



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

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

August 31, 2016

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: **CMS-1656-P**
PO Box 8013
Baltimore, Maryland 21244-1850

RE: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Proposed Rule (CMS-1656-P)

Dear Acting Administrator Slavitt:

On behalf of the American Health Information Management Association (AHIMA), thank you for the opportunity to provide comments on the proposed changes to the Medicare Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs for Calendar Year (CY) 2017, as published in the July 14, 2016 *Federal Register* (CMS-1656-P).

AHIMA is the national non-profit association of health information management (HIM) professionals. Serving 52 affiliated component state associations including the District of Columbia and Puerto Rico, AHIMA represents over 103,000 health information management professionals dedicated to effective health information management, information governance, and applied informatics. AHIMA's credentialed and certified HIM members can be found in more than 40 different employer settings in 120 different job functions—consistently ensuring that health information is accurate, timely, complete, and available to patients and providers. AHIMA provides leadership through education and workforce development, as well as thought leadership in continuing HIM research and applied management for health information analytics.

Our comments and recommendations on selected sections of the OPPS proposed rule are below.

II. Proposed Updates Affecting OPPS Payments (81FR45615)

II-A-2b (1) – Proposed Calculation of Single Procedure APC Criteria-Based Costs – Blood and Blood Products (81FR45617)

AHIMA agrees that the current set of HCPCS P-codes for blood products should be reviewed and updated to ensure these codes properly reflect current product descriptions and utilization while minimizing redundancy, potentially outdated descriptors, and reporting burden.

CMS should consider establishing a “not otherwise classified” code for blood products. Unlike other code sets (e.g., HCPCS J-codes for drugs and biologicals), there is no current mechanism for hospitals to immediately begin billing for a new blood product that is not captured by any of the existing P-codes.

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We recommend a group of stakeholders, including coding experts, be convened to devise a framework to systematically review and revise the HCPCS P-codes for blood products.

III. Proposed OPPS Ambulatory Payment Classification (APC) Group Policies (81FR45641)

III-D-1 – Proposed OPPS APC-Specific Policies – Imaging (81FR45647)

AHIMA does not support the proposed consolidation of the imaging APCs from seventeen APCs in CY 2016 to eight in CY 2017. From a decision support and cost reporting perspective, we believe that this consolidation would impede a facility's ability to analyze data regarding the specific types of services provided and be able to fully understand which service lines are associated with higher or lower costs.

IX. Proposed Procedures That Would Be Paid Only as Inpatient Procedures (81FR45678)

IX-B – Proposed Changes to the Inpatient Only (IPO) List (81FR45647)

We support the proposed removal of four spine procedure and two laryngoplasty codes from the Inpatient Only List for CY 2017.

IX-C – Solicitation of Public Comments on the Possible Removal of Total Knee Arthroplasty (TKA) Procedure From the IPO List (81FR45679)

AHIMA recommends that Total Knee Arthroplasty be removed from the Inpatient Only List. This would allow the appropriate setting to be determined on an individual patient basis, according to his risks, health status, and particular needs. As described in the proposed rule, providing services on an outpatient basis and avoiding an inpatient hospitalization offers a number of benefits for patients for whom the outpatient setting is a safe and effective option.

Conclusion

AHIMA appreciates the opportunity to comment on the CY 2017 Medicare Hospital OPSS proposed rule. 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