Advancing Female Pelvic Medicine
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ICD-10-CM AFTER October 1, 2016 – THE HONEYMOON IS OVER

CMS finally transitioned to ICD-10-CM on October 1st, 2015, replacing ICD-9. In order to assist providers and payers with this implementation, CMS allowed for a 12-month transition period, during which CMS contractors are allowing practitioners to submit claims using less specific codes, as long as practitioners use a valid code from the right family. Specifically, The CMS Guidance stated that after October 1, 2015 for a period of 12 months, Medicare Review contractors will not deny physicians or other practitioners claims billed under the Part B physician fee schedule through either automated medical review or complex medical record review based solely on the specificity of the ICD-10 diagnosis code as long as the physician/ practitioner used a valid code from the right family of codes. Contractors conducting medical review (Medicare Administrative Contractors/Recovery Auditors/Supplemental Medical Review Contractor) will not deny claims solely for the specificity of the ICD-10 code as long as there is no evidence of potential fraud. This is consistent with current medical review policies and is not applicable to prepayment denials because of a National Coverage Determination or a Local Coverage Determination.

For example, vaginitis could be coded with any of the codes within the N76 category, regardless of the existence of a more specific diagnosis – eg acute vs chronic vaginitis, acute or chronic vulvitis, ulceration of the vagina.

This transition period has ended on 9/30/16. Beginning on October 1, 2016, CMS will require greater specificity for claims filed in ICD-10-CM/PCS. Providers are now required to use the most specific code for the claim being filed. If a CMS audit reveals that more specific or more appropriate code should have been used, CMS will apply a financial penalty to that claim.

In addition, CMS released an update to ICD-10-CM, also on 10/1/16, containing over 3,000 revisions to the code set including both new and deleted codes. The AUGS coding committee has reviewed these revisions and have found numerous changes and new codes that are pertinent to the FPMRS specialist. Some of these new codes were requested by AUA, to better align with the ICS terminology for pelvic floor dysfunction. Other important additions and changes that are relevant to our specialty is the category of T codes which describes complications of genitourinary procedures, such as erosion and exposure of vaginal mesh/grafts and mechanical and infectious complications related to these procedures.

The complete list of ICD-10 changes can be found via this link:
https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-CM-and-GEMs.html
ACOG has also published a list of code changes on their website under their coding tab:
https://www.acog.org/-/media/Departments/Coding/2017-icd-coding-changes-093216.pdf?dmc=1&ts=20161001T1353271392

Last Updated by the AUGS Coding and Reimbursement Committee on October 5, 2016