MOVING INDIANA FORWARD

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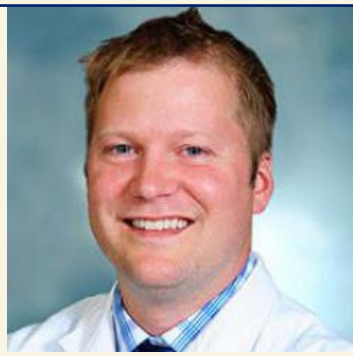
INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

ISSUE THREE | FALL 2020

IN THIS ISSUE



PRESIDENT'S MESSAGE

BRIAN DAMITZ, DPM | IPMA PRESIDENT

I hope all members are on the slow path to returning to normal during these challenging times. I wish I could use this space to discuss the excitement and anticipation for the upcoming IPMA Fall Convention. Unfortunately, much of the personal and professional activities we have all come to enjoy have been sacrificed this year because of the current pandemic. I am heartbroken that we as an association will be unable to come together this fall for our yearly meeting. Please know the Board of Directors did not make this decision lightly. With social distancing requirements and current mask mandates, we felt the membership would not get the experience they have come to enjoy at the convention. Although the 2021 Fall Convention is quite away off, hopefully not having this year's convention will allow us all to truly reflect on the great speakers and comradery our Annual Convention provides. I encourage members to seek the online CME resources provided by the APMA and the Midwest Podiatry Conference to obtain required CMEs for licensure.

Despite this disappointment, I am proud of all the work members and their staff have done during this pandemic. Many of you are doing anything and everything to help with this pandemic. Whether it be working on the frontlines, donating supplies, or giving monetary donations, you are all a part of the answer. Podiatrists have a long history of working together and defeating any challenge that comes our way.

Your support, membership and funding of the IPMA is imperative to our goals as an organization. I will continue to fight for our profession and our membership. The IPMA will continue to support you during these challenging times and I encourage anyone and everyone to contact me with questions, problems or ideas.

Please stay safe. Love your friends and neighbors. Do a good deed for a stranger. Do not take one moment for granted. Enjoy life!

SEPTEMBER IS NATIONAL PREPAREDNESS MONTH

As 2020 has taught us over and over again, disasters are inevitable. Some years, like this year, are worse than others. Every year, some part of our country – and some part of our profession – will encounter disaster on some level. The devastation that Laura brought to the Gulf Coast is a fresh reminder. Whether it is weather related, a natural disaster, a pandemic, or an accident of some kind, at some point a disaster is possible. Are you and your practice prepared?

While it seems about six months too late, September is National Preparedness Month, and it serves as a reminder for all of us to prepare for the worst and hope for the best. National Preparedness Month was established in 2004 to encourage Americans to prepare for potential emergencies and disasters. The event is held every September and is sponsored by the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA).

While we can't control nature nor even anticipate accidents, we can brace ourselves for the worst in the hopes of escaping relatively unscathed. That requires making preparations. The IPMA would like to share the following ideas to help you and your practice prepare for and survive if/when disaster finds you.

Organize your finances. Most people preparing for emergencies rightly focus on the material side, such as stocking extra batteries or bottled water. However, ensuring your finances are in order is equally important.

Locate documents. Regularly inventory your paperwork, forms or other important documents. Replace anything that is missing. Store the documents in a safe and protected place.

Take a look at your insurance. At least annually, review your insurance policies with your agent(s). This should include your life insurance, disability insurance, home, business, auto, and liability policies. See if your home or health policy will pay for shelter or replace any property, including clothes, destroyed in a disaster. Similarly, see if your business policy will help your business get back on its feet, help your relocate, etc.

Brace for flooding, earthquakes, tornadoes, fires, mudslides, blizzards, ice storms. There isn't a place in America that can't be touched by some sort of weather or natural related phenomenon. Hurricanes can send rising waters into homes and buildings, causing major structural damage. The last few years alone have shown earthquakes, fires, and floods can displace entire communities. Check your policy to ensure you are adequately covered for all aspects of a disaster that might impact your community.

Prepare your practice. Conduct regular tests of your fire and smoke alarms. Sit down with your staff and have an action plan to make sure your employees are safe and can have regular communication with you and each other.

MAKE YOUR PLAN TODAY

WEEK 1: MAKE A PLAN

- Talk with family members about your emergency plan. Discuss how you will stay in touch when disaster strikes.
- Tailor your plan to those with specific needs in your house.
- Create a budget that includes an emergency savings fund.

WEEK 2: BUILD A KIT

- Ensure your kit is stocked with essential items.
- Consider the unique needs of your family (example: families with infants should include formula, diapers)
- Have enough supplies for several days and store items in airtight containers.
- Help individuals with disabilities prepare for disasters.

WEEK 3: PREPARE FOR DISASTERS

- Sign up for emergency alerts so that during a disaster or emergency you receive immediate life-saving information from your state and local municipality.
- If your area is prone to flooding, keep important documents in a waterproof container. Also, protect your property by purchasing flood insurance.

WEEK 4: TEACH YOUTH ABOUT PREPAREDNESS

- Promote good financial saving practices by providing clear steps to saving, budgeting, setting and meeting financial goals.
- The Consumer Financial Protection Bureau has additional resources online.
- Check out the Ready Kids website for tips on how to prepare your entire family.

APMAPAC REPORT

BY CHRISTOPHER GRANDFIELD, DPM, APMAPAC COORDINATOR & IPMA PAST PRESIDENT

I am proud to say that IPMA members have consistently showed generosity and support to APMAPAC. Indiana is one of only two state components with membership over 100 podiatrists to reach its yearly fundraising goal the last six years. We again achieved this goal in 2019! I know with COVID-19 things are much different but I believe it is still imperative to support our profession when possible. I am hoping we can keep the streak alive.

As of September 15, 2020, these IPMA member have pledged their contributions to APMAPAC:

DIAMOND LEVEL ($2,500-$4,999)
Dr. Patrick DeHeer
Dr. Sandra Raynor

PLATINUM LEVEL ($1,000-$2,499)
Dr. Zahid Ladha
Executive Director Matt Solak

GOLD LEVEL ($500-$999)
Dr. Francis Bean
Dr. Angie Glynn
Dr. Chris Grandfield
Dr. Walter Warren

SILVER LEVEL ($300-$499)
Dr. Tim Barry
Dr. Mark Lazar
Dr. Kathleen Neuhoff

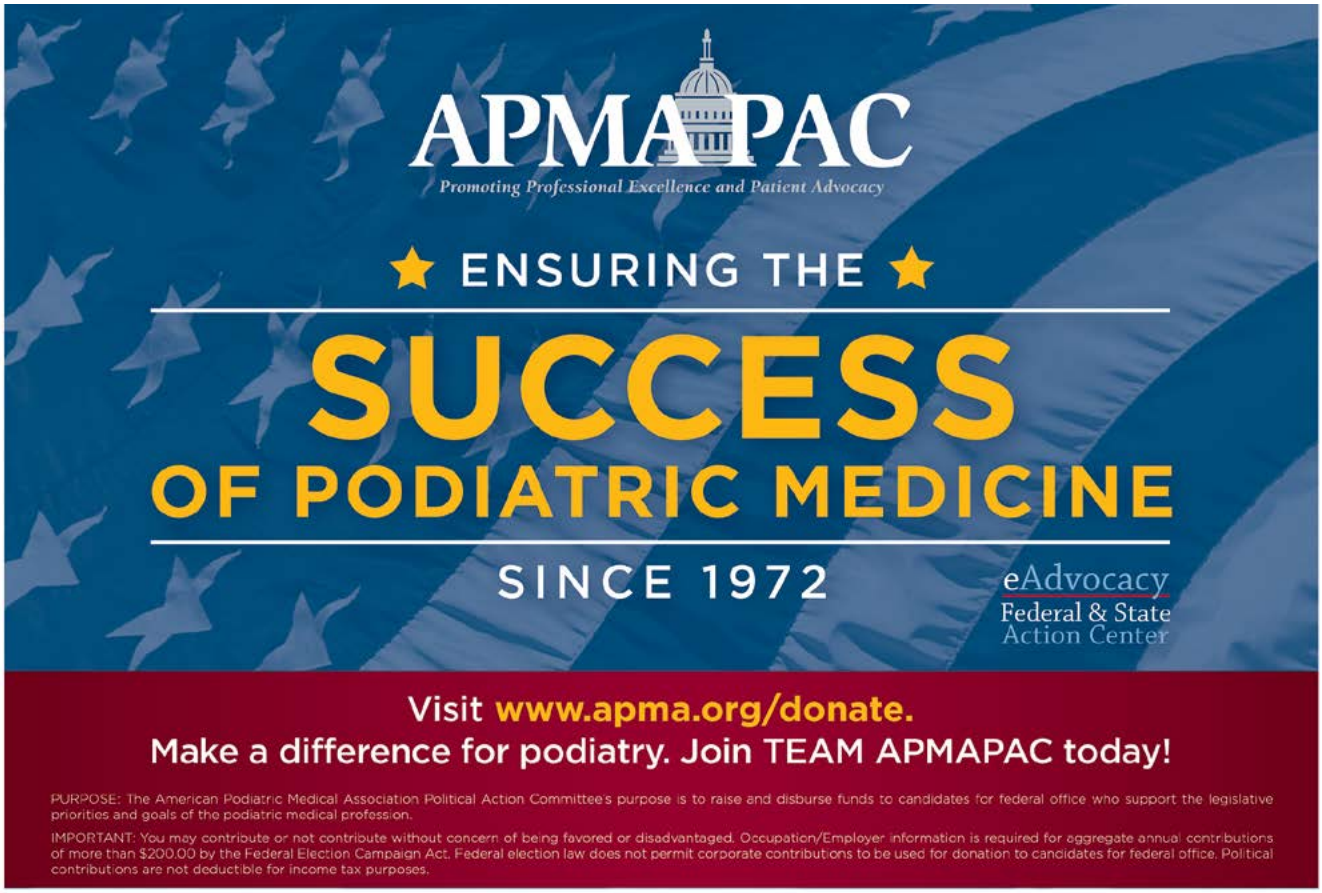
BRONZE LEVEL ($150-$299)
Dr. Robert Freestone
Dr. Corey Groh
Dr. Miranda Goodale
Dr. Richard Lanham
Dr. Chase Stuart

PATRIOT LEVEL (LESS THAN $150)
Dr. Kent Burress
Dr. Todd Hovermale
Dr. David Sullivan

The future of podiatry depends upon your support.

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.



DIABETES IN INDIANA

As members are keenly aware, today's podiatrist plays a key role in helping patients manage diabetes successfully and avoid foot-related complications. A podiatrist plays an integral part of a diabetic patient's treatment team and has documented success in preventing amputations: Patients who have a podiatrist in their diabetes care can reduce the risk of lower limb amputation up to 85 percent and lowers the risk of hospitalization by 24 percent. Annually, November is National Diabetes Awareness Month in the U.S. As we approach November, ADA-Indiana wanted to share some key facts and figures diabetes plays in the lives of everyday Hoosiers.

Diabetes is an epidemic in the United States. According to the Centers for Disease Control and Prevention (CDC), over 34 million Americans have diabetes and face its devastating consequences. What's true nationwide is also true in Indiana.

Indiana's diabetes epidemic:

- Approximately **586,000 people in Indiana**, or 11.5% of the adult population, **have diagnosed diabetes**.
- An additional **146,000 people in Indiana have diabetes but don't know it**, greatly increasing their health risk.
- There are **1,707,000 people in Indiana**, 33.5% of the adult population, who have **prediabetes** with blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes.
- **Every year** an estimated **40,000 people in Indiana** are diagnosed with diabetes.

Diagnosed diabetes costs an estimated $6.5 billion in Indiana each year.

The serious complications include heart disease, stroke, amputation, end-stage kidney disease, blindness—and death.

Diabetes is expensive:

People with diabetes have **medical expenses approximately 2.3 times higher** than those who do not have diabetes.

- Total **direct medical expenses** for diagnosed diabetes in Indiana were estimated at **$5 billion in 2017.**
- In addition, another **$1.8 billion** was spent on **indirect costs** from lost productivity due to diabetes.

Improving lives, preventing diabetes and finding a cure:

In 2019, the **National Institute of Diabetes and Digestive and Kidney Diseases** at the National Institutes of Health invested **$24,719,983** in diabetes-related research projects in Indiana.

The **Division of Diabetes Translation** at the CDC provided **$1,121,116** in diabetes prevention and educational grants in Indiana in 2018.

Sources include:

- Diabetes Prevalence: 2016 state diagnosed diabetes prevalence, cdc.gov/diabetes/data; 2017 state undiagnosed diabetes prevalence, Dall et al., "The Economic Burden of Elevated Blood Glucose Levels in 2017", Diabetes Care, September 2019, vol. 42.
- Diabetes Incidence: 2016 state diabetes incidence rates, cdc.gov/diabetes/data
- Cost: American Diabetes Association, "Economic Costs of Diabetes in the U.S. in 2017", Diabetes Care, May 2018.
- Research expenditures: 2019 NIDDK funding, projectreporter.nih.gov; 2018 CDC diabetes funding, cdc.gov/fundingprofiles

American Diabetes Association

The burden of diabetes in Indiana

OVER 34 MILLION

American adults and children have diabetes

That's 1 in 10 Americans

732,000

people in Indiana have diabetes

1.7 MILLION

adults in Indiana have prediabetes

85%

of Americans with prediabetes don't know they have it

The annual health care costs for a person diagnosed with diabetes are

2.3X HIGHER

than for a person without

$6.5 BILLION

health care dollars is spent treating diabetes and its complications in Indiana

INSURANCE REPORT

BY ED PRIKASZCZIKOW, DPM
IOWA PODIATRIC MEDICAL SOCIETY PIAC REP.

UPFRONT NEWS

WPS & CPT 64450

With the chaos of COVID along with the fallout from this pandemic, I am able to report some positive news. Not just GOOD news, but GREAT news. As far back as I can recall, we have not had Medicare coverage for CPT 64450 (Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch). That has now changed.

In March 2020, I requested a formal discussion with the WPS J5 Contractor Medical Director (CMD), Dr. Kettler about this matter. We had several conference calls and many exchanges of e-mails on this subject. Dr. John Evans (former Michigan CAC rep.) and I submitted documentation to support our position that this code should be covered by WPS Medicare. WPS agreed with our arguments and made changes to the Policy Article A57589. **Effective 09/13/2020** we can finally bill Medicare for peripheral nerve injections. Any ICD-10 code **NOT** on the list of excluded diagnoses will be covered when billed with 64450. WPS now includes the ICD-10 codes that **DO NOT** support medical necessity in the Local Coverage Article A57589. Coverage includes tarsal tunnel syndrome and other mononeuropathies. **There is no coverage when billing 64450 for *ANY polyneuropathy*** diagnoses, as indicated in the Policy Article. You can access the LCD and FUTURE Policy Article at: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35222

This change becomes effective **09/13/2020**. **Let your billing staff and office physicians know about this upcoming change in coverage.** You will no longer need to bill CPT 28899 (Unlisted procedure) for tarsal tunnel injections **after 09/13/2020**. Please see Dr. Hughes' article on the coding advise for this service.

This change in coding and coverage will benefit all of us financially, since we all perform peripheral nerve injections for "neuritis" and other mononeuropathies.

Remember, this is for WPS Medicare only. CPT 64450 has been a covered service by most private insurance and Iowa Medicaid.

This upcoming change is a direct result of your membership dues working to benefit you.

APMA -59 MODIFIER WORKGROUP PLANS STRATEGY

APMA Health Policy and Practice Committee's -59 Modifier Workgroup held conference calls on July 15 and August 18, to develop education and advocacy strategy. The workgroup was formed during June's Health Policy and Practice Committee Meeting.

The initial focus of the workgroup is developing educational materials and resources to help members when Medicare Advantage plans, Medicaid Managed Care Organizations or other commercial plans deny covered nail care (CPT® 11720/11721) when callus care (CPT 11055-11057) is provided on the same date. On its call, the workgroup created a plan to draft template letters, articles, infographics, and webinars for members.

The workgroup is also charged with developing a plan to advocate for updates to the National Correct Coding Initiative (NCCI) Policy Manual for Medicare. In 2018, APMA secured a victory that resulted in NCCI updating its guidance to address the use of the -59 modifier when CPT 11055 and 11720 are performed together. This victory resulted in coverage of callus paring or cutting performed proximal to the DIPJ of the same toe that has a nail debrided.

APMA recently contacted CMS to request that those changes are consistent throughout all of the NCCI Policy Manual for Medicare. The workgroup will also work toward the coverage of callus paring or cutting with no relationship to the nail.

WPS MEDICARE

MACS RESUME MEDICAL REVIEW ON A POST-PAYMENT BASIS

To protect the Medicare Trust Fund against inappropriate payments, Medicare Administrative Contractors (MACs) are resuming fee-for-service medical review activities. **Beginning August 17, the MACs are resuming with post-payment reviews of items/services provided before 3/1/2020.**

The Targeted Probe and Educate program (intensive education to assess provider compliance through up to three rounds of review) will restart later. The MACs will continue to offer detailed review decisions and education as appropriate.

WHY YOU HAVE TO AUTHENTICATE

Access and disclosure rules apply when a request from a provider would require the MAC to view and disclose beneficiary and claims processing information. The Centers for Medicare & Medicaid Services (CMS) have defined the elements that are required. When requesting specific claim or beneficiary information, authentication must meet the CMS requirements. CMS requires the following information be authenticated to obtain information from the IVR, or from a Customer Service Representative:

- Provider Elements - Required for any release of any protected information
  - NPI
  - PTAN
  - TIN
- Claim Elements - Required for any release of claim specific information
  - Beneficiary MBI
  - Beneficiary Name
  - Claim Date(s) of Service
- Eligibility Elements - Required for any release of eligibility information
  - Beneficiary MBI
  - Beneficiary Name
  - Beneficiary Date of Birth

Note: CMS does also direct that if it is necessary to authenticate a provider and the MAC is unable to do so, the MAC shall not proceed in processing the provider's request for information and shall deny the request.

When calling the IVR, the authentication process is upfront and passes along to the agent when transferring. The information passed is the information that is input into the IVR. This process passes along not only the name and number but also allows us to compile information that aids in serving you more quickly and effectively. It also allows for authenticated callers to be transferred to an agent without delay.

The IVR Operating Guide, and Conversion Tool for converting names, MBIs, and PTANs into touch-tones can be accessed on the WPS website.

TELECONFERENCES

Note: There is now a two-step registration process for teleconferences.

- First, register for the event in the Learning Center.
- Second, preregister for a unique teleconference ID, instructions located in the course description (module with Live Event in the title).

WEBINARS

Foot Care - A Step in the Right Direction
09/30/2020 – 9:00AM-10:30AM CT (10:00AM-11:30AM ET)
Medicare pays for "routine foot care" when the medical record supports coverage guidelines. We will provide Medicare coverage rules and discuss common modifier usage. Providers will learn the correct use of the Advance Beneficiary Notice of Non-Coverage (ABN). Bring your questions and WPS will provide answers.

PROVIDER OUTREACH AND EDUCATION (POE) PRESENTER BIOGRAPHIES AVAILABLE

For most WPS GHA Learning Center courses, those who complete a course may download a Certificate of Achievement. However, some entities that award Continuing Education Units (CEUs) also require a presenter's biography in order to award credit. If you need a WPS GHA POE staff bio for CEU credit, you can find them on our WPS GHA POE Staff web page.at: https://tinyurl.com/y6qbwhpr

CMS

CY 2021 PHYSICIAN FEE SCHEDULE CONVERSION FACTOR

With the budget neutrality adjustment to account for changes in RVUs, as required by law, the proposed CY 2021 PFS conversion factor is $32.26, a decrease of $3.83 from the CY 2020 PFS conversion factor of $36.09.

This represents a decrease of 10.6% per RVU.

NEW ABN DEADLINE EXTENDED

The ABN, Form CMS-R-131, and instructions have been approved by the Office of Management and Budget (OMB) for renewal. Due to COVID-19 concerns, CMS has expanded the deadline for use of the renewed ABN, Form CMS-R-131 (exp. 6/30/2023). At this time, the renewed ABN will be mandatory for use on 1/1/2021. The renewed form may be implemented prior to the mandatory deadline.

The new form **can be used at this time**, but the mandatory date to implement is 1/1/2021. This form can be found at: https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN

Make sure your coding/billing staff are aware of this change.

APPROPRIATE USE CRITERIA (AUC)

APMA is pleased to announce that after multiple requests, CMS has announced it is delaying full implementation of the Appropriate Use Criteria (AUC) requirements for advanced imaging orders to 2022. APMA has expressed significant concerns over the readiness of this program since 2019, and has asked for delay or cancellation of the program entirely throughout the COVID-19 public health crisis. The association will continue to work with other stakeholders and engage

with CMS to address this program going forward, as well as work to ensure members have the tools to comply with its requirements, should the time come. To learn more about the AUC requirements visit www.apma.org/AUC.

On Monday August 10, 2020, CMS updated the AUC website to announce that the Educational and Operations Testing Period, during which there are not payment penalties, has been extended **through 2021**. This update is available at: https://tinyurl.com/yyhe3yzq

CMS TO REINSTITUTE DME AUDITS

CMS recently announced that it will be lifting it's suspension of pre and post audits on August 3rd, 2020, despite the prevalence of COVID-19. However, CMS clarified that **only DME MAC post-pay reviews would begin at this time** to ensure no payments are held up for suppliers. CMS also clarified that only claims **prior** to March 1st, 2020 would be subject to these audits. The DME MACs may permit extensions and/or cancellations depending on a suppliers' ability to complete audits at this time, more likely in harder hit areas. Regardless, always keep up with your required documentation when dispensing diabetic shoes or any other DME item to your patients.

MACS RESUME MEDICAL REVIEW ON A POST-PAYMENT BASIS

To protect the Medicare Trust Fund against inappropriate payments, Medicare Administrative Contractors (MACs) are resuming fee-for-service medical review activities. Beginning August 17, the MACs are resuming with post-payment reviews of items/services provided before 3/1/2020. The Targeted Probe and Educate program (intensive education to assess provider compliance through up to three rounds of review) will restart later. The MACs will continue to offer detailed review decisions and education as appropriate.

FRAUD WASTE AND ABUSE (FWA) ANNUAL TRAINING

In the April 2018 Final Rule, CMS rescinded the requirement for providers who see Medicare Advantage Patients to have FWA annual training. Technically this became effective 1/1/2019. However, Medicare Advantage Plans can still choose to require physicians to undergo the training via a contractual requirement. Most plans did not actually stop implementing the requirement in 2019, but are starting to pull it out of contracts or simply not enforcing it for 2020.

It would be prudent to check with the plans that you are contracted with to determine if this annual training is still required by those plans. You have until 12/31/20 to fulfill this potential obligation.

CODING/BILLING

ACRONYM/TERMINOLOGY INDEX

Given the exhaustive terminology used in health care and Medicare, its many acronyms can be confusing and misinterpreted. Palmetto GBA provides a list of frequently used acronyms on our website. It enables you to look up a term or acronym by word or first letter. It's easy to understand and an excellent resource for providers. Please review and share with your staff. You can find this document at: www.palmettogba.com

SPECIFIC INFORMATION ANCILLARY STAFF CAN DOCUMENT DURING AN E/M ENCOUNTER

The guideline provides that any part of the chief complaint (CC) or history that is recorded in the medical record by ancillary staff or the beneficiary does not need to be re-documented by the billing practitioner. Instead, when the information is already documented, the billing practitioner can review the information, update or supplement it as necessary, and indicate in the medical record that he or she has done so.

SUBSEQUENT HOSPITAL VISIT CODE IF DOCUMENTATION DOES NOT SUPPORT INITIAL HOSPITAL VISIT

Subsequent hospital CPT codes can be submitted in place of initial hospital codes if the minimum key component work and/or medical necessity requirements for initial care services are not met.

MEDICAL NECESSITY AND CLAIM DENIALS

Sometimes, services provided are denied payment for various reasons, including but not limited to, lack of **medical necessity.** Medicare defines medical necessity as "*services or items reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member.*"

If the services denied due to lack of medical necessity, and if medical necessity has been established in the medical records, then the claim should be appealed. The initial step of the appeal process includes a thorough review and comprehension of the payment denial reason. Once you understand the payer's reason for denying the claim, review the claim to determine whether that the denial is justified.

EMERGENCY DEPARTMENT VISITS

If a physician advises his/her own patient to go to an emergency department (ED) of a hospital for care and the physician subsequently is asked by the ED physician to come to the hospital to evaluate the patient and to advise the ED physician as to whether the patient should be admitted to the hospital or be sent home, the physician should bill as follows:

- If the patient is admitted to the hospital by the patient's personal physician, then the patient's regular physician should bill only the appropriate level of the initial hospital care (codes 99221 - 99223) because all evaluation and

management services provided by that physician in conjunction with that admission are considered part of the initial hospital care when performed on the same date as the admission. The ED physician who saw the patient in the emergency department should bill the appropriate level of the ED codes.

- If the ED physician, based on the advice of the patient's personal physician who came to the emergency department to see the patient, sends the patient home, then the ED physician should bill the appropriate level of emergency department service. The patient's personal physician should also bill the level of emergency department code that describes the service he or she provided in the emergency department. If the patient's personal physician does not come to the hospital to see the patient, but only advises the emergency department physician by telephone, then the patient's personal physician may not bill.

If the ED physician requests that another physician evaluate a given patient, the other physician should bill an emergency department visit code. If the patient is admitted to the hospital by the second physician performing the evaluation, he or she should bill an initial hospital care code and not an emergency department visit code.

WHAT TYPE OF DOCUMENTATION IS NEEDED TO SUPPORT AN ASSISTANT SURGEON CLAIM

Answer: After additional reviews, Palmetto GBA has modified guidance regarding documentation requirements for assistants at surgery or surgical assistants (billed with HCPCS modifier AS and CPT modifiers 80, 81 or 82).

To bill for an assistant at surgery or surgical assistant, the surgeon is required to specify in the body of the operative report what the assistant actually does. It is not sufficient evidence of participation to list the assistant's name in the heading of the operative report.

It is also a good idea to mention in the indications paragraph why there is a need for an assistant. Contractors that request the operative report in order to process the assistant's claim will deny claims if there is no accounting by the surgeon for what was performed by the assistant.

MISCELLANEOUS

DOJ SUES CIGNA ALLEGING $1.4B IN MEDICARE ADVANTAGE FRAUD

Cigna falsified the health conditions of its Medicare Advantage plan members to coax CMS into making larger payments to the insurer on behalf of beneficiaries, a U.S. Justice Department lawsuit alleges.

Cigna used a medical assessment it called "360" to find health conditions that could raise risk scores of plan members, offering incentives to physicians who gave the exam and using third-party contract providers to perform them in plan member homes, according to the lawsuit. CMS overpaid Cigna an estimated $1.4 billion from 2012 to 2017 and DOJ is seeking equal to three times that amount in damages, along with a civil penalty of $11,000 for each violation.

PAYERS SEE MASSIVE Q2 PROFITS DUE TO COVID-19 DEFERRED CARE

As people in the United States continued to stay home and avoid non-emergency medical care in the second quarter, the country's private insurers reaped the benefits — with all major payer companies reporting year-over-year surges in profit.

It's quite the opposite for providers, which saw revenue slide without lucrative elective procedures. Hospitals have been largely kept afloat by federal relief funding, which has driven some for-profit operators to triple their net income in the second quarter.

Centene, Anthem and UnitedHealth all doubled profits or more in the quarter. CVS and Humana also raised their earnings outlooks for the year.

MEDICARE BENEFICIARY IDENTIFIERS (MBIS): IS THAT A ZERO OR AN O?

Medicare Beneficiary Identifiers (MBIs) are required on most Medicare transactions and must be used on claims, in the Interactive Voice Response (IVR) unit and the eServices portal, and when calling Customer Service. Knowing the format of an MBI number can help you successfully complete your transactions.

An MBI has 11 alpha-numeric characters. An MBI's characters are "non-intelligent" so they don't have any hidden or special meaning.

An MBI uses numbers 0-9 and all uppercase letters except for S, L, O, I, B, and Z. Those letters are excluded to avoid confusion when differentiating some letters and numbers (for example, between the number "0" and the letter "O").

- The 1st, 4th, 7th, 10th, and 11th characters will always be a number.
- The 2nd, 5th, 8th, and 9th characters will always be a letter.
- The 3rd and 6th characters will be a letter or a number.
- The dashes aren't used as part of the MBI. Do not use the dashes on claims, in the IVR or in the eServices portal.

Ed Prikaszczikow, DPM can be reached at 712-328-0297 or Dred8888@aol.com.

IMPORTANT INFORMATION REGARDING INDIANA CME REQUIREMENTS

The IPMA Office has received some inquires regarding the number of CME hours that can be taken online. The Board of Podiatric Medicine was in the process of changing the rules which would have permitted only half of CME hours to be obtained in an online setting. These changes have not been officially adopted. This means IMPA members may obtain all of their CME hours online during this licensing renewal period. This will allow flexibility during this time.

CREDIT HOURS REQUIRED

- A licensee who renews a license as a podiatrist shall complete no less than thirty (30) hours of continuing podiatric medical education in courses or programs approved by any of the approved sponsors in each two (2) year renewal period.
- A podiatrist is not required to complete continuing education requirements for the year in which the initial license is issued.
    - If you received your initial license in the first licensure year, then you are only required to have completed fifteen (15) hours of continuing podiatric medical education for this renewal period in order to renew your license.
    - If you received your initial license in the second licensure year, then you are not required to have completed any hours of continuing podiatric medical education for this renewal period in order to renew your license.
- Continuing podiatric medical education acquired in any area other than podiatric medicine will not be accepted.
- Continuing education credit units or clock hours must be obtained within the renewal period and may not be carried over from one (1) licensure period to another.

For more information please visit: https://www.in.gov/pla/podiatry.htm

IPMA 2020 FALL CONVENTION CANCELLED

After much discussion and careful deliberation, the IPMA is disappointed to report the decision to cancel the 2020 Annual Fall Convention.

Please know that this decision was not taken lightly. Having the opportunity to interact with our members in person is one of our favorite times of the year. However, with the ever-changing climate of the COVID-19 pandemic, it has made the logistics for the convention increasingly difficult. Most importantly, the health, safety, and well-being of convention attendees, speakers, and exhibitors is our highest priority.

Though this decision was not easy to make, we believe it is the right one. We are looking forward to next year's convention, September 30-October 3, 2021, at the Crowne Plaza Union Station in Downtown Indianapolis.

CONTINUING EDUCATION OPPORTUNITIES

Midwest Podiatry Conference - October 29-31
MPC 2020 is now virtual. By registering, you can earn up to 15 hours "live" and 15 hours on demand." For more information and to register, visit midwestpodconf.org.

APMA Online Education
APMA offers online continuing education contact hours. Many are complimentary, exclusively for APMA members. Visit APMA's website to learn more.

MIDWEST PODIATRY CONFERENCE

THE PREMIER MEETING FOR FOOT AND ANKLE PHYSICIANS, SURGEONS AND ASSISTANTS

Midwest Podiatry Conference 2020 is VIRTUAL!

Attend LIVE presentations **Thursday, October 29th - Saturday, October 31st**

Earn up to 30-hours of continuing education units in both "live" & "on-demand" formats.

- Earn up to 15+ LIVE CE's during our 3-day live event featuring industry leaders and live Q+A.
- Earn up to 15+ ON DEMAND CE's with convenient access to a library of content through 2020.

Convenient, economical and focused educational content.

MPC values you and your practice by offering educational content to help you reach all of your practice, patient care, and educational goals in these uncertain times.

Virtual IPGRS Poster Presentations.

The International Post Graduate Research Symposium (IPGRS) is also going virtual with digital poster presentations highlighting innovative abstracts on topics impacting the field of podiatry, online voting among top 10 chosen abstracts with winner announced live on Saturday.

Virtual Exhibit Hall showcasing products and engagement opportunities.

Leverage virtual communications tools to meet with attendees, design your exhibit booth with branding and weblinks, highlight your products/services in our virtual Product Theater and receive post-show analytics to maximize your sales efforts.

For additional program details and registration information, visit:

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2020 MIDWEST PODIATRY CONFERENCE

ADDRESSING THE CHALLENGES PODIATRY STUDENTS ARE FACING DUE TO COVID-19

BY PATRICK DEHEER DPM FACFAS

Developing, grooming and investing in podiatric medical students is essential for the profession's future. The COVID-19 pandemic has certainly brought forth unprecedented challenges for the education and training of podiatric medical students. The American Podiatric Medical Association (APMA) stands alongside the American Podiatric Medical Students Association (APMSA) in putting students interests first. Unfortunately, other key stakeholders within the profession seem unwilling or unable to make the adjustments to our students' educational processes that are necessary for our new normal.

"THE FAILURE TO INVEST IN YOUTH REFLECTS A LACK OF COMPASSION AND A COLOSSAL FAILURE OF COMMON SENSE." – CORETTA SCOTT KING

Several challenging educational issues have transpired over the past few months with little or no consideration given to student feedback. The inability to find balanced solutions to emerging issues affecting podiatric medical students is disappointing. The 2020 American Podiatric Medical Licensing Examination (APMLE) Part II Clinical Skills Patient Encounter (CSPE) exam, governed by the National Board of Podiatric Medical Examiners (NBPME) and administered by the National Board of Osteopathic Medical Examiners (NBOME) is scheduled to take place August 18 through November 10 in Conshohocken, Pa. The APMSA, with support from the APMA and numerous other key stakeholders, requested that NBPME cancel the exam for the Class of 2021.

The APMSA surveyed the Class of 2021 on this issue and 517 student students responded. This survey provides robust data for consideration such as: concerns for student physical and mental well-being during a pandemic; the impact on clerkship rotations that are already tenuous at best; the additional financial burden of travel; and test expense during a time when many are struggling financially due to the economic impact of the pandemic.

The NBPME cancelled this exam in 2016 for logistical reasons so the precedent exists for canceling the exam. Issuing a decision letter on July 15, 2020, the NBPME announced that it will modify the process but will proceed with testing, disregarding the requests from APMSA, APMA, and other key stakeholders.

WHAT ABOUT THE UNRESOLVED ISSUES WITH FOURTH-YEAR CLERKSHIP ROTATIONS?

Fourth-year clerkship rotation challenges for the Class of 2021 remain unresolved. Clerkships continue to be cancelled due to surging outbreaks of the COVID-19 pandemic around the country. Fourth-year students are missing out on critical hands-on patient care under direct supervision of an attending podiatric physician and the didactic educational process that accompanies clerkship rotations. Facility rules regarding clerkship rotations are another piece of the clerkship puzzle.

The American Association of Colleges of Podiatric Medicine (AACPM) and the Council on Podiatric Medical Education (CPME) issued a recommendation letter on June 15, 2020. Upon review of this letter, it was difficult to identify any tangible steps to resolve the issue. Fourth-year rotations are indispensable in the residency matching process for both programs and students. The rotations are also vital in the preparation of students to succeed in residency. Collectively shrugging our shoulders at an unparalleled unprecedented difficulty is not a solution.

The APMSA subsequently surveyed the Class of 2021 after the AACPM and CPME recommendation letter. Key findings include:

1. Almost 90 percent of respondents believe that losing the ability to clerk at a program (because of COVID-19-related canceled rotations) will impact their residency selection/ranking during the 2021 match.
2. Over 50 percent of respondents support shortening clerkship rotations from four or five weeks to two or three weeks.
3. Almost 60 percent of students favor moving the January 20, 2021 ranking to February with 22 percent being neutral on the issue and only 19 percent opposed.
4. There is strong support for delaying the Centralized Residency Interview Process (CRIP) to allow for an extra clerkship cycle. Specifically, 43 percent of respondents support the idea and 32 percent are neutral. Only 24 percent expressed opposition to this idea.

Based on sentiments collected from the Class of 2021, the APMSA requested that AACPM:

1. Move the January 20, 2021 ranking to a later date. AACPM did move the ranking date to February 23, 2021 in response to APMSA's request. Kudos to AACPM for making this change. This allows most of the month of February to serve as an additional clerkship month prior to submission of rankings for both students and programs.

2. Delay CRIP to allow students to attend an extra clerkship, especially if the interviews transition from in-person to virtual. The Accreditation Council for Graduate Medical Education (ACGME) changed the interview process immediately for allopathic and osteopathic residencies. AACPM set October 1, 2020 as a deadline for changing CRIP from in-person to either a hybrid or complete virtual interview process.
3. Seriously consider shortening clerkship rotations.

Another potential solution is to copy the concept that the DPM Mentors Network used for student recruitment. Maintaining mentor and mentee safety by following state and local guidelines must govern the process. In order to simplify the clerkship process, perhaps there could be a repository of volunteers whom students could contact directly. Hurdles to this solution would be schools enabling students to rotate at more than one office-based rotation and modification of the approval process for clerkships allowing office-based rotations to count as official rotations. Virtual rotations are approved clerkship rotations, despite varying widely in what the rotations entail (some involving as little as one hour per week for journal club). The lack of direct patient interaction under the guidance of an attending podiatric physician is an experience that cannot be replaced by a journal club.

FINAL NOTES

Every day of inaction is a lost day of learning. The Class of 2021 is paying for an education they are not receiving. How can the profession stand by and accept this? The APMSA and APMA

> "LEADERS ARE LIKE GARDENERS... AS LEADERS, WE ARE NOT ONLY RESPONSIBLE FOR HARVESTING OUR OWN SUCCESS BUT FOR CULTIVATING THE SUCCESS OF THE NEXT GENERATION."
> – SUSAN COLLINS

continue to advocate on behalf of the students while other key stakeholders seem paralyzed by bureaucracy, indecision, inaction and a lack of foresight and vision.

The time for boldness is now. The time to stand by our students is now. The time to protect the profession's future is now. We must raise our collective voices in support of the students to those sitting on the sidelines, watching the hourglass empty on the Class of 2021's final year of education.

Dr. DeHeer is the Residency Director of the St. Vincent Hospital Podiatry Program in Indianapolis. He is a Fellow of the American College of Foot and Ankle Surgeons, a Fellow of the American Society of Podiatric Surgeons, and a Fellow of the American College of Foot and Ankle Pediatrics. Dr DeHeer is also a Fellow of the Royal College of Physicians and Surgeons of Glasgow, and a Diplomate of the American Board of Podiatric Surgery.

SUPPORT STUDENT PETITION

The COVID-19 pandemic has certainly brought forth unprecedented challenges for the education and training of podiatric medical students. The National Board of Podiatric Medical Examiners (NBPME) recently announced that they would continue administering the CSPE this year, with a delay and the option to take it in residency.

The American Podiatric Medical Association (APMA) stands alongside the American Podiatric Medical Students Association (APMSA) in putting students interests first. Unfortunately, other key stakeholders within the profession seem unwilling or unable to make the adjustments to our students' educational processes that are necessary for our new normal.

The APMA and APMSA do not believe the decision by NBPME is consistent with placing priority on the safety of the students during a global pandemic. There is currently a petition to request the NBPME cancel the APMLE Part 2 CSPE for the Podiatric Medicine Class of 2021, to work to remove it as a requirement for licensing in all states, and refund students who have already reserved spots.

Click here to sign the petition.

IHCP adds procedure codes to podiatry services code set

Effective October 23, 2020, the Indiana Health Coverage Programs (IHCP) will update the podiatry services code set, *Covered Procedure Codes for Podiatrists (Specialty 140)*, to include the procedure codes in Table 1. This change applies to fee-for-service (FFS) claims with dates of service (DOS) on or after October 23, 2020.

Claims submitted by provider specialty 140 – Podiatrist, for procedure codes not included in the podiatry code set, will deny for explanation of benefits (EOB) 1012 – *Service and or modifier billed not payable for your provider type/specialty.*

Reimbursement and billing guidelines for the procedure codes in the podiatry code set remain unchanged and are subject to current policies, edits, and audits. Individual managed care entities (MCEs) establish and publish reimbursement, prior authorization (PA), and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

These additional codes will be reflected in the next regular update to the *Podiatry Services Codes*, accessible from the *Code Sets* page at in.gov/medicaid/providers.

Table 1 – Additions to covered procedure codes for podiatrists (specialty 140), effective October 23, 2020

Procedure code	Description
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass

HHS guidance for naloxone administration during the public health emergency

The U.S. Department of Health and Human Services (HHS) has released guidance for first responders to safely administer naloxone during the coronavirus disease 2019 (COVID-19) public health emergency. The guidance tells responders to use personal protective equipment (PPE) and includes other safety precautions.

To view the guidance, open the PDF document called, *First Responders Can Safely Administer Naloxone during the COVID-19 Pandemic*, accessible from the *Substance Use Disorder Treatment* web page at in.gov/medicaid/providers.

PATIENCE DURING TIMES OF CHANGE

BY TINA DEL BUONO, PMAC

All practices make changes every now and again, but this year has probably been the biggest year of changes we have had to make to keep our doors open and serve our patients, at least this is true for my office.

Change of any type can present challenges and for some, the challenge is felt more than for others. Our practice teams are made up of all different personality types and these can really be apparent during change or difficult times.

As our practice was making changes to adapt to our current pandemic situation, I was reminded of just how stressful change can be and it brought to mind a past situation. This is a good reminder that patience is really needed now during our current time:

Recently, I heard one of my coworkers struggling with putting a form inside an envelope and asked him what the problem was. He said that the window on the front of the envelope was different from usual and that when he folded the form as he normally does, the address didn't fit in the window so you could see it.

Apparently, they are not making the envelopes that we have been purchasing for the past several years the same way even though the order number was the same. He gave a grunt and stated that now he would need to fold all of the forms he had differently because he already had folded them like he normally would. After he figured out how to fold the form properly for this new envelope, he went to seal it and these new envelopes were not self-sealing like the old ones and he had to moisten the flap to close it. He was not very happy about this change.

This may sound silly, but even simple changes in the way that we have been doing things can be upsetting. Now to set this story straight, he was not really upset, like mad, he was just surprised that something had changed and he was not prepared for it, (yes as simple as an envelope) he was caught off guard and was not prepared in advance for this change.

As he was struggling to refold the forms, we talked about how amazing it is that we are creatures of habit, and change even in simple form, can make a big difference. We all laughed about this reminder lesson.

> "OUR PATIENCE WILL ACHIEVE MORE THAN OUR FORCE."
> – EDMUND BURKE

What is important for us each to remember is that for some people, simple changes that we have no control over, can be very, very upsetting, to the point that they are outraged. It is amazing how we humans get so set in our ways and allow simple things that really do not make a difference (like changing how we fold a form) to make a difference and cause frustration and discontent within our job, when we can, if we want to, let it roll off our shoulders and move along.

Tina Del Buono, PMAC is the Director/Coach of Top Practices Virtual Management Institute and Founder & CEO, Practical Practice Management. She is available on a limited basis for private coaching. Find out more at TopPractices.com.

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.

To learn more about this program or to register, click here.

IPMA MEMBERSHIP RENEWAL

As a reminder, membership dues invoices for the 2020-2021 membership year have been sent through US Mail. Due to the economic impact of COVID-19, the APMA and IPMA have decided to offer a dues reduction to help offset the economic hardship you have all faced. APMA members renewing for 2020-2021 receive a 25% dues reduction of full dues rate. This is the equivalent of complimentary dues for the first quarter of the fiscal year. Additionally, your IPMA Board of Directors understands and appreciates the difficulties many practices are experiencing as board members are experiencing the same challenges. The IPMA Board is making a 25% dues reduction available to members should they need it as a result of COVID-19. The Board is respectfully requesting members pay the full dues if financially feasible.

Please also note that the first payment due date was adjusted from June 1 to September 1 for this current membership year.

If you have any questions or to request an additional copy of your IPMA/APMA membership dues invoice, please contact the IPMA office. Thank you for continued support of IPMA and the podiatric profession in Indiana.

ADVERTISING WITH THE IPMA

Forward is the official publication emailed quarterly to all corporate sponsors, exhibitors and members of IPMA. The publication reaches the desks of over 225 podiatry professionals and their staff throughout the state of Indiana. It also boasts an open rate of 43%, on average. Plus, all ads are hyperlinked to the advertiser's website.

Contact Matt Solak for an ad kit today!

2021 CLOSING DATES

ISSUE	EMAIL MONTH	AD DEADLINE
Spring	March	February 20
Summer	June	May 20
Fall	September	August 20
Winter	December	November 20

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