

Pain Management Coding Alert

News You Can Use: Don't Miss the Latest on ICD-10 Implementation Details

CMS makes some surprise announcements.

CMS has let it be known that the Oct. 1, 2015, date for ICD-10 implementation is set in stone and won't be moved. A few nice surprises about implementation, however, were announced in a July 6 statement and have physicians breathing a little easier.

The news focused on four areas of ICD-10 implementation.

1. Claims denials: The CMS document stated that, "While diagnosis coding to the correct level of specificity is the goal for all claims, 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."

2. Penalties associated with quality reporting: In a similar move, CMS is giving providers some leeway regarding PQRS and other quality measures. "For all quality reporting completed for program year 2015, Medicare clinical quality data review contractors will not subject physicians or other Eligible Professionals (EP) to the Physician Quality Reporting System (PQRS), Value Based Modifier (VBM), or Meaningful Use 2 (MU) penalty during primary source verification or auditing related to the additional specificity of the ICD-10 diagnosis code, as long as the physician/EP used a code from the correct family of codes," CMS explained. "Furthermore, an EP will not be subjected to a penalty if CMS experiences difficulty calculating the quality scores for PQRS, VBM, or MU due to the transition to ICD-10 codes."

3. Payment miscues: AMA's Steven Stack, M.D., addressed payment timelines in a statement on the group's website. "If Medicare contractors are unable to process claims as a result of problems with ICD-10, CMS will authorize advance payments to physicians," he wrote.

4. Easing the transition: Many practices have been uneasy about ICD-10 because they don't know how easily (or quickly) they'll get help from CMS if needed. The statement included details about a communications center of sorts that CMS will create. One aspect of the center will include an ICD-10 Ombudsman, "to help receive and triage physician and provider issues. The center will also "identify and initiate" resolution of issues caused by the new code sets, officials added.