Physician Groups Protest Timeline for ICD-10 Switch

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Officials at the Centers for Medicare and Medicaid Services plan to replace the ICD-9-CM diagnosis and procedure code set with a significantly expanded set of codes—the ICD-10—by Oct. 1, 2011.

Physician groups, however, are calling the agency's plan rushed and unworkable and want the agency to reconsider its compliance date.

In addition to the requirements for using the ICD-10 code sets, the CMS also is proposing to require entities covered under HIPAA to implement updated versions of electronic transmission standards—the Accredited Standards Committee X12 Version 5010 and the National Council for Prescription Drug Programs Version D.0. Both electronic standards have a compliance date of April 1, 2010. The X12 Version 5010 must be in place before the ICD-10 codes can be used, according to the CMS.

The two proposed regulations were published in the Federal Register on Aug. 22. The CMS will accept comments on the proposals until Oct. 21.

The switch to ICD-10 has been under consideration by the Department of Health and Human Services since 1997. Size and specificity are two of the biggest drawbacks of the ICD-9-CM code set, according to the CMS. Because many of the ICD-9-CM chapters are full, the CMS has begun to assign codes to unrelated chapters, so that, for example, cardiac procedures have been put in the eye chapter.

The CMS also is urging a switch to the ICD-10 code sets in an effort to keep in step with other countries. As of October 2002, 99 countries had adopted ICD-10 or a clinical modification for coding and reporting morbidity data. And CMS contends that because it continues to use ICD-9-CM it has problems identifying emerging recent global health threats such as anthrax, Severe Acute Respiratory Syndrome (SARS), and monkeypox.

Under the proposal, physicians, hospitals, health plans, and other covered health care entities would be required to use the ICD-10-CM for reporting diagnoses and the ICD-10-PCS for reporting procedures. The ICD-10 code sets offer significantly more codes, about 155,000 across the two sets, compared with about 17,000 for diagnosis and procedure codes within ICD-9-CM.

In addition to size, the ICD-10 code sets also provide greater specificity, such as being able to reflect the side of the body that is related to the diagnosis or procedure. The more detailed information available through the ICD-10 codes also will aid in the implementation of electronic health records and transmission of data for biosurveillance or pay-for-performance programs, according to CMS.

But physician groups say CMS is asking physicians and other health care providers to do too much too fast.

The American Medical Association balked at the idea of implementation of both the updated X12 Version 5010 electronic transaction standard and the ICD-10 coding system in just 3 years. The X12 Version 5010 standard should first be pilot tested before physicians and others are asked to implement it, the AMA said.

"This is a massive administrative undertaking for physicians and must be implemented in a time frame that allows for physician education, software vendor updates, coder training, and testing with payers—steps that cannot be rushed and are needed for a smooth transition," Dr. Joseph Heyman, AMA board chair, said in a statement.

The Medical Group Management Association also objected. While MGMA supports the switch to the ICD-10 code sets, they said that 3 years is not enough time for the industry to implement the new system.

Instead of a simultaneous implementation of the X12 Version 5010 standard and the ICD-10 code sets, MGMA is asking CMS to wait at least 3 years after the switch to X12 Version 5010 before implementing the ICD-10.

The switch to ICD-10 needs to be done separately because it will require significant changes from medical groups, according to MGMA. Recent MGMA research indicates that most medical practices will have to buy software upgrades for their practice management systems or buy all new software in order to implement the transition to ICD-10.

"Moving to these new code sets has the potential to be the most complex change for the U.S. health care system in decades," Dr. William F. Jessee, president and CEO of MGMA, said in a statement.

Officials at the American College of Physicians were still analyzing the CMS proposal at press time, but said they continue to have concerns about the switch to ICD-10. ■

POLICY & PRACTICE

Psychologists OK Anti-Torture Policy

The American Psychological Association's membership has approved a resolution to prohibit psychologists from participating in interrogations. Once the policy becomes official at the APA's next annual meeting in August 2009, members will be restricted to working directly for detainees, for an independent third party to protect human rights, or to provide treatment to military personnel. The resolution was approved by 8,792 members; 6,157 voted against the measure. The American Civil Liberties Union and many psychologists had sought such a resolution for years. At the association's 2007 annual meeting, its membership adopted a weaker resolution that called on the U.S. government to ban 19 specific interrogation techniques. But it did not bar participation in those interrogations by psychologists.

Teva Loses Risperidone Exclusivity

Earlier this year, Teva Pharmaceutical Industries became the first company to sell generic risperidone, leading it to revise its sales and earnings estimates greatly upwards. But the U.S. Court of Appeals for the District of Columbia has vacated an April 2008 ruling that granted the company 6 months of marketing exclusivity for the generic, paving the way for other generic companies to release their versions. Mylan Inc., Par Pharmaceutical, Roxane, Ranbaxy Pharmaceuticals, Apotex Inc., and Pliva all have received tentative approval from the Food and Drug Administration for a generic formulation. Teva said it was seeking a stay of the decision, pending further appeals. The branded formation, Risperdal, had sales of just over $2 billion in 2007.

Media Influences Tobacco Use

Media communications—including movies, advertising, and news—play a key role in shaping tobacco use, according to a lengthy report from the National Cancer Institute. The report noted that cigarettes are among the most heavily marketed products in the United States, and that most of the cigarette industry's marketing budget is allocated to promotional activities, especially for price discounts, which accounted for 75% of the industry's $10 billion in total marketing expenditures in 2005. Depictions of cigarette smoking are pervasive in movies; they occur in three-quarters or more of contemporary box office hits, the NCI report said, adding that the weight of evidence indicates a causal relationship between exposure to depictions of smoking in movies and youth smoking initiation. The report provides the government's strongest conclusion to date on the media's powerful and causal effect on tobacco use, Dr. Cheryl Healton, president and CEO of the American Legacy Foundation, said in a statement.

Tobacco Control Support Drops

Budgets for tobacco control programs in most states are either staying level or declining despite increases in payments from the 1997 Tobacco Master Settlement Agreement, which was designed to compensate states for some of the cost of smoking-related illnesses, the American Lung Association reported. The passage of smoke-free air laws also has slowed down in most states, the ALA found. Only two states this year—Iowa and Nebraska—have approved legislation to strengthen existing laws. Activity on cigarette tax increases in 2008 also has been slower than in previous years, with only two states and the District of Columbia approving increases, according to the report. New York's increase in the cigarette tax is the highest, at $1.25 a pack, the ALA said.

CSPI Tries to Dampen Sparks

The Center for Science in the Public Interest has sued MillerCoors LLC to have its Sparks caffeinated alcoholic beverage taken off the market. In a suit filed in the Superior Court of the District of Columbia, the group said that at 6%-7% alcohol by volume, Sparks has more alcohol than beer (generally 4%-5% by volume) and that it contains unapproved additives such as caffeine and guarana, all wrapped in a sweet citrusy flavor that appeals to young people. "MillerCoors is trying to hook teens and tweens on a dangerous drink," CSPI litigation director Steve Gardner in a statement. CSPI has won this battle before. In June, the group and 11 state attorneys general got Anheuser-Busch to agree to remove caffeine and other unapproved additives from its alcoholic energy drinks.

Pfizer Touts Its Drug Safety Site

Pfizer has launched a drug safety Web site for patients and physicians that is accessible through the company's home page, www.pfizer.com. It provides very basic information—in an interactive format complete with videos—on risk and on the drug development process. The risk section includes several hypothetical examples to help visitors understand the risks of side effects. It also features information on how users can report a side effect to the FDA. Pfizer claims that it is the first pharmaceutical company to "prominently feature" a link to the FDA's Medwatch system.

Grants to MDs in Hurricanes

The American Medical Association Foundation's Health Care Recovery Fund will provide grants of up to $2,500 to physicians in places that have been declared disaster areas by the Federal Emergency Management Agency, and the foundation currently is accepting donations to help physicians who have been directly affected by Hurricanes Gustav and Ike, which hit parts of Louisiana, Mississippi, and Texas. The foundation provides the grants to physicians in FEMA-declared disaster areas to help them rebuild or restore medical practices in those locations, according to the AMA.

—Alicia Ault

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