



INDIANA PODIATRIC MEDICAL ASSOCIATION

# Forward

ISSUE THREE | FALL 2019

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## PRESIDENT'S MESSAGE


RICHARD LOESCH, DPM | IPMA PRESIDENT

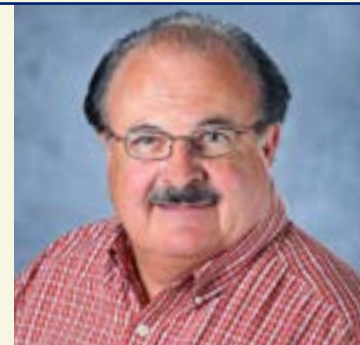
I hope everyone has had a safe and happy summer. It is hard to believe but fall is quickly approaching. The coming of fall means the coming of the Annual Convention. This year, the convention will take place October 10-13 in downtown Indianapolis at the Hyatt Regency.


The annual convention is a great time to reconnect with friends and colleagues, meet with exhibitors, get great educational content and engage in association activities. Each year, I am impressed by the educational content put together by the continuing education committee and this year will be no different. I attend both the IPMA Annual Convention and the Midwest Podiatry Conference in Chicago. I'm proud to report that each year, members tell me that IPMA convention has better educational content than the lectures at Midwest. I also hope that you take the time to invite a colleague who you have not seen at the convention in a while.

Additionally, the association's annual business meeting will take place on Saturday morning at the convention. The meeting gives members a great opportunity to get the most recent updates about association activities. The full program for the convention can be found later in this newsletter. I hope to see everyone in Indianapolis in October.

As always, in addition to your financial support through dues, we continue to need the time and talents of all members in order to remain a strong organization. The IPMA needs you to be involved and engaged to make change happen for podiatrists, our patients and our practices. If you are interested in getting involved, please do not hesitate to contact me or the IPMA office.

If you have any thoughts, concerns or suggestions regarding the activities of the IPMA, please do not hesitate to contact me. 





# ONLINE LIMITED PODIATRIC RADIOGRAPHY EDUCATIONAL PROGRAM

The Indiana State Department of Health (ISDH) requires all podiatric medical assistants who take x-rays to be licensed as a limited podiatric radiographer.

The IPMA wants to remind the membership of its new limited podiatric radiography program that meets the ISDH requirements and is designed to instruct the podiatry assistant in the safe and effective use of x-rays in the podiatric practice.

Content includes:

- History of the x-ray
- Risks and safety measures associated with radiography
- Image production and film development
- Principles of CT Scan, MRI, and Bone Scan
- Anatomy of the foot and ankle
- Positioning and x-ray machine placement

## PROGRAM STRUCTURE

The program consists of four online content modules, each with a final exam, one attestation module, a student manual, and an x-ray log. A Certifying Physician must guide the applicant in the clinical portion of the program and the completion of the x-ray log. The podiatry assistant must document competency by demonstrating the proper performance of 60 x-ray views in the podiatrist's office.

At the successful conclusion of the program, the applicant will have the proficiency and skill necessary to obtain the limited podiatric radiography license and will receive a Certificate of Completion. The Certificate, the completed Application for Proficiency Certification for Limited Radiographer and signed x-ray log should be sent to the IPMA. 🦶

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To learn more about this program or to register, [click here](#).

# GIVING BACK BECAUSE I HAVE BEEN GIVEN SO MUCH

BY PATRICK A. DEHEER, DPM

I feel truly blessed to be able to practice podiatric medicine. I have the opportunity to give back each and every day serving my patients, through outreach and medical mission work, within our profession by volunteering with the IPMA and APMA and by training future podiatrists as Residency Director at St. Vincent Hospital. However, none of these things would have been possible if not for my foundational podiatric medical education at the Dr. William M. Scholl College of Podiatric Medicine. It was at Scholl College that I learned what it meant to be a podiatrist and to give back. My life would have been very different if it were not for Scholl College and the trajectory it helped create.

I have been given many gifts in my life. This is why I believe strongly in giving back to important institutions like Scholl College. This year I established an endowed scholarship named the Anthony D. Jagger, DPM '66 and Patrick A. DeHeer, DPM '90 Honorary Endowed Scholarship to benefit students from Indiana who attend Scholl College, who have financial need and are from an underrepresented group. As a fellow Indiana podiatrist, I invite you to join me in supporting Scholl College and its pivotal role in educating the next generation of podiatrists. Please join me by making a gift to the scholarship fund I established. Your gift will increase the size of the endowed fund and in doing so, will create a larger scholarship award for students from Indiana. To do this or to create your own named, endowed fund, or to make a recurring or single gift in support of Scholl College, please click on this link.

Being a podiatrist is a great privilege. If you feel, as I do, that it is important for us to invest in the future podiatrists entering our profession and you believe in helping those from our state who need support, then I encourage you to join me by making a gift to this endowed fund, creating your own scholarship or by making a recurring or single gift to support Scholl College. Your generosity ensures that future podiatrists with Indiana roots continue to receive an excellent professional education from Scholl College. 

## FOOT SUPPORT PAC UPDATE

The Foot Support PAC is a nonprofit, bipartisan fundraising committee through which podiatrists support state candidates who support podiatric medicine's issues before the Indiana General Assembly.

### QUICK FACTS

- IPMA Contributors: 15 Members
- IPMA Contribution Member %: 7%
- IPMA Contribution Total: \$4,520/\$8,000
- IPMA Contribution Goal %: 57%

### PLATINUM LEVEL (\$1,000-\$2,499)

- Dr. Sandra Raynor
- Dr. Zahid Ladha

### GOLD LEVEL (\$500-\$999)

- Dr. Angela Glynn
- Matt Solak

### SILVER LEVEL (\$300-\$499)

- Dr. Patricia Moore

### BRONZE LEVEL (\$150-\$299)


- Dr. Daniel Miller
- Dr. Kathleen Neuhoff
- Dr. John Trench

### PATRIOT LEVEL (LESS THAN \$150)

- Dr. Jeffrie Leibovitz
- Dr. Richard Loesch
- Alyson Raynor
- Dr. Scott Schulman
- Dr. Richard Stanley
- Dr. Chase Stuart

Contribute to Foot Support PAC online at [www.indianapodiatric.org/political-action.html](http://www.indianapodiatric.org/political-action.html). 

## IPMA MEMBERSHIP DUES REMINDER

As a reminder, 2019-20 membership dues invoices have been sent and were due to the IPMA office by September 2019 to avoid interruption in your membership. Membership dues can be submitted directly to the IPMA office and IPMA will work with APMA to process and reinstate any lapsed memberships. For those members that pay membership dues quarterly, 2<sup>nd</sup> Quarter dues payments are due to the IPMA office this month. Please contact the IPMA office if you have any questions or would like a copy of your 2019-20 membership dues invoice. 

# NOMINATIONS FOR 2019 IPMA AWARDS ARE NOW BEING ACCEPTED

Is there a podiatrist or staff member deserving of recognition to the profession and the association? If so nominate them for consideration of the following awards to be recognized at the annual convention this fall.

## DR. T. H. CLARKE ACHIEVEMENT AWARD

The Dr. T. H. Clarke Achievement Award is IPMA's highest award, and is bestowed upon the member who has demonstrated not only contributions to his/her profession but also service in behalf of the podiatric welfare of the public and service to the community at large. Judging criteria:

- Public Service – Service to the country, state, or other political sub-division in any capacity; service to education; service to the community; service to religious or service institutions; service to charitable causes; philanthropy.
- Service to the Podiatric Welfare of the Public – Service with groups; activity with governmental committees; participation in governmental health care programs; participation in public service programs; other similar activities.
- Service to Podiatric Medicine – Contributions of personal effort and time in behalf of the profession's advancement; educational and research activities; contributions to the profession's literature; similar acts of service.
- Service to the American Podiatric Medical Association, Indiana Podiatric Medical Association, or its affiliates – Service as an officer, department or committee chairman, committee member, etc.; promotion of the association's goals and programs; activity in support of association's organizational projects; cooperation with public relations activities; similar acts of service.

## MERITORIOUS SERVICE AWARD

The Meritorious Service Award(s) shall be presented only to IPMA members for long-time service rendered to the profession of podiatric medicine performed within the state Association OR for an outstanding current record in a specific category or categories which merits recognition, but does not meet the IPMA Podiatrist of the Year standards.

## OUTSTANDING PUBLIC SERVICE AWARD

The Outstanding Public Service award is bestowed upon an individual outside the profession, usually in governmental or political areas, or other professions, or the news media.

## GINNY JEWELL STAFF MEMBER OF THE YEAR AWARD

The Ginny Jewell Medical Assistant of the Year Award is presented to the staff member who has demonstrated contributions to the Association or has demonstrated outstanding leadership and commitment to his or her podiatric office. This award nomination is to be submitted by a DPM who wishes to honor his or her staff member for their outstanding work.

Nominations are due to the IPMA office by **Tuesday, October 1 at 5:00 p.m.** Award winners will be presented at the IPMA Annual Fall Convention. 🏆

*If you have any questions, please contact Matt Solak at the IPMA Offices at 888.330.5589 or [matt@kdafirm.com](mailto:matt@kdafirm.com).*







## 2019 IPMA AWARDS NOMINATION FORM

Please complete a separate form for each nomination.

I would like to nominate

☐ Dr. T. H. Clarke Achievement Award

☐ Meritorious Service Award

☐ Outstanding Public Service Award

☐ Ginny Jewell Staff Member of the Year Award

Qualifications *(Please attach additional information as needed)*

Signature

Printed Name

Phone

Email

Date

NOMINATION FORMS ARE DUE TO THE IPMA OFFICE BY  
**MONDAY, OCTOBER 1, 2019 AT 5:00 P.M.**  
Return forms to [matt@kdafirm.com](mailto:matt@kdafirm.com) or via fax at 517.485.9408.



# 94<sup>th</sup> Annual Fall Convention OCTOBER 10-13, 2019 Hyatt Regency Indianapolis

Join us for the 94th IPMA Fall Convention, October 10-13, at the Hyatt Regency in Downtown Indianapolis. IPMA's Fall Convention is the largest podiatric convention in the State of Indiana, offering DPMs 3.5 days and medical assistants 1 day of lectures and CME credit, as well as opportunities to network and gain valuable resources in the exhibit hall. For more information about lectures and speakers, visit [indianapodiatric.org](http://indianapodiatric.org).

## CONVENTION INFORMATION

### About IPMA

The Indiana Podiatric Medical Association represents podiatrists throughout the state with the goal of furthering the specialty of podiatry on the local and national level. IPMA actively educates, supports and advocates for podiatrists and their patients on a wide variety of administrative, licensing, legislative, and patient-care issues.

**IPMA Mission:** To ensure the highest quality of lower extremity health care for patients by advancing the art and science of podiatric medicine through advanced continuing education, legislative advocacy, public education and promotion of the profession.

### Convention Purpose and Objectives

This convention will provide information on the most up-to-date diagnostic and treatment methods for lower extremity disorders.

1. To provide the podiatric physician with a broad range of programs offered in an intensive three-day convention.
2. To establish an understanding of developing concepts in the diagnosis, evaluation and treatment of lower extremity disorders and foot conditions.

### Intended Audience

This convention will be of interest to podiatric physicians and surgeons. Other health care professionals with special interest in the diagnosis and treatment of lower extremity disorders will also benefit from this convention.

### Registration

The convention registration fee includes all convention food and beverage events, as well as all educational programming. Lunch will be provided on Thursday, Friday and Saturday. You must pre-register for the lunches. For more information about registration fees, please refer to the convention registration form on page 7. Online registration is also available at [indianapodiatric.org](http://indianapodiatric.org).

### Attire

The suggested dress for all events is business or business casual.

### Continuing Education Credit

This activity has been planned and implemented in accordance with the standards and requirements for approval of providers of continuing education in podiatric medicine through a joint provider agreement between the American Academy of Podiatric Practice Management

and the Indiana Podiatric Medical Association. The American Academy of Podiatric Practice Management is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. The American Academy of Podiatric Practice Management has approved this activity for a maximum of 22.5 continuing education contact hours.

The Office Staff/Medical Assistant program will offer a maximum of 5.5 continuing education contact hours, pending approval by the Commission on Accreditation of Podiatric Medical Assisting Certification.

### Location & Accommodations

Hyatt Regency Indianapolis  
One South Capitol Avenue  
Indianapolis, IN 46204  
317-632-1234



The Hyatt Regency Indianapolis is offering a special convention rate of \$189 for single or double occupancy. To make reservations, call 888-241-1442.



## DOCTOR SCHEDULE

### THURSDAY, OCTOBER 10

11:00 a.m.-1:00 p.m.

**Lunch Lecture: Meeting the Challenge - Managing Difficult and Non-Compliant Patients | 2 CECH**  
**Rachel Rosen, RN, MSN**

Medical Protective insured podiatrists attending this lecture are eligible to receive a one-year, 10% risk premium credit.

10:00 a.m.-6:00 p.m.

**Convention Registration**

10:00 a.m.-5:15 p.m.

**CME Sign-in and Sign-out**

1:00 p.m.-5:00 p.m.

**Exhibit Hall Open**

Complimentary access for medical assistants and office staff.

1:30 p.m.-2:00 p.m.

**Tennis Injuries of the Lower Extremity | .5 CECH**

Alex Kor, DPM

2:00 p.m.-2:30 p.m.

**Remove Tophi Without Surgery | .5 CECH**

Scott Neville, DPM

2:30 p.m.-3:00 p.m.

**Rotational Flaps for the Foot and Ankle | .5 CECH**

Scott Neville, DPM

3:00 p.m.-3:30 p.m.

**Break**

3:30 p.m.-4:00 p.m.

**Prophylaxis for Deep Vein Thrombosis | .5 CECH**

William Wolfe, DPM

4:00 p.m.-4:30 p.m.

**Perioperative Management of Tobacco Users | .5 CECH**

William Wolfe, DPM

4:30 p.m.-5:00 p.m.

**Surgical Approaches to 1st MPJ Arthritis | .5 CECH**

William Wolfe, DPM

5:00 p.m.-7:00 p.m.

**Reception**

### FRIDAY, OCTOBER 11

7:30 a.m.-4:00 p.m.

**Convention Registration**

7:30 a.m.-4:00 p.m.

**Exhibit Hall Open**

7:30 a.m.-5:00 p.m.

**CME Sign-in and Sign-out**

8:30 a.m.-9:30 a.m.

**Mastering Biomechanics: Take the Mystery Out of Gait and Learn How to Determine a Precise Orthotic Prescription in Under 5 Minutes | 1 CECH**

Roberta Nole, MA, PT, C.Ped

For more information about lectures and speakers, visit [indianapodiatric.org](http://indianapodiatric.org)





# 94<sup>th</sup> Annual Fall Convention OCTOBER 10-13, 2019 Hyatt Regency Indianapolis

## DOCTOR SCHEDULE

### FRIDAY, OCTOBER 11 *(continued)*

9:30 a.m.-10:00 a.m.

**Denervation of the Dorsal  
Midfoot | .5 CECH**

Douglas Blacklidge, DPM

9:30 a.m.-10:00 a.m.

**Forefoot Challenges, Revisions,  
and Approaches | .5 CECH**

Douglas Blacklidge, DPM

10:30 a.m.-10:45 a.m.

**Break**

10:45 a.m.-11:15 a.m.

**Current Concepts on Syndesmotic  
Injury Treatment | .5 CECH**

Zeeshan Husain, DPM, FACFAS

11:15 a.m.-11:45 a.m.

**Treatment of Lateral Ankle  
Instability | .5 CECH**

Zeeshan Husain, DPM, FACFAS

11:45 a.m.-12:15 p.m.

**Lisfranc Fractures | .5 CECH**

Zeeshan Husain, DPM, FACFAS

12:15 p.m.-1:30 p.m.

**Lunch**

1:30 p.m.-2:30 p.m.

**Imaging of the Foot and Ankle:  
Is MRI or CT Better? | 1 CECH**

Michael Walker, MD

2:30 p.m.-3:00 p.m.

**Are the Teachings of William Osler,  
MD, Applicable in 2020? | .5 CECH**

Allen Jacobs, DPM

3:00 p.m.-3:30 p.m.

**Lapidus Lunacy: Whither  
Metatarsal Osteotomy for Bunion  
Deformity | .5 CECH**

Allen Jacobs, DPM

3:30 p.m.-3:45 p.m.

**Break**

3:45 p.m.-4:15 p.m.

**Practical Strategies for the Office  
Management of Diabetic  
Neuropathy | .5 CECH**

Allen Jacobs, DPM

4:15 p.m.-4:45 p.m.

**When an Ulcer is Not Just an  
Ulcer: Challenging the “Either/Or”  
Diagnosis Paradigm | .5 CECH**

Allen Jacobs, DPM

5:00 p.m.-6:30 p.m.

**Past President’s Reception**

### SATURDAY, OCTOBER 12

7:30 a.m.-4:00 p.m.

**Convention Registration**

7:30 a.m.-5:45 p.m.

**CME Sign-in and Sign-out**

8:00 a.m.-9:30 a.m.

**Breakfast and Annual  
Membership Meeting**

Breakfast will be available beginning at 7:30 a.m. The agenda includes awards presentations and the installation of the 2019-20 Board of Directors.

9:45 a.m.-10:15 a.m.

**Ruptured Achilles Tendon | .5 CECH**

Kyle Pearson, DPM







10:15 a.m.-10:45 a.m.

**Calcaneal Avulsion Fractures | .5 CECH**

Kyle Pearson, DPM

10:45 a.m.-11:15 a.m.

**Ankle Fracture: Evaluation and Treatment of the Posterior Malleolus Fracture | .5 CECH**

Kyle Pearson, DPM

11:15 a.m.-11:45 a.m.

**Post Traumatic Arthritis of the Subtalar Joint – Dealing with Loss of Height | .5 CECH**

Kyle Pearson, DPM

11:45 a.m.-12:45 p.m.

**Lunch**

12:45 p.m.-1:15 p.m.

**Stepwise Approach to the Management of Longitudinal Melanonychia | .5 CECH**

Bryan Markinson, DPM

1:15 p.m.-1:45 p.m.

**Controversies and Discussion Points in the Literature on Podiatric Dermatology | .5 CECH**

Bryan Markinson, DPM

1:45 p.m.-2:15 p.m.

**Initial Approach to the Soft Tissue Mass | .5 CECH**

Bryan Markinson, DPM

2:15 p.m.-2:30 p.m.

**Break**



2:30 p.m.-3:00 p.m.

**Simple Measures to Reduce Serious Foot and Ankle Complications | .5 CECH**

Michael Nirenberg, DPM

3:00 p.m.-3:30 p.m.

**Inflight Emergency: A Podiatrist's Experience Treating an Unresponsive Passenger | .5 CECH**

Michael Nirenberg, DPM

3:30 p.m.-5:30 p.m.

**Safe and Responsible Treatment of Pain in an Opioid Epidemic | 2 CECH**

Amy LaHood, MD

The lecture meets the Indiana requirement for continuing medical education (CME) on opioid addiction and prescribing.

## SUNDAY, OCTOBER 13

7:00 a.m.-11:00 a.m.

**Convention Registration**

7:00 a.m.-12:45 p.m.

**CME Sign-in and Sign-out**

7:30 a.m.-12:30 p.m.

**Abstract Presentations | 4.5 CECH**

William Wolfe, DPM, Moderator

These presentations will review interesting cases, update local podiatric research, literature review of cases and common medical and surgical treatments.



# 94<sup>th</sup> Annual Fall Convention OCTOBER 10-13, 2019 Hyatt Regency Indianapolis

## MEDICAL ASSISTANT SCHEDULE

### THURSDAY, OCTOBER 10

10:00 a.m.-6:00 p.m.

**Convention Registration**

1:00 p.m.-5:00 p.m.

**Exhibit Hall Open**

Complimentary access for medical assistants and office staff.

5:00 p.m.-7:00 p.m.

**Reception**

### FRIDAY, OCTOBER 11

7:30 a.m.-4:00 p.m.

**Convention Registration**

7:30 a.m.-4:00 p.m.

**Exhibit Hall Open**

8:30 a.m.-8:45 a.m.

**Welcome**

8:45 a.m.-9:45 a.m.

**Taping Workshop | 1 CECH**

J. Tyler Vestile, DPM

9:45 a.m.-10:00 a.m.

**Break**

10:00 a.m.-11:00 a.m.

**Hardware Workshop | 1 CECH**

Nathan Graves, DPM

11:00 a.m.-11:30 a.m.

**Back to Basics - Biomechanics | .5 CECH**

J. Tyler Vestile, DPM

11:30 a.m.-12:15 p.m.

**Empathy in the Workplace | .75 CECH**

Tara Brown, PMAC

12:15 p.m.-1:30 p.m.

**Lunch**

1:30 p.m.-2:00 p.m.

**Why Do You Have So Many OTC Products? Let's Do The McDonald's Brothers Test and See If You Need All Of Those! | .5 CECH**

Walter Warren, DPM

2:00 p.m.-2:30 p.m.

**Revenue Cycle Management | .5 CECH**

Walter Warren, DPM

2:30 p.m.-3:30 p.m.

**Malpractice | 1 CECH**

Rachel Rosen, RN, MSN

3:30 p.m.-3:45 p.m.

**Break**

3:45 p.m.-4:15 p.m.

**The Indispensable Employee | .5 CECH**

Tara Brown, PMAC

4:15 p.m.-5:00 p.m.

**Scopes: What Are They? | .75 CECH**

Nathan Graves, DPM





# 94<sup>th</sup> Annual Fall Convention

## OCTOBER 10-13, 2019

Hyatt Regency Indianapolis

### CONVENTION REGISTRATION

Please complete one registration form per attendee. For assistance, call 888.330.5589.

Name/Credentials (as it should appear on badge)

Practice/DPM Name

Address

City

State

Zip

Email

Phone

Fax

Special Needs/Dietary Restrictions

**REGISTRATION FEES** An additional fee of \$40 will be added to all registrations received after October 3, 2019. After October 3, complimentary registrations (life members, residents, students) will increase to \$40.

☐ IPMA Member \$275

☐ APMA Member \$475

☐ Non-Member \$775

☐ IPMA/APMA Life Member \$0

☐ Resident/Student \$0

☐ Medical Assistant \$150

**MEALS AND EVENTS** Please register for the meals and events that you will attend.

☐ Thursday Medical Protective Lunch Lecture

☐ Thursday Reception

☐ Friday Lunch

☐ Saturday Lunch

### PAYMENT METHOD

☐ Please make check payable to IPMA

☐ Visa

☐ MasterCard

☐ AMEX

TOTAL \$

Credit Card #

Exp. Date

CVV

Billing Address

Name on Card

Signature

**CANCELLATION POLICY** A refund less a \$50 processing charge will be provided for cancellations received in writing by October 3, 2019. Send cancellation to [inpma@indianapodiatric.org](mailto:inpma@indianapodiatric.org). In lieu of a refund, your paid registration fee can also be used to send a substitute attendee.

Mail registration form with payment to: IPMA  
629 W. Hillsdale St. • Lansing, MI 48933 • Fax 517.485.9408  
To ensure registration is received prior to the convention,  
please do not mail registration form after October 3.

# APMAPAC CHAMPION: INDIANA PODIATRIC MEDICAL ASSOCIATION

BY JANET SIMON, DPM, SECRETARY-TREASURER  
APMAPAC BOARD OF DIRECTORS

The APMAPAC Board is honored to present the Indiana Podiatric Medical Association (INPMA) as a 2019 APMAPAC Champion. Since 2011, INPMA has increased its APMAPAC contributions, participation rates, and APMA POP (Protecting Our Profession, formerly the Government Education Fund) contributions. INPMA also has the most high-dollar contributors and has surpassed its PAC fundraising goals for the past five years.

A key factor leading to INPMA's success is dedicated component leadership, including APMA Trustee and APMAPAC Director Patrick A. DeHeer, DPM, and INPMA Executive Director and APMAPAC Director Matthew Solak, who work closely with INPMA's APMAPAC Coordinator Christopher Grandfield, DPM. Working as a team, they have engaged their members and shared the importance of contributing to APMAPAC and APMA POP.

## DR. SIMON: WHAT IS YOUR KEY REASON FOR CONTRIBUTING TO APMAPAC?

**Dr. DeHeer:** I believe contributing to APMAPAC is a critical investment in my professional career, just like attending conferences to gain knowledge is an investment. Contributing to the PAC protects and furthers my career. I look at it as a recurring expense that I include in my budget.

**Dr. Grandfield:** I contribute to APMAPAC because I want my profession to have a voice.

**Solak:** I think members need to be aware that although they may not like politics or public policy, [these are factors that affect] their profession. Members need to ask themselves: "How can I be an advocate for my profession within my daily job?" Being an APMAPAC contributor is one of the three main pillars of being an advocate for the profession. The truth is that campaigns cost money, and APMA needs to support those who support us. In addition to contributing to APMAPAC, members should make routine contact with legislators about issues important to the profession and invite their legislators to their offices to show them what they do and the patients they serve.

## DR. SIMON: HOW DO YOU PERSUADE SOMEONE TO MAKE A DONATION AND BECOME POLITICALLY ACTIVE?

**Dr. DeHeer:** I believe in the power of one-on-one interactions either by phone or face-to-face. It's about personalizing the message to help someone understand why [his or her] efforts are important.

**Dr. Grandfield:** Unfortunately, most members fail to recognize what APMA has accomplished. Without APMA, podiatry would be excluded from Medicare and private insurance, and there would be no surgical residency programs or hospital privileges. I personally feel a professional duty to contribute to APMAPAC.

**Solak:** First, I have a bluntly honest conversation about how the modern-day political campaign works and the importance of coming to the table with PAC contributions. I say that while PAC contributions don't guarantee you success or guarantee a legislator will support your position, they do guarantee a conversation. Second, I show real-world examples of PAC and grassroots success. For example, five years ago, Congresswoman [Jackie] Walorski [R-IN] wasn't supportive of podiatry. We have worked with her over these five years with PAC contributions and with her office through grassroots contacts on a frequent basis. She is now [someone] I would consider a podiatry

## APMAPAC Update

### APMAPAC Champion: Indiana Podiatric Medical Association



By Janet Simon, DPM,  
secretary-treasurer,  
APMAPAC Board  
of Directors

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**Dr. Simon:**  
What is your key reason for contributing to APMAPAC?

**Dr. DeHeer:**  
I believe contributing to APMAPAC is a critical investment in my professional career, just like attending conferences to gain knowledge is an investment. Contributing to the PAC protects and furthers my career. I look at it as a recurring expense that I include in my budget.

**Dr. Grandfield:**  
I contribute to APMAPAC because I want my profession to have a voice.

**Solak:**  
I think members need to be aware that although they may not like politics or public policy, [these are factors that affect] their profession. Members need to ask themselves: "How can I be an advocate for my profession within my daily job?" Being an APMAPAC contributor is one of the



three main pillars of being an advocate for the profession. The truth is that campaigns cost money, and APMA needs to support those who support us. In addition to contributing to APMAPAC, members should make routine contact with legislators about issues important to the profession and invite their legislators to their offices to show them what they do and the patients they serve.

**Dr. Simon:**  
How do you persuade someone to make a donation and become politically active?

**Dr. DeHeer:**  
I believe in the power of one-on-one interactions either by phone or face-to-face. It's about personalizing the message to help someone understand why [his or her] efforts are important.

**Dr. Grandfield:**  
Unfortunately, most members fail to recognize what APMA has accomplished. Without APMA, podiatry would be excluded from Medicare and private insurance, and there would be no surgical residency programs or hospital privileges. I personally feel a professional duty to contribute to APMAPAC.

**Solak:**  
First, I have a bluntly honest conversation about how the modern-day political campaign works and the importance of coming to the table with PAC contributions. I say that while PAC contributions don't guarantee you success or guarantee a legislator will support your position, they do guarantee a conversation. Second, I show real-world examples of PAC and grassroots success. For example, five years ago, Congresswoman [Jackie] Walorski [R-IN] wasn't supportive of podiatry. We have worked with her over these five years with PAC contributions and with her office through grassroots contacts on a frequent basis. She is now [someone] I would consider a podiatry champion. She is an original cosponsor of the HELPP (Helping Ensure Life- and Limb-Saving Access to Podiatrists) Act (HR 2235) and frequently inquires if there is anything she can




champion. She is an original cosponsor of the HELLPP [Helping Ensure Life- and Limb-Saving Access to Podiatrists] Act (HR 2235) and frequently inquires if there is anything she can do to support our members and our profession. This didn't happen overnight or because we have the "right" message. It was years of effort by our members and the team at APMA. Finally, I tell members the truth of the matter is that if you, as a podiatric physician, don't contact your lawmakers through email, phone, or letter to advocate for your profession, then why should any public policymakers be interested in what our group has to say? You are the expert and you are the constituent. Relying on paid staff from APMA [and] INPMA to be your sole voice is assured failure.

#### **DR. SIMON: HOW HAVE APMA'S LEGISLATIVE EFFORTS HAD AN IMPACT ON YOUR PROFESSIONAL LIFE?**

**Dr. DeHeer:** I chair APMA's Legislative Committee, so legislative advocacy is a huge part of my life. The CMS proposed E/M rule in 2018 would have directly affected every podiatric physician in the country. Professional progress is a multipronged effort, with one of the prongs being legislative advocacy.

**Dr. Grandfield:** My involvement with APMAPAC/ Legislative Advocacy has empowered my professional life in many ways, from influence on policy to physician recruitment. I am proud of the accomplishments we have achieved in Indiana. We are blessed to have many politically involved members who really understand the process.

**Solak:** Being involved with APMA's Legislative Advocacy and APMAPAC has impacted both my professional and personal life. Professionally, it opened the door to key relationships with the Indiana congressional delegation. Last session, we had seven of the nine members of the House signed as cosponsors of the HELLPP Act. More rewarding has been the impact on my personal life. I always enjoy working with people who are passionate about their career and their profession. The members involved with legislative advocacy and political action are truly passionate about the podiatric profession and want to make the profession better for all involved. Working with people like that is a great experience. 

## APMAPAC REPORT

BY CHRISTOPHER GRANDFIELD, DPM, APMAPAC COORDINATOR

Our 2019 efforts have been strong but we must continue the work. As of August 15th, IPMA members have contributed 82% of its 2019 fundraising goal. These contributions have come from only 22 of the 217 IPMA members. We are asking each member to make some contribution no matter the amount.

We ask all members to strongly consider a recurring monthly contribution of \$20.00. This allows members to make a meaningful contribution while avoiding the necessity of writing one large check. As of August 15, 2019, these IPMA member have pledged their contributions to APMAPAC:

#### **DIAMOND LEVEL SUPPORTERS (\$2,500-\$4,999)**

Dr. Patrick DeHeer  
Dr. Sandra Raynor

#### **PLATINUM LEVEL SUPPORTERS (\$1,000-\$2,499)**

Dr. Zahid Ladha  
Executive Director Matt Solak

#### **GOLD LEVEL SUPPORTERS (\$500-\$999)**

Dr. Angie Glynn  
Dr. Chris Grandfield  
Dr. Walter Warren

#### **SILVER LEVEL SUPPORTERS (\$300-\$499)**


Dr. Tim Barry  
Dr. Brian Damitz  
Dr. Mark Lazar  
Dr. Patricia Moore  
Dr. Kathleen Toepp Neuhoff  
Dr. David Sullivan  
Dr. Wendy Winckelbach

#### **BRONZE LEVEL SUPPORTERS (\$150-\$299)**

Dr. Miranda Goodale  
Dr. Anthony Jagger  
Dr. William Oliver  
Dr. Chase Stuart  
Dr. Amanda Vujovich  
Dr. Aaron Warnock

#### **PATRIOT LEVEL SUPPORTERS (LESS THAN \$150)**

Dr. Kent Burress  
Dr. Robert Freestone  
Dr. Robert Loesch

The future of podiatry and your future depends upon your support of APMAPAC. Click here to make a donation. 

*PURPOSE: The American Podiatric Medical Association Political Action Committee's purpose is to raise and disburse funds to candidates for Federal office that support the legislative priorities and goals of the podiatric medical profession.*

*IMPORTANT: All amounts are simply suggested amounts. You may contribute or not contribute without concern of being favored or disadvantaged. Occupation/Employer information is required for aggregate annual contributions of more than \$200.00 by the Federal Election Campaign Act. Federal election law does not permit corporate contributions to be used for donation to candidates for federal office. Political contributions are not deductible for income tax purposes.*

# INSURANCE REPORT

BY ED PRIKASZCZIKOW, DPM

IOWA PODIATRIC MEDICAL SOCIETY PIAC REP.

After 38 years of practicing podiatric medicine and surgery, I finally decided to retire from active patient care, effective July 1, 2019. Even though I am no longer treating patients, I will continue my role as IPMS PIAC representative, and will continue to provide information and guidance to the IPMS membership on insurance and coding issues. I will also continue my role as a member of the APMA Health Policy and Practice Committee, and as chair of the APMA Medicare subcommittee.

## CMS

### CMS MPFS PROPOSED RULE 2020

On July 29, 2019, the Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2020 Medicare Physician Fee Schedule (MPFS) proposed rule. This major proposed rule addresses changes to the physician fee schedule and other Medicare Part B payment policies, including the Quality Payment Program (QPP) and the Medicare Shared Savings Program. Comments will be accepted through September 27, 2019. The final rule will be released in early November 2019. Rest assured that APMA is evaluating in detail the proposals that affect podiatry and will issue a comment letter to CMS by the due date. I will highlight the major proposed changes that affect our profession. Remember, these are proposed changes that CMS is considering. They will take into account comments submitted by organizations and individuals and will issue the Final Rule in November.

### CONVERSION FACTOR

CY 2020 MPFS conversion factor is \$36.09. CY 2019 MPFS conversion factor is \$36.04. This represents a 0.14 percent increase

### OFFICE/OUTPATIENT E/M CHANGES

CMS revisited its finalized CY 2021 policies regarding office/outpatient E/M visit documentation and payment. CMS rescinded its finalized policy for CY 2021 to collapse the payment rates for Levels 2-4 E/M codes and also rescinded the new prolonged services code it had previously finalized. The proposals for 2020 include:

- Eliminate CPT 99201
- Keep separate payments for CPT 99202 – 99205
- Keep separate payments for CPT 99211 – 99215
- Choose the E/M visit level based on either medical decision making (MDM) or total time.
- New add-on CPT code (CPT 99XXX) for prolonged service time when level 5 office / outpatient level selected based on total time and time exceeds level 5 time factor.

## VALUATION OF SPECIFIC CODES

Below is a list of CPT codes affecting podiatry, that CMS proposes new and revised values for CY 2020.

- Tissue Grafting Procedures (CPT, 15X01, 15X02, 15X03, and 15X04)
- Bone Biopsy Trocar-Needle (CPT 20220 and 20225)
- Somatic Nerve Injection (CPT 64450)
- X-rays – Heel (CPT 73650), Toe (CPT 73660)
- Wound Debridement (CPT 97597 and 97598)
- Negative Pressure Wound Therapy (CPT 97607 and 97608)

## QPP

For the 2020 performance period:

- Quality - 40%
- Cost - 20%
- Promoting Interoperability - 25%
- Improvement Activities - 15%

For the 2021 performance period:

- Quality - 35%
- Cost - 25%
- Promoting Interoperability - 25%
- Improvement Activities - 15%

For the 2022 performance period:

- Quality - 30%
- Cost - 30%
- Promoting Interoperability - 25%
- Improvement Activities - 15%

For 2020: Quality – report on 70% of eligible patients.

- Performance Threshold would be set at 45 points
- Exceptional performance would be set at 80 points

## OPPS - SKIN SUBSTITUTES

- Keep high cost / low cost for 2020
- Consider a Payment period for skin substitute application services that last between 4 weeks and 12 weeks.
- Consider consolidating high cost / low cost to just one middle value

## NEW MEDICARE CARD: TRANSITION PERIOD ENDS IN LESS THAN 5 MONTHS

Starting January 1, 2020, you must use the Medicare Beneficiary Identifier (MBI). Medicare will reject claims submitted with the Health Insurance Claim Number (HICN), with a few exceptions and reject all eligibility transactions.

Many providers are using the MBI for Medicare transactions. For the week ending August 2, 2019, providers submitted 77% of fee-for-service claims with the MBI. Protect your patients' identities by using MBIs now for all Medicare transactions.

- Ask your patient for their card. If they did not get a new card, give them the Get Your New Medicare Card flyer in English or Spanish.

- Use your Medicare Administrative Contractor's look up tool. Sign up for the Portal to use the tool.
- Check the remittance advice. We return the MBI on the remittance advice for every claim with a valid and active HICN.

For more information, see the MLN Matters Article at <https://tinyurl.com/y6gtyzah>.

## DME

### SAME OR SIMILAR

As the DME MACs ramp up the enforcement of the "Same or Similar" policy, most of us who dispense AFOs (custom or off-the-shelf), have experienced denials. In the last newsletter, I did outlined the approach that should be used for appealing these denials when applicable. I would recommend reviewing the last newsletter if you are going to submit an appeal.

Communication between APMA and the DME MAC Medical Directors seems to indicate that the DME MACs are interested in developing new edits to substantially reduce the number of "Same or Similar" rejections. APMA is vigorously working on this issue. APMA sent a letter to the Director, Division of DMEPOS Policy, and has plans to follow up on this issue.

Approximately two weeks ago Noridian DME had an updated webinar on this policy which I did attend. One difference from their original webinar, was that they did include a "change of medical condition" exception that can be used for appealing denied claims. This was downplayed on the original webinar. A change of medical condition includes:

- change in the healing of an injured structure. One example would be a walking boot used as an initial treatment to provide complete immobilization for ruptured ankle ligament(s). After 1 to 2 months of healing, the patient now needs an AFO that allows motion necessary for continued healing but still requires partial immobilization and compression.
- change in anatomy rendering the initial AFO as unusable due to issues of fit and potential irritation by the previous device. An example of this would be a past ankle injury requiring a gauntlet AFO. The patient now has chronic edema and the previous device no longer fits properly, require replacement with a new device.

Noridian also stressed the definitional difference between "irreparable damage" and "irreparable wear".

- Irreparable damage - fire, flood, hurricane, tornado, rare unexpected event, requiring a specific incident or accident. Replacement of the devices is covered.
  - Append RA, KX, and LT or RT for a replacement item for lost, stolen, or irreparable damage.
- Irreparable wear - deterioration sustained from day-to-day usage over time and a specific event cannot be identified. Replacement of the device is not covered.
  - Repairs are covered for orthosis due to wear or to

accidental damage when they are necessary to make the orthosis functional.

- This includes labor and materials.
- Expense to repair must not exceed expense to replace the entire orthoses. No payment is made for this excess.

## ABN

CMS prohibits use of routine ABNs. However, I would recommend reviewing your office policy on ABNs as it applies to AFOs due to the "same or similar" policy that is currently being enforced.

## TPE (TARGETED PROBE AND EDUCATE) THERAPEUTIC SHOES

The Jurisdiction D, DME MAC, Medical Review Department conducted a Targeted Probe and Educate (TPE) review of HCPCS code(s) A5500. The quarterly edit effectiveness results from January 2019 through March 2019, that based on dollars, the overall claim potential improper payment rate was 14%. The top denial reasons were:

- Documentation was not received in response to the Additional Documentation Request
- Documentation did not support coverage criteria

## WALKING BOOT AFOS

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) L4360, L4361, L4386 and L4387. The quarterly edit effectiveness results from January 2019 – March 2019 that based on dollars, the overall claim potential improper payment rate was 31%. The top denial reasons were:

- Claim is the same or similar to another claim on file
- Documentation does not include verification that the equipment was lost, stolen or irreparably damaged in a specific incident
- Documentation does not support coverage criteria

## SURGICAL DRESSINGS

The Jurisdiction D, DME MAC, Medical Review Department is conducted a Targeted Probe and Educate (TPE) review of HCPCS code(s) A6021 (collagen dressings), A6212 (foam dressings), A6196 (alginate dressings) and A6197 (alginate dressings). The quarterly edit effectiveness results from January 2019 through March 2019 that based on dollars, the overall claim potential improper payment rate is 82%. The top denial reasons were:

- Documentation does not support coverage criteria
- Refill request documentation is incomplete or missing elements

See below for information on prescribing wound care dressings for home use.

## MEDICAID

### WELLMARK BC/BS OFF-LABEL DRUG USE

**POLICY:** Off-label drug use is the use of a drug approved by the U.S. Food and Drug Administration (FDA) for other uses or in treatment regimens or patient populations that are not included in approved labeling.

The off-label use of a drug may be considered medically necessary when the following criteria are met:

- The requested drug has NOT been excluded from coverage by Wellmark due to lack of efficacy, clinical benefit, or administrative program (i.e. exclusion at launch while awaiting P&T review, plan exclusions)
- The patient has a documented history of a trial and failure, contraindication, or intolerance to established FDA approved and/or clinical guideline recommended therapies (if applicable) used to treat or manage the disease or condition.
- The diagnosis is clinically supported as a use by at least one of the following:
  - One of the following compendia:
    - Drug Facts & Comparisons® Level of Evidence A
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium Category of Evidence and Consensus 1 or 2A
  - OR
  - Scientific evidence demonstrates efficacy and safety for the requested use. The evidence must:
    - Consist of an adequate number of well-designed studies with sufficient numbers of patients in relation to the incidence of the disease
    - Be published in major peer-reviewed journals that publish original manuscripts only after the manuscripts have been critically reviewed by unbiased independent experts for scientific accuracy, validity, and reliability.
    - Demonstrate consistent results across all studies.
    - Document positive health outcomes and demonstrate that the drug is as effective as or more effective than established alternatives.
    - Document improvements that are attainable outside the investigational setting.

If criterion I, II, and III have not been satisfied, the requirements of the off-label drug use policy have not been met.

Note: Prescribers must submit clinical documentation supporting the drug's safety and effectiveness in treating the intended indication.

## CODING

### MODIFIER 25 DENIALS

During the last two years there has been an uptick by the private insurance industry to deny or decrease reimbursement for E/M codes appended with the 25 modifier. More recently, CMS

has also been evaluating the misuse of this modifier on claims submitted. They had been studying this issue towards the goal of decreasing reimbursement for the E/M -25 when performed on the same date as a procedure. APMA along with other medical organizations are closely monitoring the situation with the private insurance sector as well as CMS. APMA has issued guidance on the use of the 25 modifier in a recent publication. I would recommend that all providers review the recommendation by APMA which can be accessed at: <https://tinyurl.com/y535bwdx>.

### REAL WORLD EXAMPLES: E/M WITH MODIFIER 25

On September 26, 2019, APMA will host "Real World Examples: E/M with Modifier 25." Jeffrey Lehrman, DPM, David Freedman, DPM, and Alexander, DPM, will present. You can register for this webinar at: <https://tinyurl.com/y5lsvusm>.

### BILLING FOR DRUGS AND BIOLOGICALS IN MULTIPLES OF THE DOSAGE DEFINED

On July 29, 2019 WPS published information on correct coding for drugs and biologicals. A recent CMS vulnerability report identified that billing drugs and biologicals in multiples of the dosage specified by the CPT/HCPCS code is a potential billing risk for WPS. The risk is due to the potential for billing an excessive or insufficient number of units based on the amount administered. The published article explored the correct billing of drugs and biologicals in multiples of the dosage specified by the procedure code.

CMS Guidance - Internet-Only Manual (IOM) Publication 100-04, Medicare Claims Processing Manual, Chapter 17, Section 70, provides guidance for entering units on the claim when the provider administers multiples of the units shown in the CPT/HCPCS code long descriptor.

Be sure to reference this guidance if he or unclear on how to bill for "units" when using multiple dose vials of the drug. For single use drugs or for single use biologicals, make sure your staff is aware of the proper use of the JW modifier in order to bill for the wasted supply.

### SURGICAL DRESSINGS

Surgical dressings (wound dressings supplies) are billed to the DME MAC. Your records must contain a prescription, otherwise known as a Detailed Written Order. The order must specify the following:

- The type of dressing (e.g., hydrocolloid wound cover, hydrogel wound filler, etc.), and
- The size of the dressing (if applicable), and
- The number/amount to be used at one time (if more than one), and
- The frequency of dressing change.



A new order is needed if a new dressing is added or if the quantity of an existing dressing to be used is increased. A new order is required every 3 months for each dressing being used.

## TIPS

- General documentation requirements must be met in addition to coverage criteria. This includes refill requirements and proof of delivery requirements
- Modifiers A1 - A9 have been established to indicate that a particular item is being used as a primary or secondary dressing on a surgical or debrided wound and also to indicate number of wounds on which that dressing is being used. Modifier number must correspond to number of wounds on which dressing is being used, not total number of wounds treated. For example, if patient has four (4) wounds but a particular dressing is only used on two (2) of them, the A2 modifier must be used with that HCPCS code. When tape HCPCS A4450 and A4452 are used with surgical dressings, they must be billed with AW modifier (in addition to appropriate A1-A9 modifier)
- RT and/or LT modifiers must be used with HCPCS A6531, A6532, and A6545 for gradient compression stockings and wraps
- When dressing codes are billed for items covered under another benefit (e.g., gauze for a continent ostomy which is covered under prosthetic device benefit) claims must be billed according to documentation requirements specified in applicable LCD (see Ostomy Supplies LCD for details)
- No more than a one month's supply of dressings may be provided at one time, unless there is documentation to support necessity of greater quantities in home setting in an individual case

## MISCELLANEOUS

### HUMANA MEDICARE ADVANTAGE

The Florida CAC rep. recently reported to APMA that he had been made aware of a potential new benefit involving Humana Medicare Advantage Plan. This involves sending a representative to the patient's home to provide routine foot care services. We did poll all CAC reps. to determine if other areas of the country had seen or heard of this possible activity. At this time, we do not know if this is a program that Humana plans to institute, and whether this would be limited to Florida. If any IPMS member should hear of this type of service by Humana, we would appreciate that you contact me or IPMS.

### WPS IVR

#### COMING VERY SOON - INTERACTIVE VOICE RESPONSE (IVR) CHANGES

As indicated in the WPS update on August 9, 2019, WPS is implementing changes to the self-service Interactive Voice Response (IVR). In the very near future, WPS will be combining their self-service IVR and Customer Service toll-free lines. The

number to call for both the self-service IVR and Customer Service will be (866) 518-3285.

With these changes, you will need to authenticate in the IVR prior to speaking to a representative. Callers are required to provide a valid NPI, PTAN, and TIN combination when requesting information other than a general question.

Unauthenticated callers requesting to speak to an operator while in one of the options listed above will be informed that in order to be transferred to a Customer Service Representative (CSR), you will need to provide the NPI, PTAN, and TIN. The IVR will try to collect this information up to three times.

The following verbiage will be played during the first and second try if the information is not provided:

*"Before I transfer you to a customer service representative, I need to collect your NPI, PTAN and TIN as it is required information for the option selected."*

If the NPI, PTAN and TIN is not provided. The following verbiage will be played during the third attempt:


*"The information you are seeking requires your NPI, PTAN and TIN. If you do not have this information, please refer to your credentialing department or your Medicare welcome letter. A customer service representative will not be able to assist you without this information. If your call is general in nature, please say, 'I have a question'."*

Callers that have fully authenticated will be able to transfer to a CSR. Therefore, it is important that you have all of your information readily available prior to calling. This includes specific beneficiary and claim information.

### LETTER SEARCH IN THE WPS GH A PORTAL

WPS GH A Portal users have asked for the ability to view and respond to Additional Document Requests (ADR) and Demand Letters (DL) in the portal. The Letter Search feature is coming soon!

Beginning August 16, 2019, the portal will display an exact copy of the paper ADR or Demand Letter you receive through the mail. You can view and respond to letters immediately, even before you receive the mailed copy.

For more information about this exciting new feature, see the full article on WPS website at: <https://preview.tinyurl.com/y2o58qtr>. 

# APMA COMMENTS TO CMS, HHS SUPPORTING BURDEN REDUCTION

In the past few days, APMA has submitted comments to HHS and CMS regarding the ongoing and increasing financial and administrative burdens members face.

In the letter to HHS, APMA voiced its strong support for HHS' proposal to eliminate the Section 1557 requirement for notices and taglines in multiple languages. HHS' own evidence indicated that these notices did not have the desired impact of improving health-care accessibility, were confusing to impacted providers, and were much more costly to implement—in terms of environmental paper waste and postage cost. In the letter to CMS, APMA called for additional burden reduction, highlighting the following:

- streamlining the reporting and documentation requirements, specifically those related to the Medicare Therapeutic Shoe Program for Persons with Diabetes;
- reducing burdens and increasing transparency in the Medicare Advantage (MA) program; and
- streamlining prior authorization in MA and Medicare Part D plans.

To read this letter and all past comment letters, visit [www.apma.org/CommentLetters](http://www.apma.org/CommentLetters). If you have questions or concerns, please feel free to email the APMA Health Policy and Practice department.

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