



January 12, 2024

Centers for Disease Control and Prevention/
National Committee on Vital and Health Statistics (NCVHS)
3311 Toledo Road
Hyattsville, MC 20782-2002

Submitted electronically via email

Re: ICD-11 Request for Information (RFI)

To Whom It May Concern:

The National Council for Prescription Drug Programs (NCPDP) is a not-for-profit American National Standards Institute (ANSI) Accredited Standards Developer (ASD) consisting of more than 1,500 members representing entities including, but not limited to, claims processors, data management and analysis vendors, federal and state government agencies, insurers, intermediaries, pharmaceutical manufacturers, pharmacies, pharmacy benefit managers, professional services organizations, software and system vendors and other parties interested in electronic standardization within the pharmacy services sector of the healthcare industry. NCPDP provides a forum wherein our diverse membership can develop business solutions, including ANSI-accredited standards and guidance for promoting information exchanges related to medications, supplies and services within the healthcare system.

NCPDP appreciates the opportunity to review and submit comments to NCVHS in response to its RFI regarding timely and strategic action to inform ICD-11 policy. NCPDP is invested in the successful adoption of ICD-11 given the coding system's pivotal role in pharmacy workflows, operations and interoperability. As such, we urge close collaboration with industry partners including NCPDP when strategizing the ICD-10 to ICD-11 transition and offer the following additional recommendations:

The full impact of transitioning from ICD-10 to ICD-11 remains under analysis, so the precise implications for stakeholders in the pharmacy industry cannot yet be quantified. However, unlike the last major code set update from ICD-9 to ICD-10, which had limited pharmacy ramifications, this migration will significantly impact both the medical and pharmacy settings. While the transition to ICD-10 required updates to NCPDP standards and all payer and provider systems, meaningful use of ICD-10 codes within NCPDP transactions did not occur until after the 2015 transition date. Meaningful use of ICD-10 codes includes, but is not limited to, the use of diagnosis codes within formulary designs that tailor coverage of drugs predicated on specific indications and the expansion of pharmacist scope of practice inclusive of professional treatment services. One of the major advantages of the NCPDP transactions that support the communication of this clinical detail is these transactions occur in real-time, at point of care. Additionally, efforts to increase interoperability across healthcare systems and standards have become critical to improve healthcare outcomes. To facilitate a smooth transition from ICD-10 to ICD-11 within real-time environments and across healthcare systems, a concerted effort across all stakeholders and cross-agency communication will be critical. Areas of consideration include, but are not limited to, timing, transition periods,



standardized code mapping, coverage of new codes, etc. to mitigate patient access to care and financial risks.

While providers and health plans will be at the forefront of adoption and deciding appropriate coding, the pharmacy industry and other stakeholders must be prepared for downstream impacts and ensure they can accept, coordinate and meet provider and health plan implementation timelines. To that effect, NCVHS should take into consideration appropriate training to ensure health care professionals, system developers and other stakeholders understand the ICD-11 coding.

Given the ICD-11 architecture is profoundly more granular than ICD-10, the transition from ICD-10 to ICD-11 would also require NCPDP to update our standards to support the changes in ICD-11. In some instances, the updates would be simply adding a code value to an existing data element, but there are larger considerations regarding the nature of the coding system and associated requirements that would require evaluation such as ensuring our standards and pharmacy industry systems all support an alphanumeric ICD-11 coding scheme and analyzing the impact of special characters used in ICD-11.

As NCVHS moves forward with collecting information and identifying gaps to help inform policy decisions around U.S. adoption and implementation of ICD-11 for morbidity, NCPDP requests NCVHS consider the impact this change would have on the pharmacy industry and provide support to ease the transition. Ongoing management and maintenance of ICD-11 will be an important consideration for proper industry usage. NCPDP thanks NCVHS for consideration of our comments as future ICD-11 policy is considered and looks forward to continuing to serve as a trusted resource.

For direct inquiries or questions related to this letter, please contact:

Margaret Weiker
Vice President, Standards Development
NCPDP
standards@ncdpd.org

Respectfully,

A handwritten signature in black ink, appearing to read "Lee Ann C. Stember". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Lee Ann C. Stember
President & CEO
National Council for Prescription Drug Programs (NCPDP)