



June 26, 2015

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate

The Honorable Harry Reid  
Minority Leader  
U.S. Senate

The Honorable John Boehner  
Speaker  
U.S. House of Representatives

The Honorable Nancy Pelosi  
Minority Leader  
U.S. House of Representatives

Dear Senators McConnell and Reid, Speaker Boehner, and Leader Pelosi:

Barely more than three months from today, an immense upheaval is scheduled to reach the American health care system, threatening physician practices and the millions of patients we serve. On behalf of the nation's four largest state medical societies, we are writing to ask your help in stopping this pending disaster or — at the very least — taking concrete steps to mitigate its impact.

Collectively, the California Medical Association, Florida Medical Association, Medical Society of the State of New York, and Texas Medical Association represent 125,000 member physicians and medical students. Our physicians practice in the nation's largest cities and in the country's most remote regions; they are members of large, integrated multispecialty clinics, and they are solo practitioners; they include America's most experienced clinicians and researchers, and doctors who are brand new to practice.

The mandatory Oct. 1 implementation of the ICD-10-CM coding system will affect every health care claim submitted to Medicare, Medicaid, commercial health insurance plans, and many others. This transition will require immense and unproven technological changes, and it will force physicians to learn an extremely complex new "language" to document patient visits.

The results of the recent end-to-end tests of the ICD-10 systems give us little confidence that the nation's physicians, electronic health records, claims clearinghouses, commercial insurance companies, and government agencies will be ready when the Centers for Medicare & Medicaid Services (CMS) "throws the switch" to ICD-10. The voluminous technical problems associated with the far simpler adoption of the National Provider Identifier and the HIPAA 5010 transaction standards give us even further cause for concern.

Even those practices that are most prepared for this transition tell us they worry about the confusion and reduced productivity they expect to accompany ICD-10. The quite realistic prospect of reams of denied and significantly delayed claims raises the specter of financial disaster or bankruptcy for many small practices.

Our first request to you is to pass legislation such as HR 2126, the Cutting Costly Codes Act of 2015, by Congressman Ted Poe (TX-02) and others, to stop the implementation of ICD-10 outright. We remain steadfast in our belief that the ICD-10 coding system offers no real advantages to physicians and our patients — and certainly no advantages to justify the time and expense the entire health care system has invested in this transition. However, for those physicians who have adopted ICD-10, we ask that the payers allow a dual coding system where physicians can bill using either ICD-9 or ICD-10.

If these requests are not achievable, we strongly encourage you to pass legislation such as HR 2652, the Protecting Patients and Physicians Against Coding Act, by Congressman Gary Palmer (AL-06) and others, or simply join our call for CMS to implement a two-year ICD-10 grace period. As we state in our attached letter to CMS Acting Administrator Andy Slavitt, “We believe that two years of transition time, on-the-job learning by physicians — plus our continued ICD-10 educational activities — will result in a much less disastrous transition to this overwhelmingly complicated new coding system.

“Even if ICD-10 were ‘the best thing since sliced bread,’ its forced implementation would not be worth the extensive disruptions in patient care that surely will come without the grace period. The reduced productivity alone will cost physician practices hundreds of thousands of dollars and extend patient waiting times.”

Whether through congressional directive or administrative fiat, we fervently ask for your help in making sure that CMS takes steps as quickly as possible to accomplish the following well before Oct. 1:

- A two-year period during which physicians will not be penalized for errors, mistakes, and/or malfunctions of the system;
- A two-year period in which physicians will not be subject to RAC audits related to ICD-10 coding mistakes;
- A two-year period during which physician payments will not be reduced or withheld based on ICD-10 coding mistakes; and
- Advance payments, based on practices’ historical payment levels, in the event that claims are delayed.

We appreciate your ongoing commitment to improving the health of our nation, our patients, and our practices. An ICD-10 grace period is the critical next step along that path. We stand ready to work with you and the administration to help you achieve this tremendously important goal.

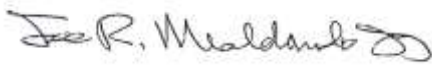
Sincerely,



Luther F. Cobb, MD  
President  
California Medical Association



Alan B. Pillersdorf, MD  
President  
Florida Medical Association



Joseph R. Maldonado Jr., MD, MSc., MBA, DipEBHC  
President  
Medical Society of the State of New York



Tom Garcia, MD  
President  
Texas Medical Association

CC: The Honorable Members of the California, Florida, New York, and Texas delegations to the Congress of the United States