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September 30, 2020

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: **CMS-1736-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-1736-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) 2021, as published in the August 12, 2020, *Federal Register* (CMS-1736-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. AHIMA's 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.

Our comments and recommendations on selected sections of the OPPS proposed rule are below.

VII. Proposed OPPS Payment for Hospital Outpatient Visits and Critical Care Services (85FR48900)

AHIMA is disappointed that development of a set of national guidelines for coding hospital emergency department (ED) visits was not addressed in the rule. The June 2019 Medicare Payment Advisory Commission (MedPAC) "Report to the Congress: Medicare and the Health Care Delivery System" recommended that the Secretary develop and implement a set of national guidelines for coding hospital ED visits under the OPPS by 2022. MedPAC indicated that national guidelines are necessary in order to improve the accuracy of Medicare payments for ED visits and to regain a distribution of coding frequency that is approximately normal. MedPAC found that hospitals' coding of ED visits has steadily shifted from the lower levels to the higher levels, and they estimated that

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20-25 percent of the growth in Medicare spending on ED visits was due to these visits being coded to higher levels.

In our comments on the CY 2020 OPPTS proposed rule, we urged CMS to adopt MedPAC's recommendation. We believe standardized, national guidelines are necessary in order to ensure coding consistency and data comparability across hospitals and to improve payment accuracy. **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 model developed by AHIMA and the American Hospital Association as a starting point for creating national guidelines for ED visit coding.

IX. Services That Will Be Paid Only as Inpatient Services (85FR48908)

AHIMA supports CMS' proposal to eliminate the Inpatient Only (IPO) list over a three-year transition period. Advances in technology and medical practice have resulted in many procedures safely and effectively shifting from the inpatient to the outpatient setting. Our support for the elimination of this list does not mean that we believe all of the procedures on the IPO list can be safely performed in an outpatient setting. Rather, we believe that determination of the most appropriate setting should be based on the physician's clinical knowledge and judgment and the patient's individual needs. As stated in the proposed rule, there are a number of effective safeguards for ensuring patient safety and quality of care.

We also agree with CMS' proposed selection of musculoskeletal services as the first group of services to be removed from the IPO list.

During the transition period for elimination of the IPO list, procedures that have been removed from this list should be exempted from certain medical review activities, including site-of-service claim denials and Recovery Audit Contractor reviews, for a period of no less than two years following their removal from the list.

AHIMA appreciates the opportunity to comment on the CY 2021 Medicare Hospital OPPTS 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. 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,



Dr. Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer