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August 25, 2015

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: **CMS-1633-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 Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs, as published as a notice of proposed rulemaking (NPRM) in the July 8, 2015 *Federal Register* (CMS-1633-P).

AHIMA is a not-for-profit, membership-based healthcare association representing more than 101,000 health information management (HIM) and informatics professionals who work in more than 40 different types of entities related to our nation's healthcare and public health industry. AHIMA's HIM professionals are educated, trained, and certified to serve the healthcare industry and the public by managing, analyzing, and reporting data vital for patient care, while helping to assure that data are accurate and appropriately available to patients, providers, policymakers and researchers. AHIMA members are directly involved in developing, analyzing, and reporting healthcare data, including value sets associated with quality measurement and in the development, planning, implementation, and management of electronic health records.

Our comments and recommendations on the OPPS NPRM are below.

X. Proposed Nonrecurring Policy Changes (80FR39300)

X-B – Lung Cancer Screening with Low Dose Computed Tomography (80FR39301)

CMS notes that Medicare coverage for lung cancer screening with low dose computed tomography (CT) was approved in a national coverage determination (NCD) on Feb. 5, 2015. In the OPPS proposed rule, CMS proposes two HCPCS G-codes describing the services and identifies the APCs to which the services would be assigned. However, final HCPCS G-codes and their APC assignment will not occur until CMS issues the OPPS final rule in November,

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effective on Jan. 1, 2016. In the absence of final G-codes, hospitals that furnish these services may have been holding claims for up to 11 months by that point. The maximum period for submission of all Medicare claims is no more than 12 months (one calendar year) after the date services were furnished.

The AHIMA recommends that CMS make the new HCPCS G-codes for lung cancer screening retroactive to the Feb. 2015 National Coverage Decision (NCD) date and extend the 1-year claims filing deadline by at least an additional quarter in CY 2016 so as to allow hospitals adequate time to file the claims they may have been holding for nearly a year. We also recommend that CMS state both in the final rule and in appropriate agency transmittals that the new HCPCS G-codes for lung cancer screening are retroactive to the Feb. 5, 2015 NCD date.

Conclusion

AHIMA appreciates the opportunity to comment on the proposed modifications to the Medicare Hospital OPSS program for CY 2016. 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,



Lynne Thomas Gordon, MBA, RHIA
Chief Executive Officer

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