THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

June 5, 2012

Justine M. Carr, M.D.
Chairperson, National Committee on Vital and Health Statistics
Centers for Disease Control and Prevention
National Center for Health Statistics
3311 Toledo Road, Room 2402
Hyattsville, MD 20782

Dear Dr. Carr:

Thank you for your letter regarding the Department of Health and Human Services's (HHS) possible delay of the ICD-10 medical data code set compliance date. As you now know, on April 17, 2012, HHS published in the *Federal Register*, at http://www.gpo.gov/fdsys/pkg/FR-2012-04-17/pdf/2012-8718.pdf, a notice of proposed rulemaking (NPRM) that recommends a one-year delay in the ICD-10 implementation date, to October 1, 2014. That NPRM allows for a 30-day comment window that closed on May 17, 2012. Feedback from the NPRM will inform the development of a final rule.

The NPRM reaffirms HHS's belief in the value of ICD-10 to generate robust patient care data and make our data compatible with that of other nations already using their country-specific versions of ICD-10. Many organizations, including the National Committee on Vital and Health Statistics (NCVHS), have been at the forefront of moving the industry toward the October 1, 2013, compliance date. But, as we stated in the 2008 and 2009 proposed and final rule entitled *HIPAA Administrative Simplification: Modification to Medical Data Code Set Standards to Adopt ICD-10-CM and ICD-10-PCS*, ICD-10 implementation will be most successful if all industry segments are prepared to make the transition to ICD-10 at the same time. We do not perceive that all industry segments, particularly smaller providers, would be prepared to meet an October 1, 2013, compliance date.

Consistent with your recommendation, the proposed ICD-10 compliance date is October 1, 2014, or one year from the existing deadline. Moreover, in the NPRM we strongly recommend that all industry segments avail themselves of any extra time afforded by a possible delay to rigorously and methodically test systems to ensure a seamless transition. The NPRM also presents a fiscal impact estimate and, as we explain, despite the possibility that a delay may engender some additional cost, we must ensure that patient access to care continues undisrupted.

I also read with interest the NCVHS's recommendation for the alignment of ICD-10 with SNOMED CT as the standard clinical terminology for coding diagnoses. Notably, the Office of the National Coordinator's 2014 Edition Standards and Certification Criteria also names SNOMED CT to be used for this purpose in both the Medicare and Medicaid Electronic Health Records Incentive Programs. I will take into consideration the NCVHS's proposal along with the recommendation to use national standardized tools such as the National Library of Medicine's I-Magic tool.

Again, thank you for your letter. I appreciate the NCVHS and your service to the Department, and I look forward to continuing to work together to improve health care for all Americans.

Sincerely,

[redacted]

Kathleen Sebelius