

2011 Educational Meeting Highlights

We're excited about our speakers and their presentations again this year. (Please see insert in this issue for a listing and registration form.) One of many highlights is the inclusion of an APMA mini coding seminar given by Dr. Harry Goldsmith. We planned the coding presentation for Friday, Oct. 21 so staff can attend with you.

We are fortunate to have Dr. Michael King, APMA President, who will be able to give us insights about strategies for the national health care issues we all care so deeply about. Our nationally known speakers include James Wang, Michael McGlamry, Alan Banks, Babak Baravarian, Bryan Markinson, Richard Quint, and Todd Levine. Of course, our favorite Colorado attorney, June Baker Laird, will be on hand to talk about what's going on with malpractice issues and her take on EMR. (We are planning on several EMR companies to exhibit in an area where they can offer mini presentations for you and your staff.) Last year we had two Colorado DPMs as presenters and this year, we'll have Nathan Hunt, who just came to Colorado after completing a two-year fellowship in treating diabetic patients at Texas A&M.

To reserve a room at the Inverness call 303-799-5800 or 800-345-4891. Tell the reservationist you are attending this meeting to get a special rate of \$109 plus tax and fees. **To take advantage of this rate, reserve no later than Sept. 21.**

Please encourage any potential exhibitors to attend. Have them contact Anne-marie Zuccarelli at 303-881-8837 or maxamz@aol.com. Last year's exhibitors were very complimentary about their participation in our meeting. Thanks for your help and support.
Clinton Holland, DPM, Conference Chairman

2011 CAC Report

Busy year, I hope everyone has been working on preparing for Meaningful Use, choosing an appropriate certified software and necessary hardware. I'm sure this is difficult for all. Everyone should have entered at least 10 eRx to meet the CMS June 30, 2011 deadline to avoid a reduction in 2012 Medicare payments.

So far 2011 has been rather busy with Medicare and Medicaid benefit issues. **Medicaid** has been reviewing all of their policies and reworking them. It is important to watch for the Comment period to make any changes to the policies. The policies that currently affect Podiatry are 9 separate policies depending on services that your office provides. To find out about these policies follow the Collaborative Benefits Meeting Schedule on the Colorado Medicaid Website. Many of you may not know that earlier this year when the State Senate legislative was voting on the 2011-2012 budget, Podiatry coverage was excluded but was included back in the budget before the final vote. Until APMA can get Title 19 passed where Podiatrists are included as Physicians we will be at the mercy of the State budget pen

Medicare: Last year as many of you may know on 8-16-10 several new LCD's went into effect with many changes in benefits. Since then the J4 CAC reps have been working with the APMA to clarify the RFC and Mycotic LCD's to make them more in line with the CMS national policy for foot care. We haven't come to a conclusion yet but hopefully in the next few months or so. The issues in question are:

Allowing Neuropathy as a primary diagnosis for RFC

The Rx requirement for fungal nails

The limitation of 6 debridements within 24 months for mycotic nails

The exclusion of debridement codes, 11720 & 11721 in the RFC LCD

Make sure you are using the correct billing and benefit guidelines in the current LCD's, they can be found on the TrailBlazer Website; refer to Foot care LCD's.

Several members had asked me to check on denied codes that TrailBlazer had decided were not allowed to be billed by Podiatrists. After much work we have succeeded in getting them open for Podiatrists.

1. Ultrasound guided injection billed in 2010 with code 76942.
2. MRI of the foot – 73718-TC or 73721-TC Podiatrist's are only paid for the technical component of the MRI and a Radiologist would do the reading and provide the report.
3. 15120 - Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, **feet, and/or multiple digits**; first 100 sq cm or less.
4. 27768 - Closed treatment of posterior malleolus fracture, with manipulation
5. 27829 - Open treatment of distal tibiofibular joint (syndesmosis) disruption, with or without internal or external fixation

TrailBlazer has opened up all the above codes for Podiatrists now. This means that Podiatrists will again get paid for doing these procedures.

Just remember a good practice management tool is to review your Insurance EOB's including Medicare and Medicaid weekly, at least. A denial does not mean that you should not get paid; the insurance companies are not always right in their claim processing. Make sure you are getting paid for your services. Do not write off procedures that you should get paid. Sometimes that requires discussions and appeals with the insurance companies that we participate with to get policies corrected. Keep a close eye on your vouchers; you should get paid for what you do.

Thank you for all your input I look forward to continuing to work for you. Please continue to notify me of any Medicare and Medicaid issues.—**Gordon P. Rheume, DPM, CAC Rep., Colorado**