

Optometry Coding & Billing Alert

ICD-10: Understand Grace Period

Check out these resources, too.

You're using ICD-10, and you're not too sure you're doing it right. You've heard something about a one-year "grace period," but what does that mean, exactly?

Not: The grace period doesn't mean you should still be using ICD-9 for Medicare or any other payers that converted to ICD-10 on Oct. 1. But you just might get a little grace ☐ read on to see how.

Get to the Right Family

The grace comes in the form of leniency on getting the ICD-10 code exactly right. If you get to the right "family of codes" ☐ which CMS recently clarified means "the ICD-10 three-character category," you won't get a denial for missing the most accurate code available.

For example: If your surgeon performs a procedure for a patient with primary optic atrophy in the right eye and you report H47.21 (Primary optic atrophy) instead of the most specific code H47.211 (Primary optic atrophy, right eye), Medicare will still pay for the claim during the grace period.

Resources: In addition to this ICD-10 coding "grace," CMS is providing other ways to help ease your transition. For instance, the agency released some frequently-asked questions about ICD-10 and the grace period, which you can access at [go.cms.gov/1q1j8y](https://www.cms.gov/1q1j8y). Plus, CMS has appointed William Rogers, MD as an ombudsman to whom you can address questions and concerns at ICD10_ombudsman@cms.hhs.gov.