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October 5, 2005

The Honorable Michael O. Leavitt
Secretary
U.S. Department of Health and Human Services
Room 615-F
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Leavitt:

The purpose of this letter is to petition for immediate recognition of the ABC codes as a designated standard code set that can be used for healthcare services reporting, including HIPAA transactions.

The American Nurses Association (ANA) recognized the ABC codes as a standardized terminology supporting nursing practice in 2000. The ANA is a full-service national professional association representing all registered nurses in all practice settings throughout the United States. Our 54 constituent member state nurses associations help foster high standards of nursing practice and address healthcare and other issues affecting nurses and the public.

The ABC codes, unlike the pre-existing ICD-9 CM, CPT, and HCPCS II coding systems, were developed in 1996 by Alternative Link to follow the ten guiding principles governing the adoption of national standards for healthcare transactions under HIPAA. The National Library of Medicine served as a resource as Alternative Link built the coding system with 1) historical tracking features, 2) non-duplication of concepts, 3) expansion requirements, 4) code inventory management, and 5) hierarchical construction.

The ABC codes include over 800 nursing interventions from three existing ANA recognized nursing terminologies, western and oriental nutraceuticals, homeopathic remedies, other interventions also not included within CPT and HCPCS II, and a rules engine to track laws regulating legal use of ABC coded interventions for each profession in each state. These interventions can be delivered by nursing, alternative medicine, and other integrative healthcare practitioners, including physicians, incorporating such services with their practice.

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Although registered nurses continue to effect change through participation in the editorial processes for the recognized coding systems, sole reliance on the ICD-9 CM, HCPCS II, and CPT coding systems will continue to force incorrect or omitted documentation of health services provided by registered nurses, advanced practice registered nurses (APRNs), and many other providers addressing healthcare needs along the care continuum from prevention to treatment to cure. This practice often results in inaccurately reported and represented diagnoses, procedures or interventions, and total costs of healthcare services. Additionally, identification of best practices by the best provider in the best setting and evaluation of quality initiatives, quality measures, and outcomes cannot be completed within the existing structures. Therefore, not designating the ABC codes as a coding set recognized by the federal government reinforces barriers that prevent the accurate representation of healthcare services provided by all clinicians, including over 2.7 million registered nurses, in all settings. Maintaining such coding and documentation constraints also hinders achievement of the goals of improved quality and reduced costs of healthcare services espoused in the massive federal promotion of interoperable electronic health records and personal health records.

I have included several examples to reflect our significant concern about the continued adverse effects in the delivery of health care services to our citizens without clinician access to ABC codes. The few HCPCS II codes that describe nursing services are designated by CMS as "not billable for Medicare." HCPCS II includes only one code for nursing evaluation and management, which is not at all useful because it does not include a time element, does not include a description of where the care took place, lacks sufficient detail to allow assignment of a relative value unit, and again is not valid for Medicare. The inability to correctly document delivery of nursing services, in conjunction with the current CMS policy prohibiting direct billing of nursing care for seniors, one of our growing vulnerable populations, will continue to be a costly and ineffective policy decision.

The CPT codes for evaluation and management describe medical assessments. This prevents nurses and other healthcare professionals from delineating their assessments, evaluations, and care management initiatives which evolve from a different focus and framework of practice. Such constraints prevent billing parity with physicians and development of accurate relative value units (RVUs) to reflect differences across care settings. Please see the accompanying enclosure describing the use of ABC codes to support the necessary economic analyses to compare one or more alternative courses of action and better quantify the costs of that care (Stone, Lee, Giannini, and Bakken, 2004).

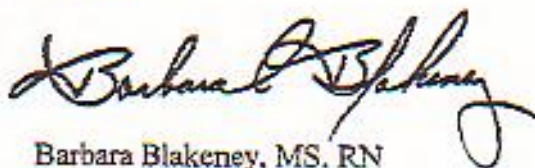
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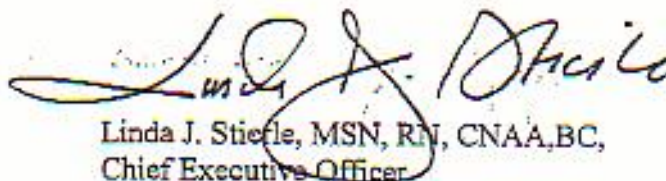
Your decision to recognize ABC codes as a designated standards code set would reflect understanding and appreciation that ABC codes complement and do not duplicate HCPCS II or CPT codes. More importantly, such an affirmative decision would provide the necessary code set to address the needs of nursing and other healthcare providers as they seek to evaluate the outcomes, effectiveness, and costs of their care and interventions.

We appreciate your consideration of our request to immediately recognize the ABC codes as a designated standard code set that can be used for healthcare services reporting, including HIPAA transactions. Please feel free to contact Carol J. Bickford, PhD, RN, BC, at 301-628-5060 or via e-mail at carol.bickford@ana.org for questions or additional information.

Sincerely,



Barbara Blakeney, MS, RN
President



Linda J. Stiefle, MSN, RN, CNA, BC,
Chief Executive Officer

Enclosure

cc: Pamela C. Hagan, MSN, RN, Chief Programs Officer
Mary Jean Schumann, MSN, RN, director, Department of Nursing Practice and Policy
Rose Gonzalez, MPS, RN, director, Government Affairs

Sen. Charles Grassley
Sen. Orrin Hatch
Sen. Pete Domenici
Sen. Jeffrey Bingaman
Sen. George Allen
Sen. Trent Lott
Sen. Hillary Clinton
Rep. Dan Burton
Rep. Joe Barton