

## CMS Sets ICD-10 Implementation Date

The Centers for Medicare and Medicaid recently announced its final rule regarding the implementation of **ICD-10**. This rule essentially delays the adoption of **ICD-10** one year, from October 1, 2013 to **October 1, 2014**. At that time, all covered entities, which includes physician medical practices, must comply with the International Classification of Diseases, 10th edition, which is also known as **ICD-10**.

This postponement will allow providers, insurance companies and billing companies more time to get ready for this major transition. To give you some idea of the scale of this, **ICD-9** contains approximately 17,000 diagnosis codes, whereas **ICD-10** has almost 140,000. That's a pretty hefty number!

**CRT** will be working with our software company to make sure that everything is ready for implementation, but what can physicians do to **be ready for ICD-10**?

One of the best ways you can prepare, is to utilize websites like the **American Academy of Professional Coders (AAPC)** and the **American Medical Association (AMA)**. These websites have helpful tools for training and implementation of **ICD-10**. Information on these websites can be used to stay on top of the coding changes that will occur, and assist you in ways to implement them within your prac-

tice. Many of these sites will also be hosting webinars, in many cases, at no charge, in order to get the word out among physicians.

There is no doubt, with **ICD-10**, **EHR's** or **EMR's** as well as the further integration of the **Affordable Care Act** in today's health care system, physicians have no choice but to stay on top of the changes, and to educate themselves in order to make decisions that will afford their patients and their practices the best outcomes. **CRT Medical Systems** will be here to assist you in any way we can, every step of the way.



### Thanksgiving

#### CRT's Office/Support Hours

CRT offices will be closed for the **Thanksgiving** holiday **Thursday, November 22nd** and **Friday, November 23rd**.

We wish you and your families a safe and happy holiday!

## Billing Tip of the Month

### Major Procedure=Modifier 57

If an orthopedist sees a patient and determines (and documents) the need to provide non-surgical fracture care, does **modifier 57** apply? As you know, whether the fracture care is a surgical service doesn't matter. What matters is if the fracture care is a major procedure (i.e. does it have a 90 day global period?) If yes,

append modifier 57 to the **E/M** code. If no, you cannot. Don't leave money on the table by failing to report a separate **E/M** service that determines the need for a major procedure. If you've been thinking of **modifier 57** as the "decision for surgery" modifier, it's time to start thinking of it as the "decision for a major procedure" modifier.