



233 N. Michigan Ave., 21st Fl., Chicago, IL USA 60601-5809 | [www.ahima.org](http://www.ahima.org) | 312.233.1100

September 6, 2023

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1786-P  
PO Box 8013  
Baltimore, Maryland 21244-1850

Dear Administrator Brooks-LaSure:

On behalf of the American Health Information Management Association (AHIMA), I am responding to the US Centers for Medicare & Medicaid Services (CMS) proposed changes to the Medicare Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs for Calendar Year (CY) 2024, and Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor, as published in the July 31, 2023, Federal Register (CMS-1786-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.

### **XIX. Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor (88FR49864)**

CMS proposes to address any future revisions to the Medicare Code Editor (MCE), including any additions or deletions of claims edits, as well as the addition or deletion of ICD-10 diagnosis and procedure codes to the applicable MCE edit code lists, outside of the annual Inpatient Prospective Payment System (IPPS) rulemakings.

AHIMA recommends that CMS publish this proposal in the Fiscal Year (FY) 2025 IPPS proposed rule to ensure that all impacted stakeholders are aware of the proposed changes to the MCE update process and have had an opportunity to comment. Since the proposed changes were

published in the OPPTS proposed rule rather than the FY 2024 IPPS proposed rule, not all IPPS stakeholders may be aware of the proposed changes.

While we appreciate that CMS indicated they would continue to welcome input from the public on the current MCE edits under the proposed revised approach, we believe that CMS should also continue to provide an opportunity for the public to comment on proposed changes to the MCE edits before they become effective, whether these proposed changes are communicated via annual IPPS rulemaking or via another mechanism. The public has provided valuable input on proposed MCE changes in the past, and we would prefer that public comments regarding edit changes continue to be addressed prior to going into effect. Therefore, we urge CMS to establish a process that allows the public to continue to provide input on proposed MCE changes if these changes are no longer going to be addressed through IPPS rulemaking.

If the revised approach for addressing MCE revisions is adopted, AHIMA recommends the specific MCE updates be listed in the Change Request (CR), including any additions or deletions of diagnosis or procedure codes or any addition or deletion of particular MCE edits.

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](mailto:sue.bowman@ahima.org).

Sincerely,



Lauren Riplinger, JD  
Chief Public Policy & Impact Officer