

Philip Schuh, CPA

From: evp.grstaff@enews.ama-assn.org
Sent: Monday, July 06, 2015 10:35 AM
To: Philip Schuh, CPA
Subject: CMS and AMA Announce Efforts to help Get Ready for ICD-10
Attachments: AMA-CMS-press-release-letterhead 07-05-15.pdf; ICD-10-guidance.pdf

Today, the American Medical Association and Centers for Medicare and Medicaid Services (CMS) jointly announced that agreement has been reached on important elements of a "grace period" for the October 1, 2015, implementation of the ICD-10 diagnosis code set.

In guidance that is being transmitted today, CMS announced that:

- For a one year period starting October 1, Medicare claims will not be denied solely on the specificity of the ICD-10 diagnosis codes provided, as long as the physician submitted an ICD-10 code from an appropriate family of codes. In addition, Medicare claims will not be audited based on the specificity of the diagnosis codes as long as they are from the appropriate family of codes. This policy will be followed by Medicare Administrative Contractors and Recovery Audit Contractors.
- To avoid potential problems with mid-year coding changes in CMS quality programs (PQRS, VBM and MU) for the 2015 reporting year, physicians using the appropriate family of diagnosis codes will not be penalized if CMS experiences difficulties in accurately calculating quality scores (i.e., for PQRS, VBM, or Meaningful Use). CMS will continue to monitor implementation and adjust the duration if needed.
- CMS will establish an ICD-10 Ombudsman to help receive and triage physician and provider problems that need to be resolved during the transition.
- CMS will authorize advanced payments if Medicare contractors are unable to process claims within established time limits due to problems with ICD-10 implementation.

Today's announcement demonstrates that CMS is responsive to physician concerns. The AMA will monitor and keep CMS apprised of any implementation issues that persist in 2016, and will urge the agency to make any needed adjustments to the grace period policy and time line based on new information that surfaces during the implementation process. We encourage the Federation to report to us any problems their members experience during the transition, to better inform our advocacy efforts on their behalf.

The October 1 deadline for implementation of the ICD-10 code set is fast approaching, and time is running out for physician practices to complete their preparation. The AMA has a broad range of materials available on its [web site](#) to help physicians prepare for the October 1 deadline. To learn more and stay apprised on developments, visit [AMA Wire](#).



Terri Marchiori
Director, Federation Relations

330 N Wabash
Chicago, IL 60611
P: (312) 464-5271
terri.marchiori@ama-assn.org



FOR IMMEDIATE RELEASE
July 6, 2015

Contact:

CMS Media Relations, (202) 690-6145 | [CMS Media Inquiries](#)

AMA Media Relations, (312) 464-4430

CMS and AMA Announce Efforts to Help Providers Get Ready For ICD-10

With less than three months remaining until the nation switches from ICD-9 to ICD-10 coding for medical diagnoses and inpatient hospital procedures, The Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) are announcing efforts to continue to help physicians get ready ahead of the October 1 deadline. In response to requests from the provider community, CMS is releasing additional guidance that will allow for flexibility in the claims auditing and quality reporting process as the medical community gains experience using the new ICD- 10 code set.

Recognizing that health care providers need help with the transition, CMS and AMA are working to make sure physicians and other providers are ready ahead of the transition to ICD-10 that will happen on October 1. Reaching out to health care providers all across the country, CMS and AMA will in parallel be educating providers through webinars, on-site training, educational articles and national provider calls to help physicians and other health care providers learn about the updated codes and prepare for the transition.

"As we work to modernize our nation's health care infrastructure, the coming implementation of ICD-10 will set the stage for better identification of illness and earlier warning signs of epidemics, such as Ebola or flu pandemics," said Andy Slavitt, Acting Administrator of the Centers for Medicare and Medicaid Services. "With easy to use tools, a new ICD-10 Ombudsman, and added flexibility in our claims audit and quality reporting process, CMS is committed to working with the physician community to work through this transition."

"ICD 10 implementation is set to begin on October 1, and it is imperative that physician practices take steps beforehand to be ready," said AMA President Steven J. Stack, MD. "We appreciate that CMS is adopting policies to ease the transition to ICD-10 in response to physicians' concerns that inadvertent coding errors or system glitches during the transition to ICD-10 may result in audits, claims denials, and penalties under various Medicare reporting programs. The actions CMS is initiating today can help to mitigate potential problems. We will continue to work with the administration in the weeks and months ahead to make sure the transition is as smooth as possible."

The International Classification of Diseases, or ICD, is used to standardize codes for medical conditions and procedures. The medical codes America uses for diagnosis and billing have not been updated in more than 35 years and contain outdated, obsolete terms.

The use of ICD-10 should advance public health research and emergency response through detection of disease outbreaks and adverse drug events, as well as support innovative payment models that drive quality of care.

CMS' free help includes the "Road to 10" aimed specifically at smaller physician practices with primers for clinical documentation, clinical scenarios, and other specialty-specific resources to help with implementation. CMS has also released provider training videos that offer helpful ICD-10 implementation tips.

The AMA also has a broad range of materials available to help physicians prepare for the October 1 deadline. To learn more and stay apprised on developments, visit AMA Wire.

CMS also detailed its operating plans for the ICD-10 implementation. Upcoming milestones include:

- Setting up an ICD-10 communications and coordination center, learning from best practices of other large technology implementations that will be in place to identify and resolve issues arising from the ICD-10 transition.
- Sending a letter in July to all Medicare fee-for-service providers encouraging ICD-10 readiness and notifying them of these flexibilities.
- Completing the final window of Medicare end-to-end testing for providers this July.
- Offering ongoing Medicare acknowledgement testing for providers through September 30th.
- Providing additional in-person training through the "Road to 10" for small physician practices.
- Hosting an MLN Connects National Provider Call on August 27th.

In accordance with the coming transition, the Medicare claims processing systems will not have the capability to accept ICD-9 codes for dates of services after September 30, 2015, nor will they be able to accept claims for both ICD-9 and ICD-10 codes.

Also, at the request of the AMA, CMS will name a CMS ICD-10 Ombudsman to triage and answer questions about the submission of claims. The ICD-10 Ombudsman will be located at CMS's ICD-10 Coordination Center.

###