



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

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

September 26, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: **CMS-1717-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-1717-P)

Dear Administrator Verma:

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) 2020, as published in the August 9, 2019 *Federal Register* (CMS-1717-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 with the mission of empowering people to impact health. 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.

Our comments and recommendations are focused on coding of hospital outpatient visits.

VII. Proposed OPPS Payment for Hospital Outpatient Visits and Critical Care Services (84FR39512)

AHIMA urges CMS to adopt the recommendation of the Medicare Payment Advisory Commission (MedPAC) for the development and implementation of a set of national guidelines for coding hospital emergency department (ED) visits under the OPPS. National guidelines would provide hospitals with a clear set of rules for coding ED visits. AHIMA has consistently advocated for adoption of national guidelines since we collaborated with the American Hospital Association (AHA) in 2003 on a set of standardized guidelines for hospital evaluation and

management coding of emergency department and clinic services.¹ We believe standardized, national guidelines are necessary in order to ensure coding consistency and data comparability across hospitals and improve payment accuracy.

MedPAC indicated that the definitions are likely to vary when internal hospital-specific guidelines are used for coding of ED visits rather than national guidelines. AHIMA completely agrees, as the expert panel that developed the AHA/AHIMA guidelines for hospital outpatient visit coding reviewed several sets of hospital-specific guidelines and identified significant variability across them. According to MedPAC, hospitals have steadily shifted the coding of ED visits from lower-paying levels to higher-paying levels under the system where they use their own internal guidelines.²

As noted in the MedPAC report, the lack of national guidelines makes identifying differences in hospital resource problematic and makes auditing hospital coding more difficult.³ According to our members, the lack of standardized guidelines for coding ED visits has sometimes led to arbitrary auditing practices by some payers, whereby auditors have adjusted claims to lower ED complexity levels, even though the criteria were met for a higher complexity level according to the hospital's internal ED visit coding guidelines.

AHIMA agrees with MedPAC that the best approach is a set of codes based on national guidelines that reflect different levels of hospital resources needed to treat patients, and that facilitate monitoring and auditing to offset incentives for upcoding. **AHIMA stands ready to work with CMS on both the development and the implementation of national guidelines for coding hospital ED visits.** AHIMA recommends that CMS use both the guidelines developed by the American College of Emergency Physicians and the AHA/AHIMA model as a starting point for creating national guidelines for ED visit coding. We also recommend that national guidelines be thoroughly tested before implementation.

AHIMA appreciates the opportunity to comment on the CY 2020 Medicare Hospital OPPI 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.

¹ American Health Information Management Association. "Recommendation for Standardized Hospital Evaluation and Management Coding of Emergency Department and Clinic Services." June 2003.

<http://bok.ahima.org/doc?oid=57527#.XXvGKyhKhPY>

² Medicare Payment Advisory Commission (MedPAC), "Chapter 11: Options for slowing the growth of Medicare fee-for-service spending for emergency department services," Report to the Congress: Medicare and the Health Care Delivery System, June 2019. http://www.medpac.gov/docs/default-source/reports/jun19_ch11_medpac_reporttocongress_sec.pdf?sfvrsn=0

³ Ibid.

Seema Verma

CMS-1717-P – Medicare Program; Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

Page 3

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,

A handwritten signature in cursive script that reads "Wylecia Wiggs Harris".

Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer