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September 7, 2022

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: **CMS-1772-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-1772-P)

Dear Administrator Brooks-LaSure:

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) 2023, as published in the July 26, 2022, *Federal Register* (CMS-1772-P).

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. The AHIMA mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

V-B-7d - Key Objectives/Roadmap for Consistent Treatment of Skin Substitutes (87FR44656)

We support CMS' objective of creating a consistent approach for paying for skin substitutes across the physician office and hospital outpatient department settings.

V-B-7e – Changing the Terminology of Skin Substitutes (87FR44657)

We do **not** support CMS' proposed change in terminology from "skin substitutes" to "wound care management" or "wound care management products." While we agree these products are technically not a substitute for skin, we believe CMS' proposed change would create more confusion rather than provide clarity. The term "skin substitute" is widely used for these products across the healthcare industry and is the term used in the CPT code set. We believe CMS' terminology should align with generally accepted, industry-wide terms, as to do otherwise would lead to confusion regarding the intended meaning and interpretation of CMS' term, the comparable term used by the rest of the healthcare industry, and possibly other related terms.

We do not agree that confusion with other codes would be avoided because the proposed terms describe a category of items or products rather than a type of service. Confusion, misinterpretation, and misuse of codes are still likely to occur if CMS' terminology varies significantly from the widely accepted term. While the proposed rule only addressed potential confusion with the CPT care management and E/M codes, CMS' proposed terminology change could cause confusion regarding the distinction between the CPT active wound care management codes and the application of skin substitutes. CPT active wound care management codes 97597-97610 describe very different procedures from the application of skin substitutes, but CMS' proposed terminology change to "wound care management" or "wound care management products" sounds very similar.

The new terminology proposed by CMS is not necessarily more accurate or meaningful than the existing term. A new term is less meaningful if a completely different term is in widespread use. While CMS is proposing to replace the existing term because they believe the current term is an overly broad misnomer, "wound care management" and "wound care management products" are not clearer or more specific. These terms are ambiguous and misleading. The term "management" is misleading because it generally describes the act of providing a service rather than describing a product. Also, there are a variety of items or products that are used as part of wound care management that are not intended to be included in this category of products. For example, standard dressings are an item used in wound care management, but they are not a skin substitute.

We urge CMS to retain the existing terminology of "skin substitutes."

IX-B – Proposed Changes to the Inpatient Only (IPO) List (87FR44670)

AHIMA supports CMS' proposal to remove ten CPT codes from the IPO list for CY 2023. In particular, we support the removal of CPT codes 16036 and 22632 because they are add-on codes, and the associated primary procedure codes were previously removed from the IPO list. Procedures described by CPT add-on codes are always performed in conjunction with the primary procedure and these codes can never be reported as stand-alone codes. Therefore, whenever a CPT code is removed from the IPO list that has associated add-on code(s), the removal of the add-on code(s) should be considered at the time removal of the primary procedure code is considered. An add-on code that is reported with a primary procedure code that has been removed from the IPO list will always meet at least one of the criteria CMS uses to determine whether a procedure should be removed from the IPO list ("the procedure is related to codes that have already been removed from the IPO list").

X-G-3 – CY 2023 Proposal for SaaS Add-on Codes (87FR44687)

For CY 2023, CMS proposes not to recognize CPT add-on codes 0649T, 0722T, and 0724T that describe SaaS (Software as a Service) services and instead establish HCPCS C-codes that describe the add-on codes as standalone services that would be billed with the associated imaging service. AHIMA encourages CMS to work with the American Medical Association to revise the CPT codes so that CMS' concerns are addressed, and thus ensure these codes meet the needs of all payers, including Medicare. We believe adoption of the proposed C-codes should only be a temporary measure until modified CPT codes are in effect.

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Whenever CPT codes exist for a procedure or service, AHIMA believes these codes should be used by all payers rather than creating HCPCS codes for Medicare use. The use of a single, standard code set by all payers facilitates the accuracy and consistency of coded data as well as data comparability. The use of duplicative, overlapping code sets is administratively burdensome for providers and can result in confusion, increased coding errors, and compromises in data quality.

If AHIMA can provide any further information, or if there are any questions regarding this letter and its recommendations, please feel free to 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