

**CAC Notes from Nov. 2012 by Michael Schneider, DPM
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The Carrier Advisory Committee (C.A.C.) met in Washington D.C. on November 2-3 2012. The purpose was to discuss Medicare and ICD-10. The following are a few of the issues discussed:

1. There will be an increased effort to fight Medicare fraud through the Affordable Care Act. The website is www.stopmedicarefraud.gov.
2. RVUs are increasing by 2% for D.P.M.s
3. The Medicare conversion factor will be reduced by 26.5% on January 1, 2013 unless Congress intervenes during the "lame duck" session.
4. ICD-10 will go into effect on October 1, 2014. Worker Compensation Claims will stay under ICD-9. There are no changes in ICD-9 for 2013. The only change in CPT is the deleting of 29590 (Denis Browne Splint)
5. Please check with your vendor, carrier and payer to see if the ICD-9 and ICD-10 claims will be "crosswalked".
6. It was advised that practices have a MINIMUM OF TWO MONTHS CASH RESERVES PRIOR TO THE IMPLEMENTATION OF ICD-10 ON OCTOBER 1, 2014 TO COMPENSATE FOR PAYMENT DELAYS.
7. There will be no payment for unspecified codes.
8. Recommended that every practice has a "Certified Foot & Ankle Coder" (American Academy of Professional Coders). See the APMA website for information.
9. Recommended that your practice subscribes to Codingline. It will be a great source for the conversion-crosswalk from ICD-9 to ICD-10.
10. Be prepared! There will be more audits from Medicare and insurance companies. They can audit your practice anytime and there will be no recoupment should you have to defend an issue, even if you win.
11. Colorado is transitioning from Trailblazer to NOVITAS on November 19, 2012.
12. If your practice gets a "prior authorization", the claim CANNOT be denied.
13. The correct code for custom orthotics is L3000.

More to come!