

CMS Guidance Regarding Medicare Part B Claims Using ICD-10 Codes

The Centers for Medicare and Medicaid Services (CMS) has recently released [guidance](#) related to the handling of Medicare Part B claims using ICD-10 codes, which allows for flexibility in the claims auditing and quality reporting processes for 12 months after ICD-10 implementation. The Health and Human Services Commission (HHSC) is aware of this new policy, and is currently reviewing the CMS guidance to assess the potential impact to the Texas Medicaid program.