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June 21, 2018

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: **CMS-1696-P**
Mail Stop C4-26-05
7500 Security Boulevard
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) Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities (SNF) Proposed Rule for FY 2019, published in the May 8, 2018, *Federal Register* (CMS-1696-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. Our members are also deeply involved with the development and analysis of healthcare secondary reporting data 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. The other three Cooperating Parties are CMS, the National Center for Health Statistics (NCHS), and the American Hospital Association (AHA).

Our comments below pertain specifically to the proposed physical and occupational therapy case-mix classification.

V-D-3b – Proposed Physical and Occupational Therapy Case-Mix Classification
(83FR21042)

AHIMA **opposes** CMS' proposal to require SNFs to assign a specific ICD-10-PCS code when surgical information from the prior inpatient stay is necessary to assign a resident to a clinical category. Although the Minimum Data Set (MDS) is not technically covered under the Health Insurance Portability and Accountability Act (HIPAA) regulations, the intent of the HIPAA regulations adopting ICD-10-PCS as a standard code set was that this code set would only be used by hospitals for reporting acute care inpatient services.

Seema Verma
CMS-1696-P – Medicare Program; Prospective
Payment System and Consolidated Billing for Skilled Nursing Facilities (SNF) Proposed
Rule for FY 2019, SNF Value-Based Purchasing Program, and SNF Quality Reporting
Program
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Due to the level of detail and specificity in the ICD-10-PCS coding system, and the lack of non-specific or general codes, ICD-10-PCS codes cannot be assigned without a complete operative report, which the SNF may not have access to. Even with an operative report, assigning an appropriate ICD-10-PCS code often requires querying the surgeon for additional information. Lack of access to complete medical record documentation and the surgeon who performed the procedure would make it impossible for the SNF personnel to assign the appropriate ICD-10-PCS code. It is not possible to simply select a “general” ICD-10-PCS code, or a code that is “close enough.”

Aside from the barriers presented by lack of access to hospital operative reports and the surgeon, assignment of ICD-10-PCS codes in SNFs would be costly and administratively burdensome. ICD-10-PCS is a complex coding system, requiring extensive formal education. SNF personnel have likely not received ICD-10-PCS coding education, and the cost of ICD-10-PCS training for this limited use of these codes would be prohibitive. Even educated, experienced ICD-10-PCS coding professionals often find the coding system challenging. Determining the appropriate codes can be time consuming, which would adversely impact SNF staff productivity.

For the reasons stated above, AHIMA does not believe it is feasible or appropriate to require SNFs to report ICD-10-PCS codes.

We support the alternative approach mentioned in the proposed rule, which would involve the use of item I0020 on the MDS 3.0 as the basis for resident classification into one of the ten clinical categories, since this approach would avoid the need to record additional information on inpatient surgical procedures.

Conclusion

AHIMA appreciates the opportunity to comment on the Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities Proposed Rule for FY 2019. If AHIMA can provide any further information, or if there are any questions regarding our recommendations, please contact Sue Bowman, Senior Director of Coding Policy and Compliance at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,



Dr. Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer