition takes place all providers will require time to test the new systems and learn the new coding system.

Immediately starting the update cycle does not provide sufficient time for this to occur. Another challenge to the implementation of ICD-10 is that the new coding system is being transitioned in during the same time as electronic health records are becoming more ubiquitous. This increases the complexity of the transition for providers purchasing and upgrading systems and vendors developing appropriate applications. This needs to be considered in developing the transition timeline.

In the final rule implementing ICD-10 CMS acknowledged that significant uncertainty remains: serious cash flow problems are anticipated to occur due to an increase in denied claims during the transition, cost to providers to upgrade systems is unknown, and cost to providers to train staff is also unknown. ASH believes that this acknowledged uncertainty regarding the transition provides further evidence that maximum time will be needed to test and understand the new coding system. Moving too quickly with regular updates would be detrimental to the transition process. The Society believes that it is reasonable to estimate a span of 24 to 36 months as an adequate period of time to implement the new coding systems. ***ASH strongly recommends that ICD-10-CMS and ICD-10-PCS should be frozen by October 1, 2011 (FY 2012) and the updating should restart no earlier than October 1, 2014 (FY 2015).***

Development of Coding Products by Vendors

ASH imagines that private companies are developing various products but we are not aware of any specific activities. ASH is concerned that during this transition process that there should not be too much reliance on the private sector and what is needed during this critical period is significant leadership by government entities responsible for the coding system such as the National Center for Health Statistics (NCHS) and CMS.

For example, in the beginning there will be significant efforts to ensure that the mapping from ICD-9 to ICD-10 is accurate. Accuracy, agreement, and understanding of this mapping will directly impact coverage policies and claims processing. ASH is aware that this mapping has been done and NCHS and CMS have released large data sets in the public domain documenting this mapping. We urge CMS and NCHS to release this mapping information in more user friendly formats. Medical specialty societies like ASH will play an important role in reviewing the mapping for accuracy, educating their membership about this transition, and developing tools to assist their membership with the transition. In order to maximize the efforts that stakeholders like ASH can contribute to the transition process, greater leadership in the information dissemination and educational process and collaboration with interested stakeholders by CMS and NCHS is needed.

While in time private vendors will develop a wide variety of materials on ICD-10 as they have done with ICD-9, during the critical period of the transition from the old to the new coding system, a process needs to be in place to ensure that there is agreement with the mapping and with the code set in general. Like providers, vendors will also be learning the new coding system and ASH believes it would not be effective to rely on them too much in the beginning to act as the main disseminator of information. ***ASH urges CMS and NCHS to take a leadership role in this area and work closely with stakeholders such as ASH and other medical specialty societies to develop effective transition plans including the dissemination of information on mapping from ICD-9 to ICD-10.***

Code Title Length

Currently the CMS abbreviated code titles are limited to 24 characters. With the longer ICD-10-CM and ICD-10-PCS codes titles, stakeholders were asked if CMS should consider expanding these code titles. We appreciate the request for input on this issue but due to our limited experience with ICD-10 a specific response to this technical issue is difficult. The Society believes that it is important that the titles should be clear in what they are describing and since ICD-10 is a more complex code set that longer titles may be necessary. ***ASH recommends that CMS be flexible in determining the appropriate length of code titles and that a limit should be set that allows for the clear understanding of the more complex code that is typical of ICD-10.***

Thank you for the opportunity to submit these comments. ASH looks forward to working with CMS and NCHS during the transition to ICD-10. If we may provide additional information, you may contact Carol Schwartz, Senior Manager, Policy & Practice at ASH 202-292-0258/cschwartz@hematology.org.

Sincerely,

A handwritten signature in cursive script that reads "Lawrence A. Solberg, Jr.".

Larry Solberg, MD, PhD
Chair
ASH Committee on Practice