



February 3, 2010

VIA ELECTRONIC MAIL

Jonathan Blum
Centers for Medicare & Medicaid Services
Director, Center for Medicare Management
Mail Stop 314G
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Mr. Blum:

On behalf of the American Health Information Management Association (AHIMA) and the National Association for Home Care & Hospice (NAHC), we urge CMS not to require the reporting of ICD-10-PCS codes in place of ICD-9-CM procedure codes on the OASIS data set for home health care. The ICD-10-PCS code set is not designed or intended for this type of purpose. While the increased detail contained in ICD-10-PCS will significantly improve the quality of inpatient procedural data reported by hospitals, the complexity of this code set and the associated need for access to complete source documentation make assignment of these codes by secondary data users impractical.

Currently, OASIS item M1012 captures the medical procedures that the patient received during an inpatient facility stay within the past 14 days that are relevant to the home health plan of care, including both the narrative description of the procedure and the ICD-9-CM procedure code. **We strongly recommend that CMS not require the reporting of ICD-10-PCS codes in place of the ICD-9-CM procedure codes for this OASIS data element after ICD-10-CM/PCS implementation.** If any other data sets used by non-hospital settings currently require the submission of ICD-9-CM procedure codes, our recommendation would apply to these as well.

CMS should evaluate:

- the need for the information currently captured in OASIS item M1012;
- how this information is being used and how it is intended to be used in the future;
- how accurate the information collected by this data element is currently and how accurate it is likely to be if it is captured by ICD-10-PCS codes;
- the value of collecting ICD-10-PCS codes weighed against the burden on home health agencies (HHAs) of reporting ICD-10-PCS codes; and
- other ways for capturing necessary information about the care a patient received during an inpatient facility stay.

If it is deemed necessary to collect information about the inpatient procedures on OASIS, consideration should be given to mechanisms that would be compliant with the uses of the medical code sets adopted under HIPAA. For example, check boxes might be provided for the most common types of inpatient procedures that precede a home health admission (e.g., “hip replacement”), with blank slots to document the narrative description of any additional types of inpatient procedures. The ideal approach would be to match hospital claims data with OASIS data in order to collect relevant hospital inpatient diagnostic and procedural information.

Continuing to report ICD-9-CM codes after the ICD-10-CM/PCS compliance date would not be an acceptable option. The ICD-9-CM code set will not continue to be updated after ICD-10-CM/PCS have been implemented and ICD-9-CM products and training will no longer be available. Also, CMS’ use of ICD-9-CM after the ICD-10-CM/PCS compliance date would be inconsistent with their role as a leading champion for the adoption of ICD-10-CM/PCS as replacements for the ICD-9-CM code set.

Obtaining the ICD-10-PCS codes from hospitals would also not be an acceptable option, as these codes would not be available from hospitals to HHAs in sufficient time to meet the 5 day OASIS completion regulatory requirements.

The rationale for our recommendations is below.

Since ICD-9-CM procedure codes are nonspecific, ambiguous, and often broad in nature, a reasonably accurate procedure code can be assigned when there is very limited documentation describing the procedure performed. In fact, this lack of specificity is one of the primary reasons for replacing the ICD-9-CM procedure codes with ICD-10-PCS. However, ICD-10-PCS is radically different from ICD-9-CM. It also contains significantly expanded detail and specificity (as compared to the ICD-9-CM procedure codes).

The organization and structure of ICD-10-PCS requires coders to understand clinical distinctions in procedural approaches and anatomy in order to select the correct code. It might be necessary for a coder to refresh or expand his knowledge of the biomedical sciences (anatomy, physiology, pathophysiology, pharmacology, and medical terminology) in order to understand how to use ICD-10-PCS. And unlike ICD-9-CM procedure codes, it is not possible to assign ICD-10-PCS codes without access to the complete operative report. In fact, it is expected that ICD-10-PCS code assignment will require more direct coder-physician communication than ICD-9-CM does, to clarify clinical details for coding purposes. Lack of access to complete medical record documentation and the surgeon who performed the procedure would make it impossible for the HHA personnel to assign the appropriate ICD-10-PCS code. And unlike ICD-9-

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CM, it is not possible to simply select a “general” ICD-10-PCS code, or a code that is “close enough.”

For the reasons cited above, ICD-10-PCS requires more time to master than ICD-10-CM. AHIMA has estimated that a coder who needs to learn ICD-10-CM only will require 12 hours of training and 4 hours of coding practice. A coder who needs to learn both ICD-10-CM and ICD-10-PCS will require a total of 40 hours of training and 10 hours of coding practice. This training estimate does not include any additional training a coder might need to strengthen his foundational biomedical knowledge in preparation for ICD-10-CM/PCS. It also does not include ongoing annual continuing education to maintain coding skills after ICD-10-CM/PCS implementation.

For all of these reasons, AHIMA and NAHC do not believe it is feasible or appropriate to require HHAs to report ICD-10-PCS codes. Although OASIS is not technically covered under the Health Insurance Portability and Accountability Act (HIPAA) regulations, the intent of the Final Rule adopting ICD-10-CM and ICD-10-PCS was that the ICD-10-PCS code set would only be used by hospitals for reporting acute-care inpatient services. No industry cost estimates for ICD-10-CM/PCS implementation, including estimates cited in the Final Rule, considered the impact of requiring coders outside of the hospital inpatient setting to use ICD-10-PCS.

The cost of ICD-10-PCS training for HHA personnel for this limited use of the ICD-10-PCS code set would be prohibitive. HHAs often would not have access to sufficient medical record documentation (i.e., complete operative reports) to assign ICD-10-PCS codes.

AHIMA is a not-for-profit professional association representing more than 54,000 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, reporting, and utilizing data vital for patient care, while making it accessible to healthcare providers and appropriate researchers when it is needed most.

The National Association for Home Care & Hospice (NAHC) is the largest trade association in the country representing home health and hospice providers.

We hope you will consider our recommendations concerning the use of ICD-10-PCS codes on the OASIS data set as CMS’ ICD-10-CM and ICD-10-PCS internal planning and analysis activities move forward. We would be happy to work with you on developing alternative approaches to capturing hospital inpatient clinical information

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relevant to an HHA plan of care. If you have any questions, please feel free to contact Sue Bowman at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,



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Director, Coding Policy and Compliance
AHIMA



Mary St. Pierre
Vice-President for Regulatory Affairs
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cc: Dan Rode, MBA, CHPS, FHFMA – Vice President, Policy and Government
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