American Society of Anesthesiologists

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May 16, 2012

Marilyn B. Tavenner
Acting Administrator and Chief Operating Officer
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Re: CMS-0040-P Administrative Simplification: Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for ICD–10–CM and ICD–10–PCS Medical Data Code Sets.

Dear Ms. Tavenner:

On behalf of the over 48,000 members of the American Society of Anesthesiologists (ASA), I would like to thank you for the opportunity to comment on the ICD-10 proposed rule that was published in the Federal Register on April 17, 2012. ASA shares CMS' desire for a smooth transition to ICD-10 and believes this proposed rule is a positive step forward. **ASA supports CMS' decision to postpone the ICD-10 transition until October 1, 2014.**

October 1, 2014 Transition

In our formal comment letter on October 15, 2008, the ASA called for a three year transition period between a successful conversion to Version 5010 and the ICD-10-CM/PCS. If the 5010 transition is fully and completely accomplished by June 30, 2012, an ICD-10-CM/PCS implementation date of October 1, 2014, would allow 27 months of total attention to ICD-10-CM/PCS. While this is less than the three year period we previously indicated would be necessary, we understand that ICD-10-CM/PCS needs to start in October to correspond to the schedule for the Inpatient Prospective Payment System (IPPS). Therefore, we believe the October 1, 2014 transition is appropriate at this time.

However, we believe successful Version 5010 implementation is a prerequisite to the ICD-10-CM/PCS transition. These transitions need to happen consecutively – not concurrently. CMS acknowledges this as well when it states, "implementation of ICD-10 is predicated on the successful transition of industry to Version 5010." Therefore, we recommend that should Version 5010 implementation issues continue beyond June 30, 2012, CMS re-evaluate whether an October 1, 2014, transition to ICD-10-CM/PCS is feasible. This is especially important as so many regulations and transitions have been established since the ICD-10 final rule was published. They are all resource-consumptive and largely unfunded.

Large providers are in a better state of readiness than small providers, however we agree that a staggered implementation of ICD-10-CM would be problematic. We understand that CMS is seeking to balance the smaller providers' needs for additional time against the additional costs that those who would be ready for October 1, 2013 will incur because of the delay. As CMS notes, the core responsibility for ICD-10 transition lies with the health care providers. This is different from the Version 5010 change where much of the work involved IT infrastructure.

Alternatives Considered by CMS

We agree with CMS that maintaining the October 1, 2013 date is not workable since so many parties have indicated that they will not be ready. CMS notes "devastating cash flow problems" because millions of claims would be returned as unprocessable. All providers and payers and all other involved parties need to be ready simultaneously for the transition. A 2013 date for PCS and delaying CM until 2015 would increase costs, burdens and confusion as hospitals would have to do two implementations. We agree that waiting for ICD-11 is not a feasible option. It could take five years to perform the clinical modifications needed to use the code set in the United States. Since the World Health Organization (WHO) is not expected to release the basic ICD-11 set until 2015, this would delay transition until 2020. **Therefore, we reiterate our support for a uniform delay of ICD-10 CM/PCS until October 1, 2014. However, if Version 5010 implementation issues continue, CMS should commit to re-evaluate the ICD-10 transition date.**

Again, thank you for your consideration of our comments. If you have any questions, please feel free to contact Sharon Merrick, M.S., CCS-P, Coding and Payment Manager at (202) 289-2222 or by email at s.merrick@asawash.org.

Sincerely,

Jerry A. Cohen, M.D.
President
American Society of Anesthesiologists