



233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601

phone » (312) 233-1100
fax » (312) 233-1090
web » www.ahima.org

June 9, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: **CMS-1677-P**
PO Box 8011
Baltimore, Maryland 21244-1850

Dear Administrator Verma:

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 2018 Rates, as published as a notice of proposed rulemaking (NPRM) in the April 28, 2017 *Federal Register* (CMS-1677-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 (NCHS) and the American Hospital Association (AHA).

Our comments and recommendations on Section II of the IPPS NPRM are below.

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II. Proposed Changes to Medicare Severity Diagnosis-Related Group (MS-DRG) Classifications and Relative Weights (82FR19814)

II-F – Proposed Changes to Specific MS-DRG Classifications (82FR19816)

II-F-2a – MDC 1 (Diseases and Disorders of the Nervous System): Functional Quadriplegia (82FR19817)

While AHIMA agrees that functional quadriplegia does not belong in MS-DRGs 052 and 053 because this condition does not involve a spinal disorder or injury, **we recommend that consideration be given to classifying cases with this diagnosis to MS-DRGs 947 and 948** (Signs and Symptoms with and without MCC, respectively) rather than to MS-DRGs 091, 092, and 093 (Other Disorders of Nervous System with MCC, with CC, and without CC/MCC, respectively).

The ICD-10-CM code for functional quadriplegia, R53.2, is located in chapter 18, Symptoms, Signs and Abnormal Findings, because it can be the result of a variety of underlying conditions. Therefore, we do not believe it is appropriate to classify this diagnosis as a nervous system disorder. Other codes in ICD-10-CM category R53 are classified to MS-DRGs 947 and 948.

II-F-2b – MDC 1 (Diseases and Disorders of the Nervous System): Responsive Neurostimulator (RNS[®]) (82FR19818)

We support CMS' proposal to reassign cases with insertion of a neurostimulator generator and a principal diagnosis of epilepsy to MS-DRG 023. We also agree with the proposed change in the title of MS-DRG.

The table on pages 19819-19820 listing the epilepsy diagnoses is missing the epilepsy codes in ICD-10-CM subcategories G40.A and G40.B, and there is no indication in the proposed rule that these codes were intentionally excluded. **We recommend that codes in subcategories G40.A and G40.B be included in the list of epilepsy diagnosis codes classified to MS-DRG 023**, unless insertion of a neurostimulator is clinically inappropriate for the conditions classified to these codes.

II-F-2c – MDC 1 (Diseases and Disorders of the Nervous System): Precerebral Occlusion or Transient Ischemic Attack with Thrombolytic (82FR19822)

We support the proposed addition of ICD-10-CM codes currently assigned to MS-DRGs 067, 068, and 069 to MS-DRGs 061, 062, and 063 when those conditions are sequenced as the principal diagnosis and reported with an ICD-10-PCS code describing the use of a thrombolytic agent.

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We also agree with retitling MS-DRGs 061, 062, and 063 as “Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent with MCC, with CC, and without CC/MCC,” respectively, and retitling MS-DRG 069 as “Transient Ischemia without Thrombolytic.”

II-F-3 – MDC 2 (Diseases and Disorders of the Eye): Swallowing Eye Drops (Tetrahydrozoline) (82FR19824)

AHIMA supports CMS’ proposal to reassign four poisoning codes from MS-DRGs 124 and 125 to MS-DRGs 917 and 918 (Poisoning and Toxic Effects of Drugs with and without MCC, respectively).

II-F-4a – MDC 5 (Diseases and Disorders of the Circulatory System): Percutaneous Cardiovascular Procedures and Insertion of a Radioactive Element (82FR19825)

We support the proposal to remove six ICD-10-PCS codes from MS-DRGs 246 through 249 and to maintain their current assignment in MS-DRG 264.

II-F-4b – MDC 5 (Diseases and Disorders of the Circulatory System): Proposed Modifications of the Titles for MS-DRG 246 (Percutaneous Cardiovascular Procedures with Drug-Eluting Stent with MCC or 4+ Vessels or Stents) and MS-DRG 248 (Percutaneous Cardiovascular Procedures with Non-Drug-Eluting Stent with MCC or 4+ Vessels or Stents) (82FR19826)

We support the proposed change from “Vessels” to “Arteries” in the titles of MS-DRGs 246 and 248 in order to align with the terminology used in the ICD-10-PCS code titles.

II-F-4c – MDC 5 (Diseases and Disorders of the Circulatory System): Transcatheter Aortic Valve Replacement (TAVR) and Left Atrial Appendage Closure (LAAC) (82FR19826)

We agree with CMS’ proposal not to create new MS-DRGs for cases involving TAVR and LAAC procedures when performed in combination in the same operative episode.

II-F-4d – MDC 5 (Diseases and Disorders of the Circulatory System): Percutaneous Mitral Valve Replacement Procedures (82FR19827)

AHIMA supports the proposed reassignment of four percutaneous mitral valve replacement procedures from MS-DRGs 216 through 221 to MS-DRGs 266 and 267.

We also support the assignment of eight new procedure codes describing percutaneous and transapical, percutaneous tricuspid valve replacement procedures to MS-DRGs 266 and 267.

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II-F-4e – MDC 5 (Diseases and Disorders of the Circulatory System): Percutaneous Tricuspid Valve Repair (82FR19828)

We agree with CMS' proposal not to reassign cases reporting ICD-10-PCS code 02UJ3JZ, Supplement tricuspid valve with synthetic substitute, percutaneous approach, from MS-DRGs 216 through 221 to MS-DRGs 228 and 229.

II-F-5a – MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue): Total Ankle Replacement (TAR) Procedures (82FR19829)

We support the proposed reassignment of six ICD-10-PCS codes describing TAR procedures from MS-DRG 470 to MS-DRG 469, even if there is no MCC reported.

We also support the proposed changes in the titles of MS-DRGs 469 and 470 to reflect the reassignment of TAR procedures to MS-DRG 469.

II-F-5b – MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue): Revision of Total Ankle Replacement (TAR) Procedures (82FR19830)

AHIMA agrees with CMS' proposal to maintain the current MS-DRG assignment for revision of TAR procedures within MS-DRGs 515, 516, and 517 for FY 2018.

II-F-5c – MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue): Magnetic Controlled Growth Rods (MAGEC[®] System) (82FR19831)

We agree with CMS' proposal to maintain ICD-10-PCS codes describing the use of magnetically controlled growth rods for the treatment of early onset scoliosis in MS-DRGs 518, 519, and 520 and to not reassign these codes to MS-DRGs 456, 457, and 458.

II-F-5d – MDC 8 (Diseases and Disorders of the Musculoskeletal System and Connective Tissue): Combined Anterior/Posterior Spinal Fusion (82FR19832)

We support the proposed MS-DRG modifications pertaining to spinal fusions, including:

- Movement of seven procedure codes describing spinal fusion using a nanotextured surface interbody fusion device from the posterior spinal fusion list to the anterior spinal fusion list in the GROUPER logic for MS-DRGs 453, 454, and 455;
- Movement of 149 procedure codes describing spinal fusion of the anterior column with a posterior approach from the posterior spinal fusion list to the anterior spinal fusion list in the GROUPER logic for MS-DRGs 453, 454, and 455; and
- Deletion of 33 procedure codes describing spinal fusion of the posterior column with an interbody fusion device from MS-DRGs 453, 454, 455, 456, 457, 458, 459, 460, 471, 472, and 473, as well as from the ICD-10-PCS classification.

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II-F-6b – MDC 14 (Pregnancy, Childbirth, and the Puerperium): MS-DRG 998 (Principal Diagnosis Invalid as Discharge Diagnosis) (82FR19835)

AHIMA **does not support** the proposed removal of ICD-10-CM obstetric diagnosis codes identified with “unspecified trimester” from MS-DRG 998 and their reassignment to the MS-DRGs in which their counterparts are currently assigned.

We believe that failure to document the trimester on a hospital inpatient medical record represents extremely poor documentation and should not be considered acceptable for assignment of a valid MS-DRG. We also believe the trimester could reasonably be determined or estimated even if the patient is from out of town or unable to communicate effectively.

II-F-6c – MDC 14 (Pregnancy, Childbirth, and the Puerperium): MS-DRG 782 (Other Antepartum Diagnoses without Medical Complications) (82FR19835)

We support the proposed removal of three codes describing supervision of pregnancy from MS-DRG 782 and reassigning them to MS-DRG 998 (Principal Diagnosis Invalid as Discharge Diagnosis).

II-F-6d – MDC 14 (Pregnancy, Childbirth, and the Puerperium): Shock During or Following Labor and Delivery (82FR19835)

We support CMS’ proposal to add ICD-10-CM code O75.1, Shock during or following labor and delivery, to the GROUPER logic for assignment to the postpartum MS-DRGs.

II-F-7 – MDC 15 (Newborns and Other Neonates with Conditions Originating in Perinatal Period): Observation and Evaluation of Newborn (82FR19836)

We support the proposed addition of ICD-10-CM codes describing observation and evaluation of newborns for suspected conditions that are ruled out to the GROUPER logic for MS-DRG 795 (Normal Newborn).

II-F-8 – MDC 21 (Injuries, Poisonings and Toxic Effects of Drugs): Complication Codes (82FR19837)

We **do not support** the proposed reassignment of ICD-10-CM diagnosis codes with the 7th character “S” (sequela) from MS-DRGs 949 and 950 to MS-DRGs 922 and 923 (Other Injury, Poisoning and Toxic Effect with MCC and without MCC, respectively). While we agree these codes do not belong in MS-DRGs 949 and 950, they also do not belong in MS-DRGs 922 and 923. Diagnosis codes with the 7th character “S” do not represent current injuries or poisonings, but rather a residual effect (condition produced) after the acute phase of an illness or injury has terminated. The code for the specific condition or nature of the sequela is sequenced first, with the sequela code sequenced as a secondary diagnosis. Therefore, sequela cases are appropriately

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classified to the MS-DRGs corresponding to the reported residual condition (nature of the sequela) rather than MS-DRGs 922 and 923 or MS-DRGs 949 and 950.

We do support the proposed reassignment of ICD-10-CM codes with the 7th character “A” (initial encounter) from MS-DRGs 949 and 950 to MS-DRGs 919, 920, and 921.

We also support the proposed reassignment of ICD-10-CM codes with the 7th character “D” (subsequent encounter) from MS-DRGs 919, 920, 921, 922, and 923 to MS-DRGs 949 and 950 (Aftercare with CC/MCC and with CC/MCC, respectively).

II-F-10a – Proposed Changes to the Medicare Code Editor (MCE): Age Conflict Edit
(82FR19841)

We **disagree** with CMS’ recommendation that questions pertaining to the pediatric and adult age ranges in the MCE Age Conflict edit should be referred to the American Hospital Association’s *Coding Clinic for ICD-10-CM/PCS*. The age ranges in this MCE edit are not part of the ICD-10-CM classification, and there are no official coding guidelines or coding instructions (except for a few specific codes such as the pediatric body mass index codes) that distinguish pediatric from adult diagnoses. The age ranges used in the Age Conflict edit were determined by CMS for use in the IPPS and are not based on official ICD-10-CM coding conventions, instructions, rules, or guidelines.

Therefore, we believe that CMS is responsible for addressing any questions pertaining to the pediatric and adult age ranges used in the Age Conflict edit.

II-F-10a(1) – Proposed Changes to the Medicare Code Editor (MCE): Age Conflict Edit – Perinatal/Newborn Diagnosis Category (82FR19841)

AHIMA agrees that ICD-10-CM codes D80.7, Transient hypogammaglobulinemia of infancy, and E71.511, Neonatal adrenoleukodystrophy, should not be added to the Perinatal/Newborn Diagnosis category under the Age Conflict edit.

II-F-10a(2) – Proposed Changes to the Medicare Code Editor (MCE): Age Conflict Edit – Pediatric Diagnosis Category (82FR19841)

We agree that ICD-10-CM code L21.0, Seborrhea capitis, should be removed from the list of diagnosis codes for the pediatric diagnosis category under the Age Conflict edit.

II-F-10a(3) – Proposed Changes to the Medicare Code Editor (MCE): Age Conflict Edit – Maternity Diagnoses (82FR19842)

AHIMA supports the addition of new ICD-10-CM codes associated with pregnancy and maternal care to the list of diagnosis codes for the Maternity Diagnoses category under the Age Conflict

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edit. **We recommend that these new ICD-10-CM codes also be added to the Diagnoses for Females Only edit.**

II-F-10b(1) – Proposed Changes to the Medicare Code Editor (MCE): Sex Conflict Edit – Diagnoses for Males Only (82FR19842)

We support the addition of eight ICD-10-CM codes identified on page 19842 of the proposed rule to the list of diagnosis codes for the Diagnoses for Males Only edit.

We also support the addition of new ICD-10-CM codes associated with male body parts to the list of diagnosis codes for the Diagnoses for Males Only edit.

We also agree that ICD-10-CM code Q64.0, Epispadias, should be removed from the Diagnoses for Males Only edit list because this condition can occur in both males and females.

II-F-10b(2) – Proposed Changes to the Medicare Code Editor (MCE): Sex Conflict Edit – Diagnoses for Females Only (82FR19842)

We support the removal of ICD-10-CM codes F52.6, Dyspareunia not due to a substance or known physiological condition, J84.81, Lymphangiomyomatosis, and R97.1, Elevated cancer antigen 125 [CA 125], from the list of diagnosis codes for the Diagnoses for Females Only edit.

We also support the proposal to add new ICD-10-CM code Z40.03, Encounter for prophylactic removal of fallopian tube(s), to the list of diagnosis codes for the Diagnoses for Females Only edit.

As noted above, **we also recommend that new ICD-10-CM codes for pregnancy and maternal care included in table 6P.1a be added to the Diagnoses for Females Only edit list.**

II-F-10c – Proposed Changes to the Medicare Code Editor (MCE): Non-Covered Procedure Edit: Gender Reassignment Surgery (82FR19843)

We support the removal of the eight ICD-10-PCS codes identified on page 19843 of the proposed rule from the list of procedure codes for the Non-Covered Procedure edit.

II-F-10d(1) – Proposed Changes to the Medicare Code Editor (MCE): Unacceptable Principal Diagnosis Edit – Bacterial and Viral Infectious Agents (B95 through B97) (82FR19843)

We support the addition of the ICD-10-CM codes identified in table 6P.1c to the list of diagnosis codes for the Unacceptable Principal Diagnosis edit.

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II-F-10d(2) – Proposed Changes to the Medicare Code Editor (MCE): Unacceptable Principal Diagnosis Edit – Mental Disorders Due to Known Physiological Conditions (F01 through F09) (82FR19843)

We **do not support** CMS’ proposal to add the 19 codes listed in table 6P.1d to the list of codes for the Unacceptable Principal Diagnosis edit at this time. We recommend that CMS consult with NCHS regarding whether any of these codes may appropriately be sequenced as the principal diagnosis in certain circumstances before adding the codes to this edit list.

AHIMA has been engaged in discussions with NCHS and AHA regarding the fact that some “code first” notes should really be interpreted to mean “code first, if applicable” or “code first, if known,” even when “if applicable” or “if known” is not explicitly stated in the instructional note. Therefore, while some of the codes being proposed for addition to the Unacceptable Principal Diagnosis edit list may seem straightforward, such as F04, Amnestic disorder due to known physiological condition, others are less clear, such as F01.5-, Vascular dementia, or code F07.81, Postconcussional syndrome. Modifications to the 2018 *ICD-10-CM Official Guidelines for Coding and Reporting* are being considered to clarify the application of “code first” notes.

II-F-10d(3) – Proposed Changes to the Medicare Code Editor (MCE): Unacceptable Principal Diagnosis Edit – Other Obstetric Conditions, Not Elsewhere Classified (O94 through O9A) (82FR19844)

We support the addition of ICD-10-CM code O94, Sequelae of complication of pregnancy, childbirth, and the puerperium, to the list of codes for the Unacceptable Principal Diagnosis edit.

II-F-10d(4) – Proposed Changes to the Medicare Code Editor (MCE): Unacceptable Principal Diagnosis Edit – Symptoms and Signs Involving Cognition, Perception, Emotional State and Behavior (R40 through R46) (82FR19844)

AHIMA **does not support** the proposed addition of ICD-10-CM codes in subcategory R40.2, Coma, to the list of codes for the Unacceptable Principal Diagnosis edit.

The “code first” note under subcategory R40.2 states “Code first any associated: Fracture of skull (S02.-), Intracranial injury (S06.-).” The word “any” indicates that if there is no documented fracture of skull or intracranial injury, then a code from R40.2- could appropriately be reported as the principal diagnosis.

While subcategory R40.2 includes the coma scale codes (R40.21- through R40.24-), which should not be reported as the principal diagnosis according to the *ICD-10-CM Official Guidelines for Coding and Reporting*, it also includes code R40.20, Unspecified coma. We believe there are instances when code R40.20 might appropriately be reported as the principal diagnosis, such as when the patient is admitted in a coma and dies before the underlying cause can be determined. The “code first” does not preclude reporting code R40.20 as the principal diagnosis in this circumstance because it instructs that **any** associated skull fracture or intracranial injury should be

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coded first. If there is no documented skull fracture or intracranial injury, then code R40.20 may be reported as the principal diagnosis.

II-F-10d(5) – Proposed Changes to the Medicare Code Editor (MCE): Unacceptable Principal Diagnosis Edit – General Symptoms and Signs (R50 through R69) (82FR19844)

We support the addition of the ICD-10-CM codes for systemic inflammatory response syndrome and severe sepsis to the list of codes for the Unacceptable Principal Diagnosis edit.

II-F-10d(6) – Proposed Changes to the Medicare Code Editor (MCE): Unacceptable Principal Diagnosis Edit – Poisoning by, Adverse Effects of, and Underdosing of Drugs, Medicaments and Biological Substances (T36 through T50) (82FR19844)

We support the addition of codes for adverse effects and underdosing to the list of codes for the Unacceptable Principal Diagnosis edit.

II-F-10d(7) – Proposed Changes to the Medicare Code Editor (MCE): Unacceptable Principal Diagnosis Edit – Complications of Surgical and Medical Care, Not Elsewhere Classified (T80 through T88) (82FR19845)

AHIMA supports adding two ICD-10-CM codes for postprocedural septic shock to the list of codes for the Unacceptable Principal Diagnosis edit.

II-F-10d(8) – Proposed Changes to the Medicare Code Editor (MCE): Unacceptable Principal Diagnosis Edit – Persons Encountering Health Services for Examinations (Z00 through Z13) (82FR19845)

We **do not support** the addition of ICD-10-CM code Z00.6, Encounter for examination for normal comparison and control in clinical research program, to the list of codes for the Unacceptable Principal Diagnosis edit. The fact that code Z00.6 is listed as an exception in the list of codes/categories that may only be reported as the principal/first-listed diagnosis in the *ICD-10-CM Official Guidelines for Coding and Reporting* does not mean that this code is prohibited from ever being reported as a principal diagnosis, but rather, that it is not required to be reported as a principal diagnosis.

Our members have told us that there are circumstances when a control subject in a clinical research program may be admitted to the hospital and code Z00.6 would appropriately be reported as the principal diagnosis. Although Medicare would not be the responsible payer in this circumstance, other payers use the MCE edits, and these edits are typically incorporated into encoder software systems. Therefore, inclusion of code Z00.6 on the list of codes for the Unacceptable Principal Diagnosis edit could cause coding and reporting issues.

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We do support the removal of codes in category Z05, Encounter for observation and examination of newborn for suspected diseases and conditions ruled out, from the list of codes for the Unacceptable Principal Diagnosis edit.

II-F-10d(9) – Proposed Changes to the Medicare Code Editor (MCE): Unacceptable Principal Diagnosis Edit – Encounters for Other Specific Health Care (Z40 through Z53)
(82FR19846)

We support the addition of ICD-10-CM code Z52.9, Donor of unspecified organ or tissue, to the list of codes for the Unacceptable Principal Diagnosis edit. This code is on the list of “non-specific Z codes” in the *ICD-10-CM Official Guidelines for Coding and Reporting*, indicating that this code is so non-specific that there is little justification for its use in the inpatient setting.

II-F-10d(10) – Proposed Changes to the Medicare Code Editor (MCE): Unacceptable Principal Diagnosis Edit – Persons Encountering Health Services in Other Circumstances (Z69 through Z76)
(82FR19846)

We support the addition of new ICD-10-CM code Z71.82, Exercise counseling, to the list of codes for the Unacceptable Principal Diagnosis edit.

II-F-10d(11) – Proposed Changes to the Medicare Code Editor (MCE): Unacceptable Principal Diagnosis Edit – Persons with Potential Health Hazards Related to Family and Personal History and Certain Conditions Influencing Health Status (Z77 through Z99)
(82FR19846)

We support the addition of diagnosis codes in new ICD-10-CM subcategory Z91.84, Risk for dental caries, to the list of codes for the Unacceptable Principal Diagnosis edit.

II-F-11 – Proposed Changes to Surgical Hierarchies (82FR19846)

We support moving MS-DRGs 614 and 615 (Adrenal and Pituitary Procedures with CC/MCC and without CC/MCC, respectively) above MS-DRGs 622, 623, and 624 (Skin Grafts and Wound Debridement for Endocrine, Nutritional, and Metabolic Disorders with MCC, with CC and without CC/MCC, respectively) in the surgical hierarchy.

II-F-12b – Proposed Changes to to the MS-DRG Diagnosis Codes for FY 2018: Proposed Additions and Deletions to the Diagnosis code Severity Levels for FY 2018 (82FR19847)

AHIMA supports the proposed additions and deletions to the MCC and CC severity levels for FY 2018. **We also recommend that existing codes in subcategories L97.5, Non-pressure chronic ulcer of other part of foot, and L98.4, Non-pressure chronic ulcer of skin, not elsewhere classified, be added to the CC List.** The addition of the new codes in these subcategories is being proposed, but existing codes in these subcategories are not currently

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included in the CC List, even though some of them represent a greater severity level than the new codes being proposed for addition to the CC List.

II-F-12c – Proposed Changes to to the MS-DRG Diagnosis Codes for FY 2018: Principal Diagnosis Is Its Own CC or MCC (82FR19847)

We support CMS' proposal not to make any changes to the Principal Diagnosis Is Its Own CC or MCC Lists for FY 2018.

II-F-12d – Proposed Changes to to the MS-DRG Diagnosis Codes for FY 2018: Proposed CC Exclusions List for FY 2018 (82FR19848)

We support the proposed modifications to the CC Exclusions List for FY 2018.

II-F-14b – Reassignment of Procedures Among MS-DRGs 981 through 983, 984 through 986, and 987 through 989 (82FR19850)

AHIMA supports the reassignment of procedure codes currently assigned to MS-DRGs 984 through 986 (Prostatic O.R. Procedure Unrelated to Principal Diagnosis with MCC, with CC, and without CC/MCC, respectively) to MS-DRGs 987 through 989 (Non-extensive O.R. Procedure Unrelated to Principal Diagnosis with MCC, with CC and without CC/MCC, respectively).

We also support the corresponding deletion of MS-DRGs 984, 985, and 986.

II-F-17a – Other Policy Change: Other Operating Room (O.R.) and Non-O.R. Issues – O.R. Procedures to Non-O.R. Procedures (82FR19853)

We support all of CMS' proposed changes in the designation of ICD-10-PCS codes from O.R. procedures to non-O.R. procedures.

II-F-17b – Other Policy Change: Other Operating Room (O.R.) and Non-O.R. Issues – Revision of Neurostimulator Generator (82FR19862)

We support the proposed reclassification of three ICD-10-PCS procedure codes for revision of neurostimulator generators from O.R. procedures to non-O.R. procedures that affect the assignment for MS-DRGs 252, 253 and 254 (Other Vascular Procedures with MCC, with CC, and without CC/MCC, respectively) to account for the subset of patients undergoing revision of a carotid sinus neurostimulator generator.

II-F-17c – Other Policy Change: Other Operating Room (O.R.) and Non-O.R. Issues – External Repair of Hymen (82FR19863)

We support the proposed re-designation of ICD-10-PCS code 0UQKXZZ, Repair hymen, external approach, to a non-O.R. procedure.

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II-F-17d – Other Policy Change: Other Operating Room (O.R.) and Non-O.R. Issues – Non-O.R. Procedures in MDC 17 (Myeloproliferative Diseases and Disorders, Poorly Differentiated Neoplasms) (82FR19864)

AHIMA supports the removal of the 55 ICD-10-PCS codes listed in Table 6P.3c from the logic for MS-DRGs 823, 824, and 825 (Lymphoma and Non-Acute Leukemia with Other O.R. Procedure with MCC, with CC, and without CC/MCC, respectively), and MS-DRGs 829 and 830 (Myeloproliferative Disorders or Poorly Differentiated Neoplasms with Other O.R. Procedure with CC/MCC and without CC/MCC, respectively), as non-O.R. procedures affecting the MS-DRG. We also support the proposed revision of the titles of these MS-DRGs.

Conclusion

AHIMA appreciates the opportunity to comment on the proposed modifications to the Medicare Hospital IPPS program for FY 2018. 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.

Sincerely,



Lynne Thomas Gordon, MBA, RHIA
Chief Executive Officer

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