

ICD-10

Following a successful third round of ICD-10 testing that occurred June 1-5, 2015, and had a success rate of 90% for the 1200 submitters participating in the national end-to-end testing, Centers for Medicare & Medicaid Services (CMS) made a joint announcement with the American Medical Association regarding ICD-10 flexibilities, to assist providers with readiness for the October 1, 2015, conversion to ICD-10. This does not alter the October 1, 2015, deadline for conversion to ICD-10. However, the guidance included the following statement by CMS *“for 12 months after ICD-10 implementation, Medicare review contractors will not deny physician or other practitioner claims billed under the Part B physician fee schedule through either automated medical review or complex medical record review based solely on the specificity of the ICD-10 diagnosis code as long as the physician/practitioner used a valid code from the right family of codes.”* CMS did say, however, that the recent Guidance does not change the coding specificity required by the national coverage determinations (NCDs) and local coverage determinations (LCDs). *“Coverage policies that currently require a specific diagnosis under ICD-9 will continue to require a specific diagnosis under ICD-10”*.

A copy of the announcement may be found at the following link:

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-07-06.html>

Coding specifics for ICD-10 may be found at the following link:

<http://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html>

A Q&A regarding flexibilities may be found at the following link:

<https://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10-guidance.pdf>