ACFAS Update

VOLUME 22 ISSUE 3

NEWS *from the* AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS

The Survey Says . . . Be a Part of ACFAS' Member Surveys and Win an Apple Watch

Let your voice be heard—respond to ACFAS' triennial member and practice surveys. Your valuable feedback influences decisions affecting the College and helps guide the future of foot and ankle surgery. Plus for your efforts, six members who respond will win their choice of an Apple Watch, free registration to the 2016 Annual Conference in Austin or free 2016 membership dues!

Check your email for your survey - half of ACFAS members received the Practice Economics Survey and the other half received the Member Opinion Survey around May 12. The survey you received was determined by random sample. Survey responses are confidential, anonymous and only reported in the aggregate by a third-party survey consultant. Results will be posted on acfas.org in late summer.

Don't miss this opportunity to have a say in your profession's future through a simple survey. We look forward to receiving your input!

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BRING OUT YOUR DEAD

MONTY PYTHON AND THE HOLY GRAIL

Is private practice dead? I have been in private practice for more than 24 years and have seen many changes. Shortly after joining a busy, one-doctor practice in 1990, there was a significant shift in reimbursement for surgical procedures. HMOs and PPOs were on the rise, even capitation, and physicians needed to plan how to deal with these new challenges. Some physicians changed their methods in caring for patients, seeing many more patients per day, while other physicians continued to treat patients as if nothing changed.

Since those years in practice, managed care continued to gain strength resulting in the reduction of reimbursements to physicians and hospitals in an attempt to tame the skyrocketing costs of healthcare. The writing was on the wall that this couldn't persist as costs continued to increase. More information regarding the quality of care in other countries seemed to demonstrate that our system, once thought of as the best in the world, was not.

A change was therefore, deemed necessary. The first noticeable change started with primary care physicians. More and more primary care doctors left solo practice and became employees of hospitals or hospitalists. The days of the one-doctor primary care office were dissolving. According to most analysts, this would happen regardless of the implementation of the Affordable Care Act or not.

As a result, with the enactment of the Affordable Care Act, there appears to be a move from fee-for-service to value- and population-based reimbursement. Physicians will still be able to maintain some autonomy with either single-specialty or multispecialty mega groups more than they would as hospital employees. The days of hanging a shingle may very well be over in time with our new healthcare environment.

"I'm not dead yet...I'm getting better." "No you aren't, you will be stone dead in a moment." This classic exchange from *Monty Python and the Holy Grail* can be related very closely to today's healthcare and the single-doctor practice. Once a vibrant part of our healthcare system, the single-doctor practice will just be a footnote in history. The Marcus Welby, MD, persona is gone and most likely will never return.

Foot and ankle surgeons are late to join this fray in the healthcare chess game. Many other specialties have joined hospitals and have formed large multispecialty groups or large single-specialty groups. The advantage of these large groups allows the use of one National Provider Identifier number, creating increased bargaining power with suppliers and especially insurance companies. We as foot and ankle specialists are now evaluating these prospects and starting to make moves toward the future. Unfortunately, none of us know exactly what the future will bring or what will be the best option.

One of the College's six strategic initiatives is to work closely with practice management experts to help you navigate these uncharted waters, but this is not an easy question to answer. Every physician will have his or her own preferences for how they want to practice—or perhaps retire—and all of the answers may not be available or easily accessed, which makes this even more frustrating.

"I'm getting better!" as the wounded soldier says in *Holy Grail,* may unfortunately not be the case for some solo practitioners. This problem is more challenging, and personal, than any nonunion or complex foot disorder. This problem may require drastic measures to improve our present course.

Questions for Dr. Derner? Write him at president@acfas.org.

Richard Derner, DPM, FACFAS
ACFAS President

Listened to Our Latest Podcasts Lately?

Imagine driving to the office or surgery while catching up on the latest in Achilles tendon rupture vs. repair, lisfranc controversies, sesamoid fractures vs. sesamoiditis and more.

How? Through ACFAS' growing Podcast Library. With new podcasts released every month, our library has just what you need to stay up to date on new trends and perspectives within the foot and ankle surgery profession.

Our panelists candidly share their experiences and best practices to give a balanced view of each topic, while our moderators help keep the discussion on point and on track. Get the lowdown on surgical, clinical and practice management challenges facing today's foot and ankle surgeon no matter if you're at home, traveling or have some spare time in between patients. Visit acfas.org/e-Learning for the full podcast library and learn the latest from the very best.

2015 ACFAS Podcasts

January
Surgical Management of Peroneal Tendon Injuries
Moderator: Amber Shane, DPM, FACFAS

Panelists: Scott Nelson, DPM, FACFAS; Craig Camasta, DPM, FACFAS; Scott Goldstein, DPM, AACFAS

February
Achilles Tendon Rupture vs. Repair
Moderator: Michael Dujela, DPM, FACFAS

Panelists: Melissa M. Galli, DPM, AACFAS; Paul Dayton, DPM, FACFAS; Ryan Scott, DPM, AACFAS

March
Lisfranc Controversies
Moderator: Paul Dayton, DPM, FACFAS

Panelists: John J. Anderson, DPM, FACFAS; Michael D. Dujela, DPM, FACFAS; Daniel J. Hatch, DPM, FACFAS

April
Medial Double vs. Traditional Triple
Moderator: John T. Marcoux, DPM, FACFAS

Panelists: David Caldarella, DPM, FACFAS; Michael Lee, DPM, FACFAS; Christian Neagu, DPM, FACFAS; Laurence G. Rubin, DPM, FACFAS

May
Sesamoid Fractures vs. Sesamoiditis
Moderator: Michael S. Downey, DPM, FACFAS

Panelists: Allen Jacobs, DPM, FACFAS; Benjamin D. Overley, DPM, FACFAS

June
Perils of Posterior Tibial Tendon Dysfunction
Moderator: Jason Miller, DPM, FACFAS

Panelists: Harold Schoenhaus, DPM, FACFAS; Andrew Myer, DPM, FACFAS; Kevin Lam, DPM, FACFAS

2015 EDUCATION PROGRAMS

June 19–20, 2015 (Friday/Saturday) SOLD OUT
Foot and Ankle Arthroscopy
Orthopaedic Learning Center
Chicago, IL

July 17–18, 2015 (Friday/Saturday)
Interactive Surgical Coding Workshop
Hilton McLean Tysons Corner
Tysons Corner, VA (Washington, DC)

August 1–2, 2015 (Saturday/Sunday) SOLD OUT
Foot and Ankle Arthroscopy
Orthopaedic Learning Center
Chicago, IL

October 16–17, 2015 (Friday/Saturday)
Interactive Surgical Coding Workshop (Reconstruction & Arthrodesis)
Monte Carlo Resort & Casino
Las Vegas, NV

October 17–18, 2015 (Saturday/Sunday)
Comprehensive Flatfoot (Reconstruction & Arthrodesis)
SpringHill Suites Las Vegas Convention Center
Las Vegas, NV

November 7–8, 2015 (Saturday/Sunday)
Advanced Arthroscopy for Foot and Ankle
Orthopaedic Learning Center
Chicago, IL

December 12–13, 2015 (Saturday/Sunday) SOLD OUT
Foot and Ankle Arthroscopy
Orthopaedic Learning Center
Chicago, IL

*To be waitlisted, contact Maggie Hjelm at hjelm@acfas.org.

For a full listing of upcoming educational opportunities, visit acfas.org/education.

Catch Up with Free Clinical Online Sessions

Take advantage of ACFAS' plethora of free exceptional educational Clinical Sessions in our e-Learning Center on acfas.org. Whether you are looking for a refresher course or a full-blown educational experience, our 1-2 hour sessions have just what you need to stay on top of the latest trends in the profession. Tap into the minds of the expert faculty and learn anything from 2nd MTPJ Pathology to Flatfoot Essentials while earning CME at your convenience, 24-7! To access ACFAS' Clinical Sessions or other first-rate educational opportunities, visit acfas.org/eLearning.

The Most Misused Modifier: -59

Jacqueline Kravitz, CPC
ACFAS' Coding Coach
coding@acfas.org

If used appropriately, a -59 modifier shows distinct procedural services performed on the same day. It identifies procedures or services that are not normally reported together but are appropriate under specific circumstances.

But beware—you might be reported for potential fraudulent activities if you "unbundle" a bundled service. The 2013 Comprehensive Error Rate Testing report showed that with Part B claims, $2.4 billion was paid for claims with a procedure appended with -59. Of that, $320 million was projected as erroneously billed.

Remember in order to use modifier -59, two (or more) procedures must: be performed during different sessions or patient encounters; be considered different procedures or surgeries; and must also be at different anatomic sites, on a different organ system or have a separate incision/excision or separate lesion/injury. If it does not meet one of these criteria, then modifier -59 should not be used. Documentation in the chart must be in support as well.

Do not use modifier -59 if you can use a more specific modifier (e.g., T modifier) instead. Think of using modifier -59 as a last resort.

For example, say the destruction of a premalignant lesion was performed while completing a biopsy of a separate lesion on the skin of the right leg. The use of a skin debridement procedure code 11100 or 11101 indicates that the procedure to obtain tissue for pathologic examination was performed independently or was unrelated or distinct from the other procedure or service provided at that time (CPT 17000: destruction, first premalignant lesion). Such biopsies are not considered components of other procedures when performed on different lesions at different anatomical sites on the same side of the body on the same date of service. A modifier is needed since there was another lesion, but is modifier -59 appropriate if the procedure was performed on separate lesions?

First, make sure that based on the documentation in the charts, and after verifying with the National Correct Coding Initiative manual, you are absolutely certain you have met one of the criterions for use of modifier -59 because it was a(n):

1. different session or patient encounter (the service was done in the morning and then another procedure was performed in the afternoon); or
2. different procedure or surgery; or
3. different site or organ system (totally different part of the body or organ); or
4. separate incision; or
5. excision; or
6. separate lesion or injury.

In this example, modifier -59 is used because it is a separate lesion on the same side of the body. However, payer-specific X modifiers have been in effect since January 1, 2015 and allow you to utilize the following codes:

- If it is a separate encounter, use XE instead of modifier -59.
- If the procedure was performed on a different organ or structure, use XS.
- If within your group one doctor did a surgery in the morning and another doctor addressed a different problem, use XP.
- For unusual non-overlapping services where one procedure had nothing to do with the first procedure, use XU.
- If no other explanatory modifier is available, i.e., all procedures done on right leg/ankle and foot, use XS RT on all lines of service (such as in the example provided).
- If you perform a procedure on a specific patient, but it is normally not done at the same time, use XU.

As a best practice, try billing one multiple-procedure surgery to see how your insurance carrier pays it.

To have your specific coding questions answered, email Jacqueline Kravitz, CPC, at coding@acfas.org.

Take the Confusion Out of Coding

Maximize your revenue and streamline your surgical coding process with ACFAS

If talk of modifiers and accurate surgical coding makes your head spin, take the first steps to clarity and register yourself and your office staff for the next ACFAS Interactive Surgical Coding Workshop July 17-18 in Tysons Corner, VA (Washington DC).

This newly redesigned, interactive workshop focuses on case-based scenarios where you and your office staff work with fellow attendees to code cases and learn the ins and outs of ICD-10, modifiers, office policies, durable medical equipment and much more.

The fee for this two-day course includes 12 continuing education contact hours, a comprehensive reference guide, breakfast and lunch. If you're unable to attend the summer workshop, a fall program is also set for October 16–17 in Las Vegas.

Accurate surgical coding can make all the difference in giving your practice a competitive edge. And with the stakes raised for billing, coding and regulatory compliance this year, you can't afford to miss out on the latest tips and strategies to help streamline your office's surgical coding process. Register today at acfas.org/practicemanagement and take the first step in improving your practice's coding process and revenue cycle management.

2015 CODING WORKSHOPS

July 17–18, 2015 (Friday/Saturday)
Interactive Surgical Coding Workshop
Hilton McLean Tysons Corner
Tysons Corner, VA (Washington, DC)

October 16–17, 2015 (Friday/Saturday)
Interactive Surgical Coding Workshop (Reconstruction & Arthrodesis)
Monte Carlo Resort & Casino
Las Vegas, NV

Got specific coding questions? Email Jacqueline Kravitz, CPC, ACFAS' Coding Coach, at coding@acfas.org to have them answered.

Scholarship Brings Student to ACFAS 2015

Podiatric student Valeria Alfano of Barry University experienced ACFAS 2015 and all it had to offer because of the generosity of one ACFAS member and her family.

Albuquerque member Roya Mirmiran, DPM, FACFAS, and her family established the ACFAS Legacy Fund-Mirmiran Family Scholarship to help students like Valeria make attending the College's Annual Scientific Conference possible with a $1,000 annual scholarship to be used to offset travel to the conference.

Valeria Alfano, Barry Class of 2016, is the 2015 Mirmiran Family Scholar. Many thanks to the Mirmiran Family and congratulations to Valeria!

Valeria Alfano & Roya Mirmiran, DPM, FACFAS, at ACFAS 2015 in Phoenix

In Memory

Tyler L. Collins, DPM, FACFAS
Murray, UT

Joel H. Hill, DPM, FACFAS
Homosassa, FL

Introducing . . . the ACFAS Online Residency Director Center

Everything you need to make your life easier as a residency program director is now available in one place—the new ACFAS Residency Director Center at acfas.org.

ACFAS' Residency Director Center provides you with various resources, documents and tools required to obtain and maintain CPME approval. You can even access examples of CPME-required documents, including: affiliation agreements, contracts, presentations from the ACFAS 2015 Residency Directors Forum, rotational competencies and assessment forms you can use as guides in the development of your own individual programmatic documentation—all from your computer, on your time.

Developed by the ACFAS Post-Graduate Affairs Committee, the Residency Director Center is a great resource for residency programs and will consistently grow as new information is developed and made available.

"Because of a lack of an established source for direction on program development and documentation, we felt we could fill the void with the ACFAS Residency Director Center," says J.T. Marcoux, DPM, FACFAS, ACFAS' Post-Graduate Affairs Committee chair.

Dr. Marcoux encourages program directors and anyone looking for residency program information to keep referring to the ACFAS Residency Director Center. "Additional content, including a list of available program director mentors by ACFAS divisions, a presentation on research methodology, classified advertisements and a question-and-answer section are planned for the future," he adds.

Visit acfas.org/rdc or access the Residency Director Center through the Member, Resident & Student Centers tab on the right of the ACFAS homepage.

Complications Conference Offers Open-Dialogue Learning

From Charcot reconstruction to Pantalar fusion and necrotizing fasciitis, ACFAS Division 4: Desert States Complications Conference gave attendees the opportunity to learn from their most challenging cases.

Held in Denver in April, the program provided attendees with interactive learning environment and open dialogue on the problem cases presented in their offices. "Attendees really enjoyed the ability to ask questions during and after each presentation," explains Gregory Still, DPM, FACFAS, Division 4 president and program moderator. "They voiced their opinion, no matter if they agreed or disagreed with how each case was handled."

Division 4 plans to hold another conference next year, possibly in Arizona. Visit acfas.org/division4 for the latest on their events and activities.

ACFAS Division 4 Complications Conference Attendees

Top Row (L-R): Ian Yarger, DPM, PSR3; Scott Carrington, DPM, PSR2; Zeno Phau, DPM, PSR1; Clark Johnson, DPM, PSR3; Greg Still, DPM, FACFAS, Division 4 President; Mark Bivins, DPM, PSR1; Matt Gorski, DPM, PSR1; Troy Fowler, DPM, PSR2

Bottom Row (L-R): Nate Aikele, DPM, PSR1; Fred Mechanik, DPM, FACFAS, Division 4 President-Elect; Kelly Pirozzi, DPM, AACFAS, Division 4 Secretary/Treasurer; Abigail Smith, DPM, PSR1; Kaitlyn Bergard, DPM, PSR1; Katie Hoang, DPM, PSR2

ACFAS Division 5: Florida Sponsors Residents' Forum

Earlier this year, ACFAS Division 5: Florida sponsored the 12th Annual Residents' Forum at the Florida Podiatric Medical Association's (FPMA) Science and Management (SAM) Symposium in Orlando. ACFAS Division 5 teams up with FPMA each year to provide an academic experience during SAM for those enrolled in Florida's podiatric residency programs.

The top five presentations received monetary prizes ranging from $100 to $500 based on quality, rationale for procedure/fixation used, lessons learned from the surgery's success or failure and adherence to a six-minute time limit.

(L-R) Matt Villani, DPM (5th place); Nathan Graves, DPM (2nd place); Andre Williams, DPM, FACFAS (Division 5 Vice President); Joanne Balkaran, DPM, FACFAS (Division 5 President); Francesca Zappasodi, DPM (1st place); Casey Bowles, DPM (3rd place); Ashley Bowles (4th place); and Alan MacGill, DPM, FACFAS (Division 5 Treasurer/Secretary).

Promote Your Practice with New, Free Patient Ed Presentations

If you frequently speak at community health events, you know finding time to put together presentations isn't always easy. Luckily, ACFAS has you covered. Five free downloadable PowerPoint presentations are now available in the ACFAS Marketing Toolbox. Topics include:

- Bunions and Hammertoes;
- Common Athletic Injuries of the Ankle;
- Heel Pain;
- Ankle Arthritis; and
- Common Foot and Ankle Conditions.

Each presentation provides a condition overview, outlines symptoms and treatment options and even includes a customizable slide for your practice's contact information so new and existing patients can reach you if they have questions or wish to schedule an appointment. All presentations also include an easy-to-follow script that coincides with each slide.

No matter if you use these PowerPoints to complement your public speaking engagements or for meetings with patients in your office, you can feel confident knowing the information you're presenting comes from ACFAS—the leader in foot and ankle health education.

Visit the ACFAS Marketing Toolbox at acfas.org/marketing often for all of your practice marketing needs, such as patient education CDs, the seasonal *FootNotes* newsletter, social media tools and more new products as they become available throughout the year.

Spring Is in the Air with the Latest *FootNotes*

Breathe new life into your practice's marketing efforts with the spring edition of *FootNotes*, the free, customizable, downloadable patient education newsletter. The latest issue lets you share great stories with your patients and potential patients on such topics as:

- Don't Let Foot Pain Slow Your Springtime Walk
- Is Your Job Tough on Your Feet?
- Don't Ignore Ankle Sprains

Don't forget to put copies of *FootNotes* in your waiting room, distribute them at upcoming community health events and speaking engagements or post *FootNotes* on your company website and social media pages.

FootNotes is just one of many free ready-to-use resources available at acfas.org/marketing to help streamline your practice's marketing efforts, and new tools are added throughout the year.

Hot Off the Press: Two Clinical Consensus Statements

ACFAS' new Clinical Consensus Statements (CCSs) library is off to a running start—with the first two statements on prophylactic antibiotic use and DVT ready for reading in *The Journal of Foot & Ankle Surgery (JFAS)* and at acfas.org under the Research & Publication tab. This comes just two short years after the ACFAS Board of Directors approved funding to develop new CCSs.

ACFAS' CCSs provide you with recommended approaches to the treatment of specific foot and ankle conditions and pathology. More user-friendly than our previous clinical practice guidelines, CCSs give a snapshot of the available literature at the time of review.

Perioperative Prophylactic Antibiotic Use in Clean Elective Surgery, published in the March/April 2015 issue of *JFAS,* determines whether prophylaxis is recommended in elective foot and ankle surgeries. A panel chaired by Monica Schweinberger, DPM, AACFAS, reviewed six studies and found that:

1. Studies pertaining specifically to elective foot and ankle surgeries that were not Level 1 evidence generally did not recommend prophylaxis.
2. Multispecialty guidelines tend to recommend routine prophylaxis, especially for surgeries involving hardware.
3. Many hospital systems support routine prophylaxis by surgeons.

The panel concluded that more high-level evidence is needed to determine if prophylaxis is necessary in elective foot and ankle surgery and recognized that a divide exists between empirical evidence and common practice. However, while the six studies reviewed did not demonstrate significant benefit in terms of infection prophylaxis, in each case, the intervention did not result in an adverse event or complication in more than 1,000 patients studied.

Risk Prevention and Diagnosis of Venous Thromboembolism Disease (VTED) in Foot and Ankle Surgery and Injuries Requiring Immobilization, featured in the May/June 2015 issue of *JFAS*, concludes that routine chemical prophylaxis is not warranted in foot and ankle surgery or in injuries requiring immobilization.

The CCS panel, chaired by Adam Fleischer, DPM, MPH, FACFAS, determined that foot and ankle surgeons should attempt to stratify patients and develop a prophylaxis plan for those at high risk of VTED. Risk factors may be patient-specific, related to the treatment course and/or related to the surgery or injury itself.

Based on their review of 43 high-level evidence articles, the panel reached consensus that:

1. Current evidence argues against the routine use of chemical prophylaxis for VTED in foot and ankle surgery or injuries requiring immobilization.
2. The decision to prescribe chemical prophylaxis during nonoperative or operative management of foot and ankle disorders should be based on each patient's unique risk benefit analysis. Risks and consequences of bleeding should be weighed against those of developing VTED.
3. A multimodal approach to VTED prophylaxis is recommended for patients at high risk.
4. When clinical suspicion of lower extremity deep venous thrombosis (DVT) exists, the patient's pretest probability for DVT should first be established.

While what constitutes sufficient risk to warrant chemical prophylaxis is not clear, factors associated with the greatest risk include:

a. a personal history of VTED;

b. active or recent cancer;

c. a hypercoagulable state;

d. prolonged lower extremity immobilization.

CCSs are vital to the advancement of foot and ankle surgery because they encourage dialogue on timely clinical topics and often represent diverse opinions, uncertainties and minority viewpoints. And since ACFAS' CCS panel members have varied expertise, they can offer you different approaches to the same issue and better represent your clinical concerns as a practicing surgeon. Use CCSs to supplement your work or to brainstorm new topics you feel ACFAS should pursue.

CCS topics for 2016 are in development; check acfas.org and future issues of *Update* for the latest CCS news.

2015 ACFAS Student Club Presidents

The 2015 Student Club Presidents for each of the podiatric school campuses include: Michael Sosinski, Barry; Kevin Fluckiger, AZPod (not pictured); Myles Knutson, CSPM; Mira Pandya, Scholl (not pictured), Nam Tran, NYCPM; Kelsey Millonig, DMU; Emmanuella Eastman, Temple; Kevin Wang, Kent State; and Diana Perry, WesternU.

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-Dr. Mark Forman
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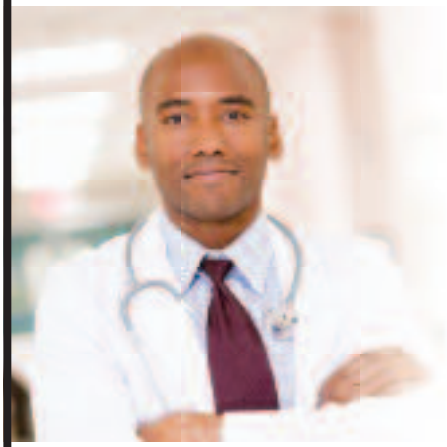

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ACFAS Update

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