

Eli's Rehab Report

ICD-10 Transition: Get Your ICD-10 Coding Right The First Time

MAC puts providers on notice.

If you thought you might get a little leeway as ICD-10 takes effect, think again. When ICD-10 starts on Oct. 1, "please ensure that your claims report the most accurate and specific diagnosis that is available," urges Medicare Administrative Contractor **National Government Services** (NGS) in an email to providers. "When the instructions are followed, claims payment will be facilitated, and this will reduce the need for claims re-openings to correct ICD-10 diagnosis coding errors."

Instruction #1: "ICD-10 codes provide left, right and bilateral options," the MAC reminds providers. "NGS expects providers to use the specific code that indicates right, left, or bilateral, not 'unspecified site.'"

Instruction #2: "ICD-10 provides detailed codes referencing upper limb, lower limb, toe or finger location and other anatomical sites. NGS expects providers to use the specific code available."

Instruction #3: Use the correct seventh digit, when applicable.

Tip: Providers should review ICD-10 versions of Local Coverage Determinations and Articles, available on the CMS Coverage Database, at www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx. "They are currently available under "Future" documents," NGS says.