



June 17, 2015

The Honorable Sylvia Mathews Burwell
Secretary of Health and Human Services
The Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Burwell:

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I write to convey our growing apprehension with the upcoming transition to ICD-10 as it specifically relates to the Centers for Medicare & Medicaid Services (CMS) authority to enter into contracts with Recovery Audit Contractors (RACs) to identify improper payments and recoup overpayments in Medicare.

The AAFP does not object that CMS uses RACs to identify improper payments made to Medicare participating hospitals and medical practices; however, the change to ICD-10 is a significant, large, and technically challenging operation. Physicians will be struggling not only with the selection of the most accurate and specific ICD-10 code, but also with the rigor of expanding documentation to support these selections. We strongly urge CMS to specify for three years that the RACs not audit and seek recoupment for claims whose sole error is due to the transition to ICD-10. Medicare claims with the correct and appropriate corresponding diagnostic ICD-9 family code should not be penalized by the RACs.

The transition is scheduled to occur with dates of service on or after October 1, 2015 and family physicians are already in the midst of complying with several complicated CMS programs such as the Physician Quality Reporting System (PQRS) and Meaningful Use of Electronic Health Records. The AAFP encourages CMS to mitigate concerns of practicing physicians and avoid needless casework by CMS contractors by specifying that RACs only target Medicare claims that are legitimate fraud and avoid burdening practices as they struggle with the transition to ICD-10. Instead, the AAFP encourages CMS to require the Medicare Administrative Contractors to provide targeted ICD-10 educational communications to these practices.

Thank you for your time and consideration of this matter. For any questions you might have, please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org. We look forward to your reply.

Sincerely,

Reid B. Blackwelder, MD, FFAFP
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