



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

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

May 19, 2020

VIA ELECTRONIC MAIL

The Honorable Thomas J. Engels
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, Maryland 20857

Dear Administrator Engels:

The American Health Information Management Association (AHIMA) appreciates your response regarding our recommendations regarding the coding of claims for the Health Resources and Services Administration (HRSA) COVID-19 Uninsured Program.

AHIMA is still very concerned that HRSA's program guidance directing providers to disregard official coding rules in order to receive reimbursement under the COVID-19 Uninsured Program places providers at risk of violations of the Health Insurance Portability and Accountability Act (HIPAA) or even charges of fraud and abuse by the Office of Inspector General. While the HRSA COVID-19 Uninsured Program may not be a HIPAA-covered entity, the healthcare providers treating patients with a COVID-19 diagnosis are HIPAA-covered entities, and are therefore required to comply with the official coding rules/guidelines for HIPAA code set standards. Also, providers would need to employ administratively burdensome workarounds to circumvent coding rules, since internal systems and edits are designed to ensure providers are complying with these rules.

Although you stated in your letter that HRSA "is not providing coding guidance to providers," AHIMA believes that requiring a specific diagnosis code in a particular diagnosis field (primary diagnosis) is in fact coding guidance. If HRSA did not intend to direct providers to put the COVID-19 code in the primary diagnosis field, it is acknowledging that it does not intend to pay on many, if not most, COVID-19 claims for the uninsured. This would seem counter to the intent of the CARES Act, since this legislation specifically authorized funding to support healthcare-related expenses attributable to the treatment of uninsured individuals with COVID-19.

AHIMA respectfully disagrees with HRSA's statement in its [frequently asked questions](#) that the ICD-10-CM Official Coding Guidelines do not apply to the HRSA Uninsured COVID-19 Program. Universal adherence to coding rules and guidelines is essential for consistent and accurate coding across all healthcare providers and reimbursement programs. In the case of

diagnosis code B97.29, Other coronavirus as the cause of diseases classified elsewhere, it is not only the Official Coding Guidelines that prohibit this code from being reported as the primary diagnosis. It is also a coding convention inherent in the ICD-10-CM code set itself. In fact, it is not just a US coding convention—it is part of the World Health Organization's ICD-10 code set. We firmly believe that coding rules built into the structure of a code set cannot be ignored to suit the purposes of a particular program.

AHIMA is concerned with HRSA's interpretation of CMS [Change Request 11764](#) referenced in the frequently asked questions. We believe that the intent of the language in this Change Request was that code B97.29 could be reported in any **secondary** diagnosis code field, since it is understood throughout the healthcare industry that the coding conventions in the ICD-10-CM classification, the Official Coding Guidelines, and the Medicare Code Editor do not allow code B97.29 to be reported as a principal or primary diagnosis. The Change Request specifically references the Official Coding Guidelines. We strongly urge HRSA to consult with ICD-10-CM technical coding experts within the Department of Health and Human Services. The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS) are two of the Cooperating Parties responsible for the development of the ICD-10-CM Official Guidelines for Coding and Reporting. The NCHS is also responsible for the development and maintenance of the ICD-10-CM code set.

Without a change to HRSA's policy regarding the reporting of diagnosis code B97.29, many uninsured individuals and the providers treating them will face denied claims. If providers violate official coding rules in order to receive reimbursement for COVID-19 treatment of uninsured patients, they risk HIPAA violations as well as healthcare fraud allegations and associated sanctions.

Thank you for your consideration. If you have any questions, please feel free to contact Sue Bowman, AHIMA's 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

Cc: Alex Azar, Secretary, Department of Health & Human Services
Seema Verma, Administrator, Centers for Medicare & Medicaid Services