



**A coalition of 12 Medical Societies Representing more than  
160,000 Specialty Physicians in the United States.**

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The Honorable David Dreier  
United States House of Representatives  
Washington, D.C. 20515

Dear Chairman Dreier:

We would like to thank the House for its continued commitment to fixing the physician payment system and for including regulatory reforms in the "Medicare Prescription Drug and Modernization Act," H.R. 2473. This important legislation includes many key reforms that will provide regulatory relief to health care providers and modernize Medicare's contracting processes.

We are writing to you today to express our concerns about Section 942 of the bill as it relates to the International Classification of Disease, 10<sup>th</sup> Edition coding systems for diagnoses (ICD-10-CM) and procedures (ICD-10-PCS). This provision would allow the Secretary to proceed with processes to adopt the ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes without first receiving a recommendation from the National Committee on Vital Health Statistics (NCVHS).

The Alliance of Specialty Medicine is concerned that language as currently drafted may be misinterpreted to mean that ICD-10-CM and ICD-10-PCS should also apply to physician services. Currently, physicians use ICD-9-CM for diagnosis reporting in the inpatient setting, but are reimbursed under a system that uses Current Procedural Terminology (CPT) codes. We seek clarification on the bill language so that neither ICD-10-CM nor ICD-10-PCS could be applied to physician Part B services in the hospital or other sites of service.

ICD-10 is a much more complicated system than ICD-9. Additionally, CPT coding is structured differently than ICD coding and the two systems are not interchangeable.

We believe that implementing ICD-10 for physician services would throw hundreds of thousands of physician practices into administrative chaos. Among the problems we envision the implementation of ICD-10 for physician services would cause include the following:

1. All physician work values would have to be reconsidered which could take several years. CMS, presumably with help from the specialties, would need to do an exhaustive crosswalk between CPT and ICD to match up codes and discover places where ICD does not accurately describe all the work in a procedure. Furthermore, the ICD system does not describe evaluation and management (E&M) services;

2. All practice expense direct inputs would have to be re-configured (after five plus years with the current process, it is still not finished);

3. All local and national coverage policies would have to be re-written to account for new procedure (and diagnosis codes). This would result in a lot of time-consuming work and expense (for organized medicine and government) with little demonstrated benefit. Once this work was complete, then implementation would begin, requiring extensive education of providers, coders, payers; extensive reprogramming of computers; rework of every existing Local Medical Review Policy (LMRP) (all 10,000 of them with the usual comment period etc).

We are asking that the provision be clarified to specify that the Secretary could not apply ICD-10-CM and ICD-10-PCS for physician services, regardless of site of service.

We thank you for your support and attention to this issue.

For further information, please contact the co-chairs of the Medicare Workgroup for the Alliance of Specialty Medicine, Nancey McCann ([nmccann@ascrs.org](mailto:nmccann@ascrs.org) or 703-591-2220) or Ann Labelle ([alabelle@acep.org](mailto:alabelle@acep.org) or 202-728-0610).

Sincerely,

American Academy of Dermatology Association  
American Association of Neurological Surgeons/Congress of Neurological Surgeons  
American Association of Orthopaedic Surgeons  
American College of Cardiology  
American College of Emergency Physicians  
American College of Radiology  
American Gastroenterological Association  
American Society for Clinical Pathology  
American Society of Cataract & Refractive Surgery  
American Urological Association  
National Association of Spine Specialists  
Society of Thoracic Surgeons