Discover What CMS's ICD-10 â€˜Grace Period' Really Means

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The healthcare industry is buzzing about CMS's announcement that for the first 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 ... based solely on the specificity of the ICD-10 diagnosis code." But many folks are ignoring the end of the sentence, which states: "as long as the physician/practitioner **used a valid code from the right family**."

In other words, keep moving forward with your ICD-10 training and clinical documentation improvement because the accuracy of your ICD-10 code will still be a key element of your claim's success. Make a point of tracking areas for documentation and superbill improvement so you can iron out all the wrinkles during the first year. Also keep in mind that even though MACs, RACs, ZPICs, and SMRCs will all follow the CMS rule about ICD-10 specificity, they may choose to review your claim for another reason.

To learn more about the announcement, including the creation of an ICD-10 Ombudsman to help with provider issues, CMS's view on ICD-10 for quality reporting, and requesting advance payment if your MAC has an administrative problem related to ICD-10, check out the post on SuperCoder's blog.