

Have You Heard of H.R. 2652?

As you read this story it is important to understand the content contained within is only **Proposed Legislation**, and does not mean you can abandon your current obligation for meeting the October 1, 2015 implementation date for ICD-10. CMS has stated on multiple occasions it fully intends to carry plans for implementing the new code set, and there is a lot of advocacy on the part of implementation that makes it possible, this measure does not make it to the floor for a vote.

On June 4, 2015 Rep. Gary J. Palmer of Alabama introduced legislation that would create a two-year grace period for ICD-10. The bill, called the "Protecting Patients and Physicians Against Coding Act of 2015" has been referred to the House Ways and Means Committee, and the Energy and Commerce for consideration. During the grace period specified by the bill, physicians would not be penalized and their payments would not be withheld by CMS due to inappropriate ICD-10 coding. Additionally, HHS would be required to conduct a study on how the transition to ICD-10 has affected physicians and other providers as well as examine the effectiveness of federal agencies in assisting providers with the transition.

The details of the two-year grace period are sketchy. A few obvious options may be:

1. Allow and pay for any and all ICD-10 codes reported
2. Allow the use of ICD-10 to be voluntary and ICD-9 claims to still be processed and paid
3. Require a specific number of ICD-10 claim submissions per provider each month

Let's discuss these three and their potential effects.

Allowing ALL ICD-10 codes: This option could cripple the system as there would be no way to deny codes as lacking medical necessity or not be covered through Local Coverage Determination (LCD) policies. This could create not only unintentional overpaid claims but also create an avenue for fraudulent activity, so it's not an ideal option.

ICD-9 with voluntary ICD-10 use: This option sounds good in theory, but effectively preserves the current status quo with ICD-10. Many practices will continue to delay preparations until the last year of the grace period and the extra time could be wasted.

ICD-10 claims filed each month: This is not a perfect option, but it does force practices to begin using and understanding ICD-10 codes. However, if the codes are going to be pushed through and paid as part of the grace period, then even this process is not teaching the providers anything. For this plan to be more effective, carriers would have to be required to submit feedback on the ICD-10 claims, telling providers whether they coded appropriately. Since the carriers indicate they are mostly ready for ICD-10, then a providing detailed feedback on f 1-5 claims per provider each month should not be a large burden.

While a delay sounds appealing too many, at the end of the day we should all ask ourselves what good would it really do other than give the less-prepared providers more time to procrastinate? A grace period with a firm final deadline that requires more compliance gradually would be the best solution for practices, carriers, and the bottom of line of everyone involved.

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