

The New York PODIATRIST

New York's only foot
specialists since 1895

PUBLISHED BY THE NEW YORK STATE PODIATRIC MEDICAL ASSOCIATION

Footlights shines on Broadway!

All that's new in the field of podiatry spotlighted in one information-packed weekend.

From a diabetes track introduced by the highly respected orthopedist Dr. Peter Sheehan, MD and featuring an undisputed leader in the field, David Armstrong, DPM, who is putting podiatry in the forefront of the global fight for limb salvage, to workshops designed to keep our members on the cutting edge and an exhibition hall filled with the newest technology, this clinical conference ushers in a new year and opens up a new world for the practice of podiatry.

Offered to members free of charge, we believe the excellence exhibited at this conference reflects our commitment to keeping our members fully educated on the latest technology and procedures that can benefit their practices as well as their patients.

We are grateful to the generous support from a number of sponsors listed here.



Dr. David G. Armstrong is keynote speaker at Saturday's Diabetes Program.

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A special welcome to non-members

This issue is going out to all podiatrists practicing in New York State as a special invitation to join NYSPMA to ensure excellence in the profession now and in years to come.

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NYSPMA names Greenberg Traurig LLP Government Affairs Representatives

With issues as important as scope of practice and parity on the agenda, NYSPMA has turned to a firm with a reputation for success. Greenberg Traurig (GT) is a national firm of over 1100 lawyers. The firm's Albany practice represents major corporate clients, trade associations and not-for-profit organizations—both large and small—on a broad range of issues. "We were impressed by the depth of experience and range of skills that a larger firm brings," remarks NYSPMA Executive Director, Len Thaler. "We also noted GT's experience with the State Education Department, the senior levels of the Assembly and Senate and the Governor's office, much in the health care arena," he adds.

Significantly, every GT government affairs attorney served in government. Harold N. Iselin, is senior partner in the Albany Office, Iselin himself was a trial attorney in the U.S. Department of Justice and Assistant Counsel to the Governor of New York. His representation of the New York Health Plan Association made him one of the leading experts on Medicaid managed care and Medicaid reform. Look for an interview with Mr. Iselin in our upcoming Legislative Issue.

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NYSPMA Mission Statement

To promote and pursue manifest excellence in all aspects of the art and science of podiatric medicine; to promote appreciation for that excellence on the part of patients, policy makers, other health care professionals, and the public; and to seek conditions and environments which support optimal practice and patient care.

Toward these ends, this Association unites into one organization, those doctors of podiatric medicine who dedicate themselves to its principles, standards, and ethical guidelines and who express this high dedication in daily practice.

Calendar of Events

February

- 2 Thursday 7:30 pm, Nassau Division
The Carlton, Eisenhower Park, NY
Sponsored by Pfizer
- 9 Thursday 7:30 pm, Suffolk Division
Teller's Chophouse, Islip
Dr. Jenny Bencardino
Sponsored by Medical Arts Radiology
- 16 Thursday 6:30 pm, Queens Division
Burton and Doyle Steakhouse, Great Neck
Dr. Warren Joseph
Sponsored by Merck
- 28 Tuesday 6:30 pm, Bronx Division
Sponsored by Doak - Keralac

NOTE: *Monroe, Southern Tier and Western Divisions will not be meeting in February.*

Save the Dates!

- March 7 NYSPMA LOBBY DAY – PLEASE JOIN US!
Albany, NY
- June 9-11 NYSPMA House of Delegates
Gideon Putnam Hotel
Saratoga Springs, NY

The information that is contained in this publication has been obtained from reliable sources and is believed to be accurate. However, the New York State Podiatric Medical Association and its employees are not responsible for any errors or different interpretations by the carriers or any insurance company.

Len's Top Ten Highlights for 2005

With Len Thaler, executive director

With so much going on, who's got time to count highlights? It took some doing to pin down Len...and while these are in no way the only things that happened, they tend to be the most memorable.

1. The Residency Bill passes. Kudos to NYSPMA for identifying and fixing this potential legislative and regulatory nightmare.
2. The Governor's proposed budget intentions to eliminate Medicaid coverage for our clinics is turned back.
3. The snow must go on. The blizzard that snowed out New York did nothing to blanket the success of the Foundation for Podiatric Medicine's Clinical Conference 2005.
4. The APMA House of Delegates welcomed New York with respect. David Schofield, DPM became president-elect. Frank Spinosa continued as a trustee. NYSPMA introduced...and saw passed...not one...not two...but three resolutions.
5. Bye Bye Dr. Bruce Waxman—saying goodbye to one of the Association's most memorable officers was difficult, but roasting him was fun. Saying hello to Dr. Ed Buro, now in the leadership role of president was an extraordinarily smooth transition. Dr. Larry Santi rode off on his trusty steed Piute, but not into the sunset just yet.
6. The NYSPMA House of Delegates in Cooperstown tackled the laborious job of revamping our by-laws. Dr. Andrew Shapiro came onto the Board of Trustees.
7. NYSPMA welcomes "Dr. Jill" Weiner as our new Associate Executive Director. Her responsibilities include making sure Conference 2006 is the best ever.
8. New Membership services continued to be offered including discounts on web page development and maintenance, health insurance programs, office supplies, car rentals and most recently, online CME Credit Programs.
9. In a difficult environment of rising expenses and 14 years without dues increases, the staff was able to achieve an acceptable level of fiscal stability.
10. Shoe stores were given a run for their money after NYSPMA launched an orthotics advertising and public relations campaign in the Western and Monroe regions.

Andrew Feldman, Esq.

General Counsel to the New York State Podiatric Medical Association

Feldman, Kieffer & Herman, LLP, offers podiatrists legal representation from a firm with a statewide practice. Attorneys at the firm with particular experience in legal matters relating to specific legal issues are available to answer questions and represent practitioners on such topics as listed below.

Representation with regard to:

Office of Professional Discipline	Subpoenas
Health Department issues	Civil process
Administrative law requests	Labor Law issues
Requests for documents and records	Reimbursement issues
Potential claims and the litigation process	

Offer guidance and advice with respect to issues involving:

Confidentiality	Insurance	Certificate of need
Medical malpractice	Licensing	Fraud abuse and kickback
Facility operation	Staff privileges	Patients' rights
Managed care	Anti-trust	Advanced directives
COBRA/EMTALA	Consent	The credentialing process
The peer review process	Contracts	HIV discrimination
Sexual discrimination and sexual harassment issues		

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Welcome Non Members

(continued from Page 1)

This newsletter coincides with what is arguably the most important member benefit—the Foundation for Podiatric Medicine’s Clinical Conference offering countless opportunities to gain CME credits while staying abreast of all that is new in the podiatric field of medicine.

During the past few years, NYSPMA has undergone an extreme makeover. We have welcomed a new Executive Director, Len Thaler. We’ve also introduced a new Associate Executive Director, Dr. Jill Weiner. Our board of trustees is focused squarely on a strategic plan for our future. Part of this strategy is the revitalization of our board of directors. Our committees are restructured and each is progressing toward clearly defined goals.

To further our legislative agenda, we have hired the prestigious law firm of Greenberg Traurig LLP. We will be working with the Albany office of this nationwide law firm of over 1100 lawyers on scope of practice and parity issues among others.

We’ve had significant successes during the past year. Here are some highlights:

- On the legislative front, NYSPMA blocked Governor Pataki’s proposed cut in *Medicaid funding for adult podiatric clinic visits*. The Association ushered in a new *residency permit bill* through both houses and secured its passage.
- NYSPMA developed a *Radiology Assistance Program* at a discounted fee.
- When shoe stores hit the airwaves with advertisements for *orthotics*, NYSPMA reacted decisively and effectively to convince the consumer that podiatrists are the experts in this area. NYSPMA produced a statewide PSA, developed a public relations and advertising campaign and continues to work in conjunction with APMA to promote the podiatrist as the professional to trust for orthotic devices.
- NYSPMA continues to provide members timely access to breaking news on *Insurance and Coding Issues*.
- Our *Preferred Provider Network* has expanded and continues to grow; now including
 - Visiting Nurse Services of New York
 - Senior Health Partners Managed Care Program
 - GuildNet Managed Care Program
 - GenCare DME Provider
- Members have peace of mind about a variety of legal issues thanks to our exclusive *Podiatry Protection Program* providing our members discounted fees for legal services.
- *Discounts* on insurance, office supplies, computer back-up systems and energy programs are easy to obtain thanks to special arrangements for NYSPMA members.
- NYSPMA works with a network of like minded associations on behalf of our members on *issues that affect podiatry and patients*. During 2005 NYSPMA promoted podiatry with the American Diabetes Association, notably at its Diabetes Expo. Past President Larry Santi was Walk with your Doc Chair last fall, leading the march for donations to the ADA. *D-Life television* program is familiar with NYSPMA members and promotes our organization to its audience.
- *Avis has special prices* for NYSPMA members who have access to a special code.
- Developing and maintaining websites for individual practices is easy and far less expensive for NYSPMA members thanks to a special arrangement.
- Plus NYSPMA keeps podiatrists up-to-the minute with communications including *weekly messages, frequent alerts, a bi-monthly newsletter* and a *website* that is a resource for members, the media and the consumer.

But our work is far from over. Scope of practice and parity issues are on the top of our legislative agenda in 2006.

Joining now will make a difference for you, a difference for NYSPMA but most importantly, a difference in the profession you’ve chosen to make your own.

Welcome New Members!

These are our newest members. They've signed up during the last few months and we extend a heartfelt welcome from board, staff and fellow members.

Amit Luhadiya	Kings
Niccos J. David	Southern Tier
Howard B. Goldsmith	Queens
Yakov Beim	Kings
John R. Hewitt	Southern Tier
Robert J. Stabile	Suffolk
Michael Kessler	Kings
Sandro Frasca	Kings
Marcie M. Struck	Central
Rosanna Troia	New York
Brian Christiansen	Central
George DeVito	Suffolk
Svetlana Luvish	Kings
Anastasia Thomas-Lewis	Queens
James F. Noel	Mid Hudson
Hillary Brenner	New York
Christopher Minacapilli	New York



Wright Medical Technology

Through the revolutionary material of GRAFTJACKET® matrix, Wright is giving patients, even those with severe foot ulcers, the chance for successful treatment. GRAFTJACKET® matrix works by allowing healing at deeper levels while protecting the external layer of the wound with a graft material that converts into functional host tissue. In most cases, successful wound repair is achieved following just one treatment with GRAFTJACKET® matrix, while other available options usually require multiple treatments.

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Strategic Planning Weekend

With NYSPMA President, Ed Buro, DPM

In late fall, the board of trustees spent a productive weekend at Danfords on the Sound Conference Center in Port Jefferson, New York. The tradition of Strategic Planning Weekends began almost 10 years ago with a goal of focusing priorities and developing both long- and short-term plans of action. The Strategic Plan is a document that sets the stage for the Association's activities and it must be continuously updated to be effective.

This year's weekend was spent in a succession of meetings focused on our legislative agenda, insurance reimbursement as well as an overview of the impressive credentials of our new government affairs representatives.

Committee and division functions were on the agenda. "We are reaching out to each division to determine whether each has a newsletter and to find out if NYSPMA can assist in making each one more effective," he said.

The board also heard a presentation by Nate Heckman, director of Consumer Research and Competitive Intelligence for Fila. A well known manufacturer of sportswear, Fila is developing new technology for footwear and has enlisted the aid of NYSPMA in product development.

"This weekend was especially helpful for new board members, and for our president elect," Buro commented. "While the board of trustees is a governing body first and foremost, it is also a group of human beings who work best when there is a good relationship among members. An important function of the weekend is to foster good will by allowing trustees to get to know each other outside of a boardroom setting," he added.

OUM Ad

Up to Code

NYSPMA provides critical changes in CPT Codes for 2006*

*Changes in 2006 ICD Codes can be downloaded from the members section of the NYSPMA website by Mark Schilansky, DPM

THESE CHANGES ARE EFFECTIVE FOR DATES OF SERVICE JANUARY 1, 2006. THERE IS NO GRACE PERIOD. IF THE NEW CODES ARE USED BEFORE 1/1/06 OR THE OLD CODES ARE USED AFTER 1/1/06 CLAIMS WILL BE REJECTED

PART I – CHANGES IN E&M CODES

There are changes in the definitions and the code numbers for Evaluation and Management services provided in Nursing Homes and Rest Homes/Assisted Living Facilities. There are also some changes in the Consultation group of codes.

There are significant changes to the codes you will use when providing Evaluation and Management services to a patient in a skilled nursing facility. The old codes 99311 – 99313 “Subsequent nursing facility care, new or established patient” have been DELETED and REPLACED with 99307 – 99310 “Subsequent nursing facility care, per day”. Notice that three levels of service have now been replaced with four levels. The following charts compares 99311-99313 to 99307-99310:

Need Two of the Three Components

Old CPT	History	Physical	Decision	New CPT	History	Physical	Decision
99311	Problem Focused	Problem Focused	Straight Forward or Low Complexity	99307	Problem Focused	Problem Focused	Straight Forward
99312	Expanded Problem Focused	Expanded Problem Focused	Moderate Complexity	99308	Expanded Focused	Expanded Focused	Low Complexity
99313	Detailed	Detailed	Moderate to High Complexity	99309	Detailed	Detailed	Moderate Complexity
				99310	Comprehensive	Comprehensive	High Complexity

These codes are defined as “Subsequent Visit, SNF New or established patient.” The “Subsequent Visit” in this definition means it is the subsequent visit the patient is receiving from any physician in the facility, even if this is the first time you are seeing the patient. If you see a patient in a nursing home for the first time you would either use 99307-99310 or possibly 99251-99255 (Initial inpatient consultation). For all subsequent E&M services in a skilled nursing facility you would use 99307-99310.

There are codes in the CPT book that a podiatrist should NEVER USE in a Skilled Nursing Facility. The OFF LIMIT codes in 2005 were 99301 – 99303 “Comprehensive nursing facility assessments: new or established patient” They have been deleted and have been replaced with new codes that are still OFF LIMITS TO PODIATRISTS and any other consultants. I am mentioning them here only so that you will not use them. These new codes, which replace 99301-99303 are only to be used by the attending. They are: 99318 “Annual nursing home assessment” and 99304 – 99306 “Initial nursing facility care, new or established pt.” Remember, even though 99304-06 is called “Initial nursing facility care” don’t confuse that with your initial care. It applies only to the first visit that patient ever received in that facility.

The CPT codes for Evaluation and management services in Rest Homes, Custodial Care Facility and Assisted Living Facilities have also changed. CPT 99321-99323 (New Patient Rest Home) have been replaced with 99324-99328 and 99331-99333 (Established Patient Rest Home) have been replaced with 99334-99337. Once again three levels have been replaced with four levels. These codes should be used “to report E&M services in a facility which provides room, board and other personal assistance, generally on a long-term basis. They are also used to report E&M in an Assisted Living Facility. The facility’s services do not include a medical component.” The following charts compare the old Rest Home codes with the new:

**New Patient E&M Domiciliary, Rest Home,
Custodial Care
Need All Three Components**

Old CPT	History	Physical	Decision	New CPT	History	Physical	Decision
99321	Problem Focused	Problem Focused	Straight Forward or Low Complexity	99324	Problem Focused	Problem Focused	Straight Forward
99322	Expanded Problem Focused	Expanded Problem Focused	Moderate Complexity	99325	Expanded Focused	Expanded Focused	Low Complexity
99323	Detailed	Detailed	High Complexity	99326	Detailed	Detailed	Moderate Complexity
				99327	Comprehensive	Comprehensive	Moderate Complexity
				99328	Comprehensive	Comprehensive	High Complexity

**Established Patient E&M Domiciliary, Rest Home,
Custodial Care
Need Two out of Three Components**

Old CPT	History	Physical	Decision	New CPT	History	Physical	Decision
99331	Problem Focused	Problem Focused	Straight Forward or Low Complexity	99334	Problem Focused	Problem Focused	Straight Forward
99332	Expanded Problem Focused	Expanded Problem Focused	Moderate Complexity	99335	Expanded Focused	Expanded Focused	Low Complexity
99333	Detailed	Detailed	High Complexity	99336	Detailed	Detailed	Moderate Complexity
				99337	Comprehensive	Comprehensive	Moderate to High Complexity

There are also changes in some of the consultation codes. Two series of consultations that were infrequently used have been eliminated.

CPT codes 99261 – 99263 “Follow-up Inpatient Consults” have been deleted and have not been replaced. In cases where you may have used 99261-99263 in the past you should now use 99231-99233 “Subsequent Hospital Care” or 99307-99310 “Subsequent Nursing Facility Care”.

Also, the separate codes for Confirmatory Consultations CPT 99271 – 99275 have been deleted. You should now simply code as a consult using either 99251 – 99255 “Initial in-patient consult” or 99241 – 99245 “Office or other out-pt consults.”

PART II – CHANGES IN WOUND CARE CODES

The changes in wound care codes deal with skin grafts and specialized wound treatments such as Apligraf, Dermagraft and Oasis.

First, there is a minor change in the definition of CPT 15000. The old wording was “Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children.” The new wording is, “Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues) or incisional release of scar contracture; first 100 sq cm or one percent of body area of infants and children.”

There are also some minor changes in the definition of 15100 and 15120 which previously referred to “split grafts” and now refer to “split thickness auto-grafts.”

The significant changes deal with what were previously termed “Human Skin Equivalents.” CPT 15342 “Application of bilaminar skin substitute/neodermis; 25 sq cm” and CPT 15343 “Application of bilaminar skin substitute/neodermis; each additional 25 sq cm (list separately in addition to code for primary procedure)” have been eliminated. Here are the new codes and common product names

Apligraf	15340	Tissue cultured allogenic skin substitute, first 25 sq cm
	15341	Each additional 25 sq cm
Dermagraft	15360	Tissue cultured allogenic dermal substitute; trunk, arms, legs; First 100 sq cm or less, or one percent of body area of infants and children.
	15361	Each additional 100 sq cm, or each additional one percent of body area of infants and children or part thereof (List separately in addition to code for primary procedure) Use in conjunction with 15360
	15365	Tissue cultured allogenic dermal substitute; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digit; First 100 sq cm or less, or one percent of body area of infants and children.
	15366	Each additional 100 sq cm, or each additional one percent of body area of infants and children or part thereof (List separately in addition to code for primary procedure) Use in conjunction with 15365
Oasis	15340	Acellular xenograft implant; first 100 sq cm or less, or one percent of body area of infants and children
	15341	Each additional 100 sq cm, or each additional one percent of body area of infants and children or part thereof (List separately in addition to code for primary procedure) Use in conjunction with 15340

PART III – EXTRACORPOREAL SHOCK WAVE

ESWT now has a permanent CPT code. 0020T “Extracorporeal shock wave therapy; involving plantar fascia” has been replaced with CPT 28890 “Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia.” We have been assured that the vignettes for 28890 make two points very clear. (1) “Anesthesia other than local” includes ankle blocks and/or other regional anesthesia. It does not include simply infiltrating the heel with local anesthetic. “Anesthesia other than local” does not require spinal or general anesthesia. (2) “Performed by a physician” is defined as performed by a DPM, MD or DO.

BILLING DISPUTES - CREATING LEGAL ISSUES

By Andrew Feldman, General Counsel
New York State Podiatric Medical Association

Your fees can sometimes become an issue with your patient and lead to legal problems.

The key to avoiding a problem is for the patient or the insurance carrier to clearly understand the billing arrangement. Podiatrists also need to represent the fees charged and the care provided in a forthright manner. Here are some general caveats that podiatrists need to be aware of:

1. Many plans have co-payments, and it is necessary for the podiatrist to collect the co-payment. Failure to collect the co-payment can create issues with the plan or with Medicare.
2. It is also important for the podiatrist to understand that it is unethical, false and misleading to submit a claim form to a third-party reporting incorrect treatment dates or procedures for the purpose of assisting a patient in obtaining benefits under a plan.
3. It is inappropriate for podiatrists to incorrectly describe on a third-party claim form a podiatric procedure in order to receive a greater payment or reimbursement or incorrectly make a non-covered procedure appear to be a covered procedure on such claims.
4. Issues can also arise for a podiatrist when he recommends and performs unnecessary podiatric services or procedures.

CONCLUSION

The safest course of conduct is to be accurate, truthful and complete in your communications with your patients concerning fees as well as with third-party payers. If you inflate your fee solely because your patient is covered by insurance or perform unnecessary procedures because a plan will pay for it, you are opening yourself up to ethical, disciplinary and legal issues.

Johnson & Johnson Wound Management is proud to feature products for the podiatric industry such as SILVERCEL* Antimicrobial Alginate Dressing, REGRANEX* (becaplermin) Gel 0.01%, PROMOGRAN* Matrix and PROMOGRAN PRISMA* Matrix.

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For Full Prescribing Information or more information about REGRANEX Gel, visit www.regranex.com.



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Q and A on Wound Clinic Coding

Q. What is the locator code used for “Wound Care Centers” We have one in a hospital and one that is in space owned by the hospital but leased out to Curative? Would Medicare be different than a private HMO? We are having a problem with an HMO (obviously not a Medicare patient) that is not happy paying the facility a fee and paying us an E & M or Debridement code.

A. If the Wound Center is affiliated with a hospital then the POS would be #22 “Outpatient Hospital.” If it is a free standing clinic then it would be POS #49 “Independent Clinic” which is defined as “A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only (effective 10/1/03).”

Medicare should be identical to private insurance.

As far as an HMO paying a facility fee and procedure - Usually if they pay a facility fee they reduce the doctors fee, thus there is a minimal if any cost to the insurance company. If the clinic has an agreement with the HMO then they should pay you both, though you will get a smaller fee.



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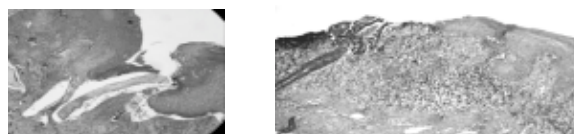
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Partial Thickness

Full thickness ulcer



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Medicaid and the Diabetic Shoe Program

By Dr. Joseph Sciandra, NYSPMA Insurance Committee

We have been receiving reports throughout New York State that there has been difficulty with billing and receiving co-insurance from Medicaid for the Medicare-approved *Diabetic Shoe Program*. The most common complaint is that the claims are rejected. Many practitioners don't even bother with subsequent billing attempts. The following are some helpful hints for properly filling out the Medicaid form. These have proved successful in upstate New York and hopefully will be useful to our members throughout the state. Remember, it is the responsibility of providers, by law, to attempt to bill deductibles and coinsurances after Medicare pays approved charges. Using the pink Medicaid Claims Form has produced some pitfalls that have resulted in rejected claims.

Here is a step by step procedure for you to follow with hopefully better results.

- 1) Column 2: when entering the patient's DOB, make sure to use all 4 digits of the year (for example, "1925")
- 2) Item 6A: use all of the blank areas when entering the patient's Medicaid ID number
- 3) 319 : The name of the referring physician is the patient's **Primary Care Physician**. Regarding 19C: PCP's license # in NY State is needed. This usually begins with two zeros, followed by six numbers. **Do not use the PCP's Medicare number or your license number.**
- 4) Column 24B: pos is code # 11
- 5) Item 24 C: is one of the most frequent problem areas. The code should be 99070. In 24D, the modifier is 50.
- 6) Item 24H: diagnosis code should be 250.00 (make sure all five digits are present).
- 7) 24I should be "2," which should be in the second column. (That is, right hand column).
- 8) 24: the charges should be the Medicare-approved charges. 24K: should contain the amount Medicare paid.
- 9) 24L: should contain the balance due for the 20% co-insurance.
- 10) 22F: should be "NO," as well as 22G, and 22H.
- 11) 22E: The status code should be "0."
- 12) Column 23B should be 21.
- 13) Column 32 should contain **your own patient's account number.**
- 14) You also must attach your notes, legible, and signed by you for the respective date of service. **These notes should NOT be stapled or paper clipped, and should be included in the same envelope as the claim. If there is a paper clip or staple, the claim will be returned to you.**

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Required Prescription Form will be mandatory as of April 26th

Andrew Feldman, NYSPMA General Counsel

Last spring (The Podiatrist Volume 11 Issue 1) we reminded you that as of April 16th, 2006, you will be required to use new forms for all the prescriptions you write.

The date is fast approaching. You can obtain the information you need by visiting www.health.state.ny.us or calling 866-772-4683.

The NYS Department of Health (www.health.state.us) provides the following information and links:

- **Register and Order Official Prescriptions Free of Charge**

Please note: This process is for Prescribers with a DEA number. If you do not have a DEA number, please call 1-866-772-4683 to complete your registration.

Register: Before you can order official prescriptions, you must first register with the Bureau of Narcotics using form DOH-4329.

Order : Include with your registration your initial order of official prescriptions by using form DOH-250.

Sign Up for Online Ordering: After you have completed your registration application you can apply for a Health Provider Network (HPN) account to order additional official prescriptions online.

- **Letter to Practitioners**
- **Registration Form for Official NYS Prescription Program**
- **Order Form for the Official NYS Prescription**
- **Q & A for Practitioners**
- **Important Notice to Pharmacists**
- **Lost or Stolen Prescriptions**
- **Questions about Medicaid and the Official Prescription: Contact Medicaid at (518) 486-3209.**



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Four Prominent Medical and Business Leaders Honored at Eighth Annual Convocation and Testimonial Dinner of New York College of Podiatric Medicine

Thomas A. Dunne, Daniel Glassman, Marc D. Grodman, MD and Stephen Holt, MD Honored For Staunch Support of Podiatric Medical Education

[New York, NY] – Verizon executive Thomas A. Dunne and health care executives and entrepreneurs Daniel Glassman, founder and Chairman, CEO and President of Bradley Pharmaceuticals; Marc D. Grodman, MD, founder and Chairman, President and CEO of Bio-Reference Laboratories, Inc.; and Stephen Holt, MD, best-selling medical author, and founder of Natures Benefit, Inc. and Wellness Publishing, Inc., each received an honorary Doctor of Humane Letters degree from the New York College of Podiatric Medicine (NYCPM) at the college's Eighth Annual Convocation and Testimonial Dinner on Tuesday, December 13, at the Grand Hyatt Hotel in New York City. The four were honored for their varied accomplishments, as well as their longstanding support and staunch advocacy of programs to improve health care education in training students and residents of podiatric medicine.

Recovery audit contractors (RACs)

Reprinted from the APMA Daily eNews #2,013

Recovery audit contractors (RACs) have started requesting documentation from doctors in California, Florida, and New York as they review Medicare claims paid to physicians in the previous three years under a demonstration program mandated by Congress in the Medicare Modernization Act. The controversial program, which rewards the RACs with a percentage of the amount of overpayments they collect, has already caused problems in Florida that APMA and the Florida Podiatric Medical Association have addressed with the Centers for Medicare & Medicaid Services (CMS).

In Florida, the RAC sent letters to podiatrists demanding repayment of allegedly improperly paid claims. However, when notified that the claims in question could not be considered improper without reviewing the medical documentation, the RAC and CMS determined that the initial demand letters were sent in error. The RAC sent a second letter requesting the pertinent medical records, but the follow-up left out important information for the physicians involved.

While APMA continues to sort out those issues and seek additional materials from CMS, the Association wants members to have the following information:

The RACs reviewing Medicare claims for incorrect payments are PRG Schultz International (California), Connolly Consulting (New York), and Health Data Insights (Florida). They are reviewing claims paid one to three years ago by the carrier in the state, as well as durable medical equipment claims paid during that time for beneficiaries who live in the state. Two other RACs, Diversified Collection Services (California) and Public Consulting Group (Florida), are reviewing claims for Medicare secondary payer issues that will not result in recoupment from physicians. The demonstration program began in March 2005 and will continue until March 2008.

The RACs may use "automated review" (similar to a coding

edit that blocks initial payment) to find claims "certain" to be noncovered. To qualify for such certainty, the claim must be medically unbelievable or there must be a "clear policy" (statute, regulation, national coverage determination, local coverage determination, or coverage provision in an interpretive manual) that specifies the circumstances under which the service is never covered. If the RAC finds improperly paid claims through automated review, it may immediately issue a demand to the provider for repayment, and it should inform the provider of which coverage/coding/payment policy or article was violated.

When there is a "high probability" (but not certainty) that a claim contains an overpayment, the RAC may request medical records and documentation from the provider who billed the claim. The provider has 45 days to submit the requested records, and CMS informed APMA that providers may contact the RAC to request an extension. If the provider does not respond to the request for records, the claim will be deemed improper and the RAC may begin its collection efforts. If records are submitted, the RAC will review the documentation and it must inform the provider of the outcome of the review, including information on the coverage/coding/payment policy or article that was violated, if any.

Once a RAC issues a demand for a refund, the provider will have 30 days to pay before interest will begin to accrue. The carrier may begin offset after 40 days. The provider has 120 days to appeal the RAC's finding. Recoupment efforts must cease while an appeal is ongoing, but interest will accumulate. The carrier will hear the appeal, which then follows the multi-level Medicare claims appeal process.

Each RAC has a toll-free number for questions from providers. APMA requests that any members having issues with the RAC demonstration program contact Rodney Peele, Esq., APMA's assistant director of health policy and legislative advocacy, at rdpeele@apma.org.

New changes in Medicare effective January 1, 2006

(and links to further information)

Home Care and Domiciliary Care Visits (Codes 99324 – 99350)

The Claims Processing Manual Pub. 100-04, Chapter 12 is revised to reflect the new code changes by the American Medical Association, Current Procedural Terminology (CPT) 2006, for reporting visits in the domiciliary, rest home (e.g., boarding home), or custodial care settings, (new patient codes 99324-99328, established patient codes 99334-99337) and the nursing facility settings (initial service codes 99304 – 99306 and subsequent visit codes 99307 – 99310) and Other Nursing Facility services (code 99318) for an annual assessment beginning January 2006.

For more information on this change visit the CMS Medlearn Matters website at <http://www.empiremedicare.com/news/nynews05/122905home.htm>

2006 Therapy Caps

Financial limitations of therapy services are scheduled to be implemented on January 1, 2006 in the same manner they were implemented in September 1, 2003, except for the dollar amount. To learn more about the therapy caps visit the CMS Medlearn Matters website at <http://www.empiremedicare.com/news/nynews05/121305the.htm>

National Provider Identifier Number (NPI) News

Beginning January 1, 2006, Medicare will accept the NPI on electronic claims and claim status inquiries **as long as it is accompanied by the existing Medicare provider number assigned by Empire Medicare Services.** This provider number is also known as your legacy number. The NPI is a ten-digit numeric value. For more details, please refer to the Medlearn Matters article at <http://www.cms.hhs.gov/MedlearnMattersArticles/downloads/SE0555.pdf>

Providers and suppliers may now apply for their NPI on the National Plan and Enumeration System (NPPES) Web site <https://nppes.cms.hhs.gov>. To request a paper application from NPPES, call 1-800-465-3203

Elimination of Surrogate Unique Physician Identification Numbers (UPINs) on Medicare Claims *Effective Date: April 1, 2006*

The Social Security Act (Section 1833(q)) requires that all physicians who meet the definition of a physician (Section 1861(r)) must have a UPIN, and that all claims for services ordered or referred by one of these physicians include the name and UPIN of the ordering/referring physician.

Currently, suppliers, physicians, and non-physician practitioners are allowed to bill for diagnostic, radiology, consultation services, and equipment with the use of Surrogate UPIN OTH000. Surrogate UPINs were intended to be used during an interim period when a UPIN has been requested but has not yet been received.

CMS will no longer accept the Surrogate UPIN OTH000 to identify the ordering or referring physicians on claims submitted by billers, suppliers, physicians, and non-physician practitioners, effective for dates of service April 1, 2006, and later: (Beneficiary submitted claims and mass immunization claims are excluded.)

If you need to obtain another physician's UPIN for billing purposes, you may find that UPIN by going to <http://www.upinregistry.com>.

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Medicare fees

The 2006 Medicare fees will NOT be included on the CD-ROM you will shortly be receiving. There are bills in Congress that may negate the proposed 4.5% fee decrease scheduled to go into effect on January 1st. In order to allow greater flexibility for making any last minute changes to the 2006 payment rates, the Centers for Medicare & Medicaid Services (CMS) has instructed carriers not to place the 2006 fees on CD-ROM this year. You will be able to download the fees from the carriers web sites. The sites are:

www.empiremedicare.com for Downstate NY
(and NJ)

www.ghimedicare.com for Queens County

www.umd.nycpic.com for Upstate NY

In Memoriam

Frank E. Goodell, DPM, a Life Member of New York Division, passed away on November 3, 2005, at the age of 91. Dr. Goodell had been a member since 1957.

Murray H. Greene, DPM, a Life Member of Mid-Hudson Division, passed away mid-November 2005, at the age of 89. Dr. Greene had been a member since 1943.

Hermia B. Purow, DPM, a Life Member of New York Division, passed away on December 11, 2005, at the age of 91. Dr. Purow had been a member since 1958.

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Associate Wanted. For house calls in the New York Metropolitan area. Fax resume to 718-832-6787.

Associate Wanted. Part-time without benefits. 10 year old office practice on Central Long Island. Please email CV and/or interest to NYDPM@optonline.net.

Excellent Opportunity. Full time. Diabetic foot experience, preferably Board Certified. Growing company with hospital based wound care centers in NJ. Fax CV to 732-661-2080.

Full Time Podiatrist Position. A lovely community hospital, located close to the NY border, is seeking a Board Certified or Board Eligible podiatrist experienced in trauma and ankle for a full time position. The hospital is operating in the black and is undergoing growth. They have a beautiful state-of-the-art surgi center, and they have recently hired a hand specialist to accommodate their growing patient volume. The ideal candidate will have strong clinical skills as well as a warm bedside manner. They are offering a competitive compensation package. For more information, contact Carolyn Egan at 914-941-8499, ext 133.

Partnership Opportunity. Podiatrist seeks active partner for established, three year old orthopedic and comfort footwear shoe store in the Bronx. Terrific growth potential. Require motivated individual. Call 718-828-5300.

Position Available. Looking for covering podiatrist, Spanish speaking. Call 718-542-0472.

Position Available. Part time, 1 or 2 days per week, Manhattan & Staten Island nursing home care. Fax resume to: 212-650-0047.

Position Available, White Plains, NY. Looking for Spanish speaking, surgically oriented, part time for established office. Fax resume to 914-997-2951.

Position Available. Busy 2 DPM practice in Albany, NY seeks an ethical, hard working podiatrist, PSR-24 preferred. Fax CV to 518-465-9859, Attn: Dr. Berger.

Position Available. Suburban Syracuse. Seeking hard working, ethical, caring, personable podiatrist for multi-faceted offices. Hospital and surgery center privileges available. Send CV to: Podiatrist, PO Box 521, Fayetteville, NY 13066.

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Practice for Sale. Good practice for new podiatrist or expanding podiatrist. East Aurora, NY. Surgical and conservative treatment mixture. Great location with Primary Care Physicians. Significant growth potential. Call 718-818-3882.

Practice for Sale. P/T 2 days a week. All new equipment. Highly visible Staten Island location. Affordable. Call 718-938-5766.

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Legal Services. Andrew Feldman, General Counsel to the New York State Podiatric Medical Association, and the law firm of Feldman, Kieffer & Herman, LLP, with offices throughout New York State, provide legal services at a preferred billing rate to members of NYSPMA on professional discipline issues, reimbursement issues, Medicare reimbursement issues, alleged fraud and abuse issues, and professional business practice issues. Call 716-852-5875.

Professional Conduct Expert. Robert S. Asher, Esq., 295 Madison Avenue, NYC. Former Director Professional Conduct, NYS Board of Regents, now in private legal practice. 25 years health law experience, concentrating on representation in disciplinary, license restoration, impaired professional, narcotic control, Medicaid, Medicare or other reimbursement matters, professional business practices. Call 212-697-2950 or 914-723-0799 evenings.

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