



June 4, 2007

OMB Human Resources and Housing Branch
Attention: Carolyn Lovett
New Executive Office Building, Room 10235
Washington, DC 20503

Dear Ms. Lovett:

The purpose of this letter is to comment on the Centers for Medicare & Medicaid Services' (CMS') information collection requirements pertaining to the proposed revision of the OASIS, as described in the May 4, 2007 *Federal Register*.

AHIMA is a professional association representing more than 50,000 health information management (HIM) professionals who work throughout the healthcare industry and whose work is closely engaged with the diagnoses and procedure classification systems that serve to create the diagnoses related groups discussed in this proposed rule. As part of our effort to promote consistent coding practices, AHIMA is one of the Cooperating Parties, along with CMS, the Department of Health and Human Services' (HHS) National Center for Health Statistics (NCHS), and the American Hospital Association (AHA). The Cooperating Parties oversee correct coding rules associated with the *International Classification of Diseases Ninth Revision, Clinical Modification* (ICD-9-CM).

AHIMA appreciates CMS' commitment to adherence to the ICD-9-CM coding rules and guidelines for completion of the diagnosis data elements in OASIS, including sequencing requirements, and the inclusion of instructions in OASIS to promote proper and consistent coding practices by home health agencies.

Our comments pertain to the proposed revisions for M0230/M0240/M0246:

1. Changes to the section are complex. Instructions must be very clear, with good examples listed, and of course the manual should be updated to offer many examples of correct coding.

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2. This is going to be confusing to professionals who are new to home health and have not worked in this area prior to the 2003 changes. They must understand reporting prior to the use of V codes on OASIS.
3. The instructions need to be clearer for column 4. Since it is only used if there is an etiology (column 3) and manifestation (column 4) then it would help if column 4 states: Complete **ONLY IF** the V code in Column 2 is reported in place of a case mix diagnosis that is a multiple coding situations. The **ONLY** code that is reported in Column 4 in the manifestation code. Would CMS want to collect information on all underlying diagnoses to V codes and not just limit it to those that are case mix diagnoses? This would provide detail for case mix considerations in the future.
4. We recommend the expansion of the MO240 data element to allow the reporting of at least 8 diagnoses to correspond to the secondary diagnosis fields on the UB claim form. It is not uncommon for home care patients to be treated for multiple chronic conditions. With the increase in the codes that impact case mix, it appears that multiple codes will determine payment. If the number of allowable codes is not expanded, the agency will be forced to sequence certain codes that maximize reimbursement which will skew the data and potentially impact integrity for policy decision-making. Collection of more complete clinical information would facilitate the evaluation of quality of care and future refinements to the home health prospective payment system. Without a full diagnostic picture, any system will produce inaccurate data that will then lead to flawed decisions.
5. In light of quality reporting, prospective payment system refinements, and other initiatives that demand increasingly greater detail about patients' clinical conditions, we urge the Department to consider accepting and processing **ALL** pertinent diagnoses. Without a complete clinical picture, the ability to accurately assess patient severity, evaluate outcomes, and make policy decisions is seriously jeopardized.

If AHIMA can provide any further information, or if there are any questions or concerns in regard to this letter and its recommendations, please contact Sue Bowman, RHIA, CCS, AHIMA's director of coding policy and compliance at (312) 233-1115 or sue.bowman@ahima.org, or myself at (202) 659-9440 or dan.rode@ahima.org.

Sincerely,

Dan Rode, MBA, FHFMA
Vice President, Policy and Government Relations

cc: Sue Bowman, RHIA, CCS
Melissa Musotto, CMS