CMS to Make ICD-10 Transition Less Disruptive

The October 1st hard deadline to implement the ICD-10 code set is just around the corner, but many physicians are concerned about potential claims disruptions that could result when implementing the code set into their practices. In response, the AMA worked with the Centers for Medicare & Medicaid Services (CMS) to ease the transition.

The AMA and CMS released a [joint statement](http://newsmanager.commpartners.com/linktrack.php?url=http%3A%2F%2Fwww.cms.gov%2FMedicare%2FCoding%2FICD10%2FDownloads%2FAMA-CMS-press-release-letterhead-07-05-15.pdf) July 6th announcing a 12-month transition period during which time Medicare claims will not be denied solely based on the specificity of the diagnosis codes, as long as they are from the appropriate ICD-10 code family.

The changes address:

* **Claim denials.**  For the first year ICD-10 is in place, Medicare claims will not be denied solely based on the specificity of the diagnosis codes as long as they are from the appropriate family of ICD-10 codes.

This means that Medicare will not deny payment for these unintentional errors as practices become accustomed to ICD-10 coding.  In addition, Medicare claims will not be audited based on the specificity of the diagnosis codes as long as they are from the appropriate family of codes. This transition period will give physicians and their practice teams time to get up to speed on the more complicated code set.

Both Medicare Administrative Contractors and Recovery Audit Contractors will be required to follow this policy.
* **Quality-reporting penalties.**  Similar to claim denials, CMS will not subject physicians to penalties for the Physician Quality Reporting System, the value-based payment modifier or meaningful use based on the specificity of diagnosis codes as long as they use a code from the correct ICD-10 family of codes.

In addition, penalties will not be applied if CMS experiences difficulties calculating quality scores for these programs as a result of ICD-10 implementation.
* **Payment disruptions.** If Medicare contractors are unable to process claims as a result of problems with ICD-10, CMS will authorize advance payments to physicians.
* **Navigating transition problems.** CMS said it will establish a communication center to monitor issues and resolve them as quickly as possible. This will include an “ICD-10 ombudsman” devoted to triaging physician issues.

The AMA will continue to work with CMS as the deadline approaches and following the implementation to address issues as they arise. Get [eight must-have ICD-10 resources](http://newsmanager.commpartners.com/linktrack.php?url=http%3A%2F%2Fwww.ama-assn.org%2Fama%2Fama-wire%2Fpost%2F8-must-icd-10-resources) at AMA Wire®.