

CMS Creates 12-Month Grace Period Where ICD-10 Codes Won't Be Denied Due To Specificity

After pressure from physicians, the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA) announced that the agency will not deny doctors payments because they didn't use a specific enough ICD-10 code for a year after the new code set is implemented in October. CMS also said that providers will be able to apply for advance payment in the event that Medicare Part B contractors aren't able to process claims because of ICD-10 implementation.

CMS reiterated, however, that ICD-10 codes will be required on all claims starting October 1, 2015.

CMS says in a Frequently Asked Questions document released Monday, July 6th that "while diagnosis coding to the correct level of specificity is the goal for all claims," Medicare review contractors won't deny doctors' or other providers' claims based solely on the specificity of the ICD-10 code used as long as the diagnosis code is valid and from the right family of codes.

The agency guidance also says that for quality reporting programs in 2015, doctors will not be penalized because of the specificity of the ICD-10 codes they use, provided doctors use codes in the right family. CMS also says that doctors won't be subject to a penalty if CMS has a hard time calculating the quality scores for the Physician Quality Reporting System, Value Based Modifier, or meaningful use programs due to the transition to ICD-10.

CMS also says the agency will set up a communication and collaboration center to monitor ICD-10 implementation. As part of the center, the agency plans to have an ICD-10 Ombudsman to help triage provider issues. CMS says it will release more guidance about how to submit problems to the Ombudsman closer to the ICD-10 implementation date.