Dear all:

Please see the message below from the American Medical Association and Centers for Medicare and Medicaid Services stating they have reached an agreement on “important elements of a “grace period”” for the October 1st deadline for the implementation of ICD-10. I am receiving questions from our Congressional delegation on MAG’s position.

After reading the information below, please let me know which one of the following positions you believe MAG should take:

1. MAG support the agreement between AMA and CMS as outlined below;
2. MAG oppose the agreement between AMA and CMS as outlined below; or
3. MAG support the agreement between AMA and CMS as outlined below if there is an additional provision added to allow physicians to use ICD-9 and ICD-10 codes during this “grace period."

Please feel free to include reasons for your recommendation.

Please let me know if you have further questions.

Donald

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From: EVP
Sent: Monday, July 06, 2015 10:35 AM
To: Donald Palmisano
Subject: CMS and AMA Announce Efforts to help Get Ready for ICD-10

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.