

Implementation of ICD-10

Key Takeaway: *The Alliance of Specialty Medicine supports efforts that would mitigate the negative impact of moving to the International Classification of Diseases – 10th Revision, or ICD-10, code set, including the recent CMS announcement to provide a one-year “grace period.” We urge Congress to continue to monitor implementation.*

The Alliance appreciates the attention Congress gave to mitigate the negative impact of ICD-10 implementation, especially the need to establish a “grace period,” during which physicians will not be penalized for honest coding errors, mistakes or malfunctions of the system. In addition, we believe the Center for Medicare and Medicaid Services’ (CMS’) plan to provide a grace period, as well as establish an ICD-10 Ombudsman, authorize advance payments if Medicare contractors are unable to process claims within established time limits, and ensure providers are not penalized for ICD-10 issues within quality reporting programs, will help alleviate many of the problems providers may encounter during the ICD-10 transition.

We urge Congress to continue to monitor the implementation, including an assessment of the impact on private and small physician practices, and encourage CMS to publicly report the most common ICD-10 coding mistakes, by specialty and other appropriate metrics, which would help physicians and their staff improve ICD-10 coding during the transition.

Snapshot of the Issue. Specialty physicians are seriously concerned about the significant disruptions to their practices and patient care as our country moves to the new coding and classification set, which is scheduled for permanent implementation on October 1, 2015. Therefore, we appreciate CMS’ recent announcement that the agency will provide a one-year “grace period.” This is a significant step in the right direction and recognizes a smooth conversion and avoidance of major disruptions is in the best interest of patient care.

Implementing ICD-10 will result in a five-fold increase in diagnosis codes — from 13,000 codes to approximately 68,000 codes. Because CMS’ General Equivalence Mappings (GEMs), which “map” the current ICD-9 codes to new ICD-10 codes, are not a direct “cross-walk” between the two classification systems, most specialty practices — particularly those that cannot afford to hire a “certified” coder — will be forced to hunt through nearly 68,000 codes in hopes of finding the “right” code. Also, most of the resources and ICD-10 training materials developed by CMS have been designed with primary care practices in mind; very little has been made available for specialty medicine providers, and even less for sub-specialty providers.