



April 13, 2005

Edith Hambrick, MD
Chair, APC Advisory Panel
Centers for Medicare & Medicaid Services
Mail Stop C4-01-26
7500 Security Boulevard
Baltimore, Maryland 21244-1850

RE: February 2005 APC Advisory Panel Meeting

Dear Dr. Hambrick:

The American Health Information Management Association (AHIMA) is submitting these consistency of coding comments in response to specific issues discussed at the February APC Advisory Panel meeting. AHIMA is a not-for-profit professional association representing more than 50,000 health information management (HIM) professionals who work throughout the healthcare industry. AHIMA's HIM professionals are educated, trained, and certified to serve the healthcare industry and the public by managing, analyzing, and utilizing data vital for patient care, while making it accessible to healthcare providers and appropriate researchers when it is needed most.

Consistency in medical coding and the use of medical coding standards in the US is a key issue for AHIMA. As part of this effort, 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 also participates in a variety of coding usage and standardization activities in the US and internationally, including the American Medical Association's (AMA's) Current Procedural Terminology® (CPT®) Editorial Panel.

Stereotactic Radiosurgery (SRS) Planning and Delivery

AHIMA recommends that the CPT codes for SRS planning and delivery be used for reporting under the outpatient Prospective Payment System (OPPS) instead of G codes. The creation of G codes for services for which there are CPT codes results in duplicative reporting mechanisms. Commercial payers currently

use CPT codes for SRS planning and delivery. The goals of the regulations for electronic transactions and code sets promulgated under the Health Insurance Portability and Accountability Act (HIPAA) include promotion of uniformity and standardization in claims reporting and administrative simplification. Creation of duplicative methods of reporting the same service does not support either of these goals. Also, development of a National Health Information Network, a key initiative of the Office of the National Coordinator for Health Information Technology and President Bush, depends on data standardization and comparability in order to achieve information exchange across healthcare organizations – for this to happen we must get all data, data definitions, and guidelines to the point where the individual patient’s payer or health plan reimbursement requirements do not dictate health information coding.

Myocardial Positron Emission Tomography (PET)

AHIMA fully supports the APC Advisory Panel recommendation to delete the cardiac PET G codes and use the appropriate CPT codes for these services instead.

Drug Administration

We support the APC Advisory Panel recommendation to continue to use the CPT codes for drug administration. We also support the recommendation made by attendees at the February APC Advisory Panel meeting that CMS should provide additional industry guidance on the proper reporting of the drug administration codes under the OPPS in order to alleviate confusion and promote consistent reporting practices.

Observation Services

AHIMA supports expansion of the Medicare policy for observation services to include additional medical conditions (beyond asthma, chest pain, and congestive heart failure). However in the interest of consistency, we recommend that the diagnosis code fields on the claim be used to identify the presence of an applicable medical condition rather than using G codes to determine if the medical criteria for separate payment for observation services have been met. Whenever possible, combinations of data elements should be used to capture the information necessary to support payment of a claim rather than creating unique codes to capture provisions of a payment policy. This approach would simplify the reporting process and lessen the administrative burden on providers.

Further Questions and Information

Thank you for consideration of our comments. If AHIMA can provide any further information, or if there are any questions or concerns with regard to this letter and its recommendations, please contact me at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,

Sue Bowman, RHIA, CCS
Director, Coding Policy and Compliance

cc. Dan Rode, MBA, FHFMA, Vice President, Policy and Government Relations, AHIMA