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June 15, 2016

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: **CMS-1655-P**
PO Box 8013
Baltimore, Maryland 21244-1850

Dear Acting Administrator Slavitt:

On behalf of the American Health Information Management Association (AHIMA), I am responding to the Centers for Medicare & Medicaid Services' (CMS) proposed changes to the Medicare Hospital Inpatient Prospective Payment Systems (IPPS) and fiscal year 2017 Rates, as published as a notice of proposed rulemaking (NPRM) in the April 27, 2016 *Federal Register* (CMS-1655-P).

AHIMA is a not-for-profit, membership-based healthcare association representing more than 103,000 health information professionals who work in more than 40 different types of entities related to our nation's healthcare and public health industry. AHIMA members are experts in the diagnosis and procedure classifications on which the MS-DRGs used in the IPPS are based. Our members are also deeply involved with the development and analysis of healthcare secondary reporting data including value sets associated with quality measurement and in the development, planning, implementation and management of electronic health records. As part of our effort to promote consistent coding practices, AHIMA serves as one of the Cooperating Parties, who oversee development of official guidance associated with the proper use of the ICD-10-CM and ICD-10-PCS code sets. Additional Cooperating Parties are CMS, the National Center for Health Statistics and the American Hospital Association.

Our comments and recommendations on selected sections of the IPPS NPRM are below.

Andrew Slavitt

CMS-1655-P – Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2017 Rates

Page 2

II. Proposed Changes to Medicare Severity Diagnosis-Related Group (MS-DRG) Classifications and Relative Weights (81FR24963)

II-F – Proposed Changes to Specific MS-DRG Classifications (81FR24969)

II-F-2 – Pre-Major Diagnostic Category (Pre-MDC): Total Artificial Heart Replacement (81FR24971)

AHIMA supports CMS' proposal to assign ICD-10-PCS procedure codes 02RK0JZ and 02RL0JZ (that together describe an artificial heart replacement) as a code cluster to MS-DRGs 001 and 002.

II-F-3a – MDC 1 (Diseases and Disorders of the Nervous System): Endovascular Embolization (Coiling) or Occlusion of Head and Neck Procedures (81FR24972)

We support CMS' proposal to maintain the current MS-DRG assignments of endovascular embolization or occlusion of head and neck procedures in MS-DRGs 020 through 027.

II-F-3b – MDC 1 (Diseases and Disorders of the Nervous System): Mechanical Complication Codes (81FR24976)

We support CMS' proposal to reassign ICD-10-CM diagnosis codes T85.610A, T85.620A, T85.630A, and T85.690A from MS-DRGs 919, 920, and 921 to MS-DRGs 091, 092, and 093.

II-F-4a – MDC 4 (Diseases and Disorders of the Respiratory System): Proposed Reassignment of Diagnosis Code R22.2 (Localized Swelling, Mass and Lump, Trunk) (81FR24976)

AHIMA supports the proposed reassignment of ICD-10-CM diagnosis code R22.2 from MDC 4 to MDC 9 under MS-DRGs 606 and 607.

II-F-4b – MDC 4 (Diseases and Disorders of the Respiratory System): Pulmonary Embolism with tPA or Other Thrombolytic Therapy (81FR24977)

We agree with CMS' proposal not to create a new MS-DRG or to reassign cases with a principal diagnosis of pulmonary embolism with tPA or other thrombolytic therapy for FY 2017.

II-F-5a – MDC 5 (Diseases and Disorders of the Circulatory System): Implant of Loop Recorder (81FR24979)

We support the proposed designation of the four specified ICD-10-PCS codes as OR procedures as well as the proposal that the MS-DRG assignment for these codes replicate the ICD-9 based MS-DRG assignment for procedure code 37.79.

Andrew Slavitt

CMS-1655-P – Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2017 Rates

Page 3

II-F-5b – MDC 5 (Diseases and Disorders of the Circulatory System): Endovascular Thrombectomy of the Lower Limbs (81FR24980)

AHIMA supports the proposed reassignment of ICD-10-PCS codes describing endovascular thrombectomy procedures to MS-DRGs 270, 271, and 272.

II-F-5c – MDC 5 (Diseases and Disorders of the Circulatory System): Pacemaker Procedure Code Combinations (81FR24981)

We support the proposed modification of the MS-DRG logic for the cardiac pacemaker implantation, replacement, and revision MS-DRGs.

In the code table on page 24985, we note there is an error in the description for three codes – 02HK0JZ, 02HK3JZ, and 02HK4JZ. The descriptions of these codes in this table indicate “monitoring device,” but the “J” device value describes cardiac lead, pacemaker.

II-F-5d – MDC 5 (Diseases and Disorders of the Circulatory System): Transcatheter Mitral Valve Repair with Implant (81FR24985)

We support the proposed modifications to MS-DRGs involving percutaneous mitral valve repair with implant.

II-F-5e – MDC 5 (Diseases and Disorders of the Circulatory System): MS-DRG 245 (AICD Generator Procedures) (81FR24988)

AHIMA agrees with CMS’ proposal to maintain the current structure for MS-DRG 245.

II-F-6 – MDC 6 (Diseases and Disorders of the Digestive System): Excision of Ileum (81FR24989)

We support the proposed reassignment of ICD-10-PCS codes 0DBB0ZZ and 0DBA0ZZ from MS-DRGs 347, 348, and 349 to MS-DRGs 329, 330, and 331.

We also recommend that code 0DB90ZZ, Excision of duodenum, open approach, be assigned to MS-DRGs 329, 330, 331 as well as excision of ileum and excision of jejunum. As the requester of this proposed change indicated, the surgical procedure to remove a portion of the small intestine, whether it is the ileum, duodenum, or jejunum, has not changed and should not result in different MS-DRG assignments when translated from ICD-9-CM to ICD-10.

II-F-7 – MDC 7 (Diseases and Disorders of the Hepatobiliary System and Pancreas): Bypass Procedures of the Veins (81FR24989)

We support CMS’ proposal to assign ICD-10-PCS procedure code 06183DY to MS-DRGs 405, 406, and 407.

Andrew Slavitt

CMS-1655-P – Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2017 Rates

Page 4

II-F-8a-1 – MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue): Proposed Updates to MS-DRGs 469 and 470 (Major Joint Replacement or Reattachment of Lower Extremity With and Without MCC, respectively) – Total Ankle Replacement (TAR) Procedures (81FR24989)

AHIMA agrees with CMS' proposal to maintain the current MS-DRG structure for MS-DRGs 469 and 470.

II-F-8a-2 – MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue): Proposed Updates to MS-DRGs 469 and 470 (Major Joint Replacement or Reattachment of Lower Extremity With and Without MCC, respectively) – Hip Replacement Procedures With Principal Diagnosis of Hip Fracture (81FR24990)

We agree with CMS' proposal to maintain the current MS-DRG structure for MS-DRGs 469 and 470.

II-F-8b-1 – MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue): Revision of Total Ankle Replacement Procedures (81FR24992)

We agree with CMS' proposal to maintain the current MS-DRG assignment for revision of total ankle replacement procedures.

II-F-8b-2 – MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue): Combination Codes for Removal and Replacement of Knee Joints (81FR24993)

We support the proposed addition of joint revision code combinations to MS-DRGs 466, 467, and 468.

II-F-8c – MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue): Decompression Laminectomy (81FR24996)

We support the proposed reassignment of the listed ICD-10-PCS procedure codes from MS-DRGs 515 through 517 to MS-DRGs 028 through 030 and MS-DRGs 518 through 520.

II-F-8d – MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue): Lordosis (81FR24997)

AHIMA supports the proposed removal of four diagnosis codes from the secondary diagnosis list for MS-DRGs 456, 457, and 458.

II-F-9 – MDC 13 (Diseases and Disorders of the Female Reproductive System): Pelvic Evisceration (81FR24997)

We support the proposal to remove the procedure code cluster for pelvic evisceration procedures from MDC 6 and to maintain this cluster in MDC 13 under MS-DRGs 734 and 735 only.

II-F-10 – MDC 19 (Mental Diseases and Disorders): Proposed Modification of Title of MS-DRG 884 (Organic Disturbances and Mental Retardation) (81FR24998)

We support the proposed change to the title of MS-DRG 884.

Andrew Slavitt

CMS-1655-P – Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2017 Rates

Page 5

II-F-11 – MDC 23 (Factors Influencing Health Status and Other Contacts With Health Services): Logic of MS-DRGs 945 and 946 (Rehabilitation With and Without CC/MCC, Respectively) (81FR24998)

We believe additional analysis should be undertaken in order to fully understand the industry impact of the current logic of MS-DRGs 945 and 946. It is not clear to what extent the current logic for these MS-DRGs has created actual payment issues or what the nature of any identified problems might be.

If it is determined that the current logic of MS-DRGs 945 and 946 is creating significant payment issues, **we recommend that the suggestion to classify MS-DRGs 945 and 946 as pre-MDC MS-DRGs be seriously considered as a possible solution.** Given that there is no ICD-10-CM code describing encounters for rehabilitation, it is reasonable that identification of admissions for rehabilitation would rely on the procedure codes. It does not make sense for the MS-DRG logic to require a principal diagnosis from MDC 23, since most admissions for rehabilitation would appropriately have any number of diagnosis codes sequenced as the principal diagnosis rather than a diagnosis code from MDC 23. We do not think it is feasible to identify all of the ICD-10-CM codes for which rehabilitation services might be provided, due to the range and number of diagnoses that could potentially be involved.

It is not clear why establishing an ICD-10-PCS coding guideline stipulating that the rehabilitative therapy codes should only be assigned for admissions for rehabilitation would be setting a new precedent for developing coding guidelines based on one payer's payment policies. We do not believe the requester intended for this guideline to apply only to patients subject to the Medicare inpatient acute care prospective payment system. Rather, as with all other coding guidelines, this guideline concerning the rehabilitation procedure codes would apply to all payers. In fact, some of our members have indicated that the logic of the rehabilitation MS-DRGs has been a greater problem for commercial patients than for Medicare patients. We also suspect that the ICD-10-PCS rehabilitation codes are already more likely to be reported for therapy provided for rehabilitation admissions rather than for non-rehabilitation hospitalizations. Therefore, we believe creating a guideline that would restrict the use of these procedure codes such that they could only be used to identify rehabilitation admissions for the purpose of appropriately assigning MS-DRGs 945 and 946 merits serious consideration.

Regarding CMS' concerns pertaining to classification of MS-DRGs 945 and 946 as pre-MDC MS-DRGs, while we understand that the current pre-MDC structure is limited to resource-intensive surgical procedures, we believe there are some similarities between the existing pre-MDCs and MS-DRGs 945 and 946. Similar to the existing pre-MDCs, the driver for the rehabilitation MS-DRGs is a specific type of service, and this service may be provided for a wide variety of principal diagnoses. The creation of a guideline limiting the use of the ICD-10-PCS rehabilitation codes to rehabilitation admissions would address the potential for patients to be classified out of higher paying surgical MS-DRGs in other MDCs and into the lower paying MS-DRGs 945 and 946 based on the reporting of a rehabilitation procedure code if these MS-DRGs were moved to the pre-MDCs. After the establishment of a new ICD-10-PCS coding guideline,

Andrew Slavitt

CMS-1655-P – Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2017 Rates

Page 6

reporting ICD-10-PCS rehabilitation codes for non-rehabilitation hospitalizations would be considered coding errors, and as with any coding error, could lead to inappropriate MS-DRG assignment. However, edits and reminders would likely be incorporated into encoder software to minimize this type of coding error.

II-F-12a-1 – Proposed Medicare Code Editor (MCE) Changes: Age Conflict Edit – Newborn Diagnosis Category (81FR25000)

AHIMA agrees that all codes within the range P00 through P96 should be removed from the newborn diagnosis category on the Age conflict edit code list.

We do not believe any modifications to the newborn guidelines are necessary. Guideline 1.C.16.c.2 in the *ICD-10-CM Official Guidelines for Coding and Reporting* that was referenced in the proposed rule does not conflict with the guideline that states chapter 16 codes may be used throughout the life of the patient if the condition is still present, as this guideline addresses an unrelated issue (definition of reportable secondary diagnosis on a newborn record).

We plan to recommend to the Centers for Disease Control and Prevention that a note at the beginning of chapter 16 in the ICD-10-CM code set be revised, as it may be contributing to confusion around the appropriate use of codes in this chapter. Currently, this note reads “Codes from this chapter are for use on newborn records only, never on maternal records.” Given other notes in the classification as well as the official coding guidelines, we do not believe the intent was to assign chapter 16 codes on newborn records only.

II-F-12a-1 – Proposed Medicare Code Editor (MCE) Changes: Age Conflict Edit – Pediatric Diagnosis Category (81FR25001)

We support CMS’ proposals regarding requested modifications to the pediatric diagnosis category on the ICD-10 MCE age conflict edit code list.

II-F-12b – Proposed Medicare Code Editor (MCE) Changes: Sex Conflict Edit (81FR25003)

AHIMA supports the proposed modifications to the “diagnoses for females only” edit code list.

II-F-12c-1 – Proposed Medicare Code Editor (MCE) Changes: Non-Covered Procedure Edit – Endovascular Mechanical Thrombectomy (81FR25004)

We support the proposed removal of four ICD-10-PCS procedure codes for extirpation of matter from intracranial artery and vein from the non-covered procedure edit code list.

II-F-12c-2 – Proposed Medicare Code Editor (MCE) Changes: Non-Covered Procedure Edit – Radical Prostatectomy (81FR25005)

While we support the proposed creation of a new MCE non-covered procedure edit to reflect that procedures performed on males involving the unilateral or bilateral vas deferens and procedures performed on females involving the fallopian tubes are not covered procedures for sterilization purposes, **we have concerns about the proposed description of the edit.** As proposed, these procedure codes would only be considered non-covered procedures when ICD-10-CM diagnosis

code Z30.2 (Encounter for sterilization) is listed as the principal diagnosis. However, there may be instances when code Z30.2 is appropriately reported as a secondary diagnosis, such as when a patient is admitted for another reason and decides to undergo a sterilization procedure during that encounter or hospitalization. An example of this scenario is an admission for a cesarean section with a tubal ligation also performed during the same hospital stay. In this scenario, Z30.2 would be reported as a secondary diagnosis. **AHIMA recommends that the listed procedures be considered non-covered sterilization procedures when code Z30.2 is reported as either a principal or secondary diagnosis.**

II-F-12d-1 – Proposed Medicare Code Editor (MCE) Changes: Unacceptable Principal Diagnosis Edit – Liveborn Infant (81FR25006)

We support the proposed removal of the ICD-10-CM diagnosis codes for liveborn infant born outside the hospital from the “unacceptable principal diagnosis” edit.

II-F-12d-2 – Proposed Medicare Code Editor (MCE) Changes: Unacceptable Principal Diagnosis Edit – Multiple Gestation (81FR25006)

We support the proposed removal of the multiple gestation diagnosis codes listed in Table 6P.1c. from the “unacceptable principal diagnosis” edit code list.

II-F-12d-3 – Proposed Medicare Code Editor (MCE) Changes: Unacceptable Principal Diagnosis Edit – Supervision of High-Risk Pregnancy (81FR25007)

AHIMA **does not** recommend removal of the “supervision of high-risk pregnancy” diagnosis codes from the “unacceptable principal diagnosis” edit code list at this time, as recent discussions by the *Coding Clinic for ICD-10-CM/PCS* Editorial Advisory Board regarding the appropriate reporting of these codes support their inclusion on this code list.

II-F-12e-1 – Proposed Medicare Code Editor (MCE) Changes: Other MCE Issues – Procedure Inconsistent with Length of Stay Edit (81FR25008)

We support the proposed modification of the “procedure inconsistent with length of stay” edit for ICD-10-PCS code 5A1955Z (Respiratory ventilation, greater than 96 consecutive hours).

We also support the proposed revision of the title of MS-DRG 208 (Respiratory System Diagnosis with Ventilator Support <96 Hours).

II-F-12e-2 – Proposed Medicare Code Editor (MCE) Changes: Other MCE Issues – Maternity Diagnoses (81FR25008)

We support the proposal to add ICD-10-CM diagnosis codes C58, D39.2, and F53 to the “age conflict” edit code list for maternity diagnoses.

II-F-12e-3 – Proposed Medicare Code Editor (MCE) Changes: Other MCE Issues – Manifestation Codes Not Allowed as Principal Diagnosis Edit (81FR25008)

We support the proposed addition of certain diagnosis codes to the “manifestation codes not allowed as principal diagnosis” edit code list.

Andrew Slavitt

CMS-1655-P – Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2017 Rates

Page 8

II-F-12e-4 – Proposed Medicare Code Editor (MCE) Changes: Other MCE Issues – Questionable Admission Edit (81FR25009)

We support the proposed removal of five diagnosis codes from the “questionable admission” edit.

II-F-12e-5 – Proposed Medicare Code Editor (MCE) Changes: Other MCE Issues – Removal of Edits and Future Enhancements (81FR25009)

We support the removal of references to discontinued edits.

II-F-15b – Proposed Complications or Comorbidity (CC) Exclusions List: Proposed CC Exclusions List for FY 2017 (81FR25011)

AHIMA agrees with the proposed changes to the CC Exclusion List.

II-F-16c-1 – Adding Diagnosis or Procedures Codes to MDCs: Angioplasty of Extracranial Vessel (81FR25012)

We support the proposed addition of codes for angioplasty of extracranial vessel to MS-DRGs 037 through 039.

II-F-16c-2 – Adding Diagnosis or Procedures Codes to MDCs: Excision of Abdominal Arteries (81FR25013)

We support the proposed addition of 34 ICD-10-PCS codes for excision of abdominal arteries to MDCs 6, 11, 21, and 24.

II-F-16c-3 – Adding Diagnosis or Procedures Codes to MDCs: Excision of Retroperitoneal Tissue (81FR25014)

We support the proposed addition of three ICD-10-PCS codes to MS-DRGs 356 through 358.

II-F-16c-4 – Adding Diagnosis or Procedures Codes to MDCs: Occlusion of Vessels: Esophageal Varices (81FR25015)

We support the proposed addition of 2 ICD-10-PCS codes describing occlusion of esophageal vein to MS-DRGs 423 through 425.

II-F-16c-5 – Adding Diagnosis or Procedures Codes to MDCs: Excision of Vulva (81FR25015)

We support the proposed addition of ICD-10-PCS code 0UBMXZZ (Excision of vulva, external approach) to MS-DRGs 746 and 747.

II-F-16c-6 – Adding Diagnosis or Procedures Codes to MDCs: Lymph Node Biopsy (81FR25015)

We support the proposed addition of ICD-10-PCS codes 07B74ZX (Excision of thorax lymphatic, percutaneous endoscopic approach, diagnostic), 07B70ZX (Excision of thorax lymphatic, open approach, diagnostic), and 07B73ZX (Excision of thorax lymphatic, percutaneous approach, diagnostic) to MS-DRGs 166 through 168.

Andrew Slavitt

CMS-1655-P – Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2017 Rates

Page 9

II-F-16c-7 – Adding Diagnosis or Procedures Codes to MDCs: Obstetrical Laceration Repair (81FR25016)

We support the addition of eight ICD-10-PCS codes describing repair of obstetrical lacerations to MS-DRG 774.

II-F-19a-1 – Other Proposed Policy Changes: MS-DRG GROUPER Logic – Operations on Products of Conception (81FR25020)

We support the addition of 208 ICD-10-PCS codes describing operations on the fetus to correct fetal defects to MS-DRG 768.

II-F-19a-2 – Other Proposed Policy Changes: MS-DRG GROUPER Logic – Other Heart Revascularization (81FR25021)

We support the addition of 16 ICD-10-PCS codes describing revascularization procedures to MS-DRGs 228 and 229.

II-F-19a-3 – Other Proposed Policy Changes: MS-DRG GROUPER Logic – Procedures on Vascular Bodies: Chemoreceptors (81FR25021)

We support the addition of 234 ICD-10-PCS codes describing procedures performed on the sensory receptors to MS-DRGs 252, 253, and 254.

II-F-19a-4 – Other Proposed Policy Changes: MS-DRG GROUPER Logic – Repair of the Intestine (81FR25021)

AHIMA supports adding four ICD-10-PCS describing repair of intestine to MS-DRGs 329, 330, and 331.

II-F-19a-5 – Other Proposed Policy Changes: MS-DRG GROUPER Logic – Insertion of Infusion Pump (81FR25021)

We support adding 16 ICD-10-PCS codes describing insertion of infusion pump to the appropriate MS-DRGs in order to accurately replicate the ICD-9-CM MS-DRG GROUPER logic.

II-F-19a-6 – Other Proposed Policy Changes: MS-DRG GROUPER Logic – Procedures on the Bursa (81FR25022)

We support the addition of four ICD-10-PCS describing division of bursa to MS-DRGs 500, 501, and 502.

II-F-19a-7 – Other Proposed Policy Changes: MS-DRG GROUPER Logic – Procedures on the Breast (81FR25022)

AHIMA is concerned that designation of ICD-10-PCS codes 0HQVXZZ (Repair bilateral breast, external approach) and 0HQYXZZ (Repair supernumerary breast, external approach) as non-OR procedures may have unintended consequences for other procedures. While this change would solve the replication issue associated with ICD-9-CM procedure code 86.59 (Closure of skin and

Andrew Slavitt

CMS-1655-P – Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2017 Rates

Page 10

subcutaneous tissue of other sites), these two ICD-10-PCS codes map to ICD-9-CM procedure code 85.89, Other mammoplasty, and so this change may impact other procedures.

II-F-19a-8 – Other Proposed Policy Changes: MS-DRG GROUPER Logic – Excision of Subcutaneous Tissue and Fascia (81FR25022)

We support the addition of 19 ICD-10-PCS codes describing excision of subcutaneous tissue and fascia to MS-DRGs 579, 580, and 581.

II-F-19a-9 – Other Proposed Policy Changes: MS-DRG GROUPER Logic – Shoulder Replacement (81FR25023)

We support adding two ICD-10-PCS codes for shoulder replacement procedures to MS-DRGs 492, 493, and 494.

II-F-19a-10 – Other Proposed Policy Changes: MS-DRG GROUPER Logic – Reposition (81FR25023)

We support the addition of four ICD-10-PCS codes describing reposition of vertebra to MS-DRGs 515, 516, and 517.

II-F-19a-11 – Other Proposed Policy Changes: MS-DRG GROUPER Logic – Insertion of Infusion Device (81FR25023)

We support the addition of 49 ICD-10-PCS codes describing insertion of infusion pump into joint or disc to MS-DRGs 515, 516, and 517.

II-F-19a-12 – Other Proposed Policy Changes: MS-DRG GROUPER Logic – Bladder Neck Repair (81FR25023)

We support the addition of five ICD-10-PCS codes describing bladder neck repair to MS-DRGs 653, 654, 655, 749, and 750.

II-F-19b – Other Proposed Policy Changes: Issues Relating to MS-DRG 999 (Ungroupable) (81FR25024)

We support adding ICD-10-CM code O90.2 (Hematoma of obstetric wound) to MS-DRGs 769 and 776.

II-F-19c-1 – Other Proposed Policy Changes: Other Operating Room (O.R.) and Non-O.R. Issues – O.R. Procedures to Non-O.R. Procedures (81FR25024)

We support all of the proposed changes in designation from O.R. to non-O.R. procedures described in this section of the rule.

II-F-19c-2 – Other Proposed Policy Changes: Other Operating Room (O.R.) and Non-O.R. Issues – Non-O.R. to O.R. Procedures (81FR25026)

We support all of the proposed changes in designation from non-O.R. to O.R. Procedures described in this section of the rule.

Andrew Slavitt

CMS-1655-P – Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2017 Rates

Page 11

Conclusion

AHIMA appreciates the opportunity to comment on the proposed modifications to the Medicare Hospital IPPS program for FY 2017. AHIMA is committed to working with CMS and the healthcare industry to improve the quality of healthcare data for reimbursement, quality reporting, and other applied analytics.

If AHIMA can provide any further information, or if there are any questions regarding this letter and its recommendations, please contact Sue Bowman, Senior Director of Coding Policy and Compliance at (312) 233-1115 or sue.bowman@ahima.org. In Sue's absence, please feel free to contact AHIMA's Vice President of Policy and Government Relations, Pamela Lane, at (202) 659-9440 or pamela.lane@ahima.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Lynne Gordon", with a long horizontal flourish extending to the right.

Lynne Thomas Gordon, MBA, RHIA
Chief Executive Officer

cc: Sue Bowman, MJ, RHIA, CCS, FAHIMA
Pamela Lane, MS, RHIA, CPHIMS