



INDIANA PODIATRIC MEDICAL ASSOCIATION

# Forward

ISSUE ONE | SPRING 2022

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## PRESIDENT'S MESSAGE

SANDRA RAYNOR, DPM | IPMA PRESIDENT

Spring is finally in the air, surely lifting everyone's spirits as we complete our second year dealing with all the changes Covid has brought to our lives and the lives of our patients. We have all had to adjust to masking, spraying, wiping, social distancing, and unfortunately, disagreements about what exactly constitutes science. Hopefully, the current China surge will stay in China and 2022 will see us rounding the Pandemic corner.

On the local news front, the fall meeting will be held October 13-16, 2022 at the Marriott North. The plan is for an in-person meeting, possibly with a virtual option. There is currently discussion on whether to hold a MA program as it has not been well attended in the recent past. Thanks again, to Dr. Pat Deheer for his willingness to again organize this conference, in addition to his many other "hats".

This year's Midwest conference is April 6-9, 2022 at the Hyatt Regency in Chicago. As a reminder, a portion of the registration fees for Indiana attendees comes back to support the IPMA. I'd also like to give a special "shout out" to Dr. Vincent Coda, who has been the president of the MPC executive committee for many years, helping to provide the Midwest with many top quality conferences. Vincent also served as a member of the Indiana licensing board for many years. He will be moving south for some well-deserved leisure time. Way to give back Vince!

Another well deserved "shout out" needs to go to Dr. Wendy Winkelbach, who has volunteered to replace Dr. Coda on the MPC board. Aside from being a past IPMA president, Wendy also serves as our state's MC Representative. Thanks Wendy!

Relating to the state legislative session this year, the most significant bill relating to Podiatry was SB239, which dealt with practitioner advertising and education. As many of you may know, there has been increasing friction between the MD/DO's and Allied Health Care, as several groups such as the PAs, PNs, PTs push to extend their scope including more independent practice. This bill was a push-back



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## PRESIDENT'S MESSAGE

SANDRA RAYNOR, DPM | IPMA PRESIDENT

by the MD/DOs — limiting the use of the terms “physician” and “surgeon” to only MD/DO as well as requiring similar language in advertising. As the bill ended up, thanks to our lobbyists, it will have minimal effect on Podiatry, and we can continue to use the designations below:

### IC 25-29-1-13 “Podiatrist”

Sec. 13. Podiatrist means an individual who:

- (1) practices podiatric medicine; and
- (2) uses one (1) or more of the following designations:
  - (A) Doctor of podiatric medicine.
  - (B) Podiatric physician.
  - (C) Podiatric surgeon.

As added by P.L.33-1993, SEC.56.

**SB 239 Current Summary:** Practitioner advertising and education provides that, beginning January 1, 2023, certain practitioners are subject to disciplinary sanctions if the practitioner communicates or disseminates to the general public an advertisement that includes deceptive or misleading information or does not prominently state the profession or license held by the practitioner.

### 2022 APMA HOUSE OF DELEGATES MEETING

This past weekend was the annual House of Delegates meeting in D.C. In attendance from Indiana was Matt Solak, our executive director; Drs. Pat Moore, Zahid Ladha, Brian Damitz, Wendy Goldstein, Pat Deheer, and myself. Many topics were discussed; I'll try to hit the highlights below. For additional information, refer to the APMA website or one of the delegates above.

**The continued quest for “parity”:** APMA has been working on this subject for many years, and it is a long and involved topic — this is about being accepted equally as physicians, not as allied health, being paid equally for equal work, etc. It is about being reclassified from R3 to R1 (MD/DOs are R1, Dentists R2, Podiatrists R3, etc.). This past weekend, the House passed Proposition 2-22, which summarizes the APMA's position and goals. I believe this will be posted on the APMA website soon — if not, call Dr. Deheer who is very well versed in the subject.

**Recruitment:** This is becoming an increasingly crucial issue, as the student applicant pool continues to decrease, perhaps partially because of the high cost of tuition. This will become even more critical when the two schools in development open their doors. The APMA has developed a program to increase

awareness through direct outreach to high schools and colleges as well as online media.

So, what can YOU do? Reach out to a local high school or college, offer to give a talk or participate in a career day, offer students the opportunity to shadow you in your office, or observe in surgery. Statistics show 1 out of 4 students that shadow, apply to Podiatry school. Contribute to the educational fund, which offers scholarship aid.

**Legislative Advocacy:** This is perhaps our state and national association's most crucial job. This is what protects our ability to access patients, be paid fairly, and protect or expand our scope of practice. One example of APMA's work in this area includes the recent changes to the EM codes, which realized an increase for Podiatry instead of the original decrease. Successful lobbying also prevented the scheduled 2022 MC payment reductions which would have resulted in a 9.75% cut. VA podiatrists were reclassified as full physicians, with equal pay (*see page 4 for more information*). As important as it is to push for new and favorable legislation, it is crucial that our lobbyists watch for and push back against harmful legislation – such as the originally proposed Indiana bill SB239.

What can YOU do? A LOT! First of all, be informed! It takes only a few minutes on the APMA website to get up to date on current issues and send a supportive email to your legislators. It's all laid out for you, the letters, your representatives...in less than 10 minutes a few times a year, you can be informed AND make a difference.

And...wait for it...send \$\$\$! Yes, you knew it was coming. Sorry to say, but legislators do like contributions, and it perks up their selective hearing. Contributing to the IPMA and APMA PACs is the cheapest and best insurance you can buy to protect your livelihood! We would all have seen our income cut significantly in just this past year alone if not for successful lobbying. **Last year, in the state of Indiana, only 14 members out of 211 contributed to the APMA PAC.** Two of those members are retired, and 74% of the contributions came from just 3 members. We are a small profession, and we all need to do our share! What a difference it would make if each of us contributed just one hundred dollars to each PAC!

Not sure how to contribute? Click on the links below.

- [DONATE TO THE APMA PAC](#)
- [DONATE TO IPMA FOOT SUPPORT PAC](#)

Please people, do it now. Just skip a few weeks worth of Starbucks. ☘



## APMA LEGISLATIVE VICTORY! PRESIDENT SIGNS VETERANS AFFAIRS BILL

APMA is pleased to announce victory on HR 2545, a bill to amend title 38, United States Code, to further clarify the role of doctors of podiatric medicine in the Department of Veterans Affairs. The bill was signed by the president today. This win is yet another example of APMA's tireless effort to protect and defend podiatric medicine.

The bill was designed to address an oversight in the MISSION Act passed in 2018. That bill updated the pay authority for DPMs to be the same as that of their MD/DO colleagues but neglected to cover the position of Director of Podiatric Services. As a result, the director has not been included in pay updates. With

the passage of this bill, the director's title will be changed to Podiatric Medical Director, and the position will be placed in the same pay authority as other medical director positions at the VA Central Office. With the passage of this bill, the VA will fully treat all DPMs within the Veterans Health Administration as physicians.

APMA gratefully acknowledges the support of Sen. Bill Cassidy, MD (R-LA), who shepherded the bill through the Senate, as well as Rep. Brad Wenstrup, DPM (R-OH), and Rep. Frank Mrvan (D-IN) for their leadership in sponsoring the bill and ushering it through the House of Representatives. 🦋

## LATEST APMA HEALTH POLICY AND ADVOCACY WINS

APMA works tirelessly to advocate for the podiatric medical profession. Over the past year, APMA has been successful in ensuring podiatrists receive equitable reimbursement, and patients have full access to care provided by podiatrists. Recent successes include:

- HealthNet Federal Services (HNFS), the TRICARE administrator for the West Region, agreed to APMA's previous request, and now permits podiatrists to order non-invasive vascular or arterial studies for TRICARE beneficiaries.
- As a result of the efforts of APMA, DME Workgroup, and podiatric CAC representatives for Palmetto Jurisdictions, Palmetto began reimbursing podiatrists for performing remote physiological monitoring (RPM) services.
- Anthem has agreed with APMA's recommendation to fix its At-Risk Foot Care and -59 Modifier Coding Policy, and now permits paring of calluses (CPT 11055-11057) and debridement of a toenail (CPT 11720/11721) when performed on the same toe if the pared callus was unrelated to and not contiguous with the debrided nail and the callus paring and nail debridement were distinct, unrelated procedures, even when performed on the same toe.
- APMA advocated alongside members of the MD/DO community to prevent an almost 10-percent cut in Medicare reimbursement for physicians. 🦋

Learn more about recent advocacy successes at [www.apma.org/victories](http://www.apma.org/victories). APMA continues to advocate for members. Learn more about APMA's current health policy advocacy efforts related to Medicare Advantage chart reviews, -59 Modifier and At-Risk foot care claims, and provider nondiscrimination, among others.



## SUPPORT STUDENTS WITH A DONATION TO APMA SCHOLARSHIP FUND

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# APMAPAC UPDATE

SANDRA RAYNOR, DPM  
APMAPAC COORDINATOR

2021 was a strong year for advocacy for the APMA. We want to continue this momentum heading into an election year. This strength in advocacy can only be accomplished by a strong APMAPAC. I am asking that IPMA members support our advocacy efforts with a meaningful PAC contribution. The 2022 APMAPAC campaign has just begun and a big thanks to have already made their yearly contribution. Thank you to all the members who have contributed as of March 9, 2022.

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

Dr. Patrick DeHeer  
Dr. Zahid Ladha  
Dr. Sandra Raynor

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

Executive Director Matt Solak

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

Dr. Michael Carroll  
Dr. Brian Damitz

Dr. Patricia Moore  
Dr. Walt Warren

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

Dr. Tracy Lee  
Dr. David Sullivan

## PATRIOT LEVEL (LESS THAN \$150)

Dr. Gage Caudell  
Dr. Wendy Goldstein  
Dr. Miranda Goodale  
Dr. Sarah Standish  
Dr. Chase Stuart 

*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.*



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

IMPORTANT: 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.

# IT'S TIME TO COME TO TERMS WITH NEW SURPRISE BILLING LAWS

BY: BRANDON W. SHIRLEY AND ROBERT A. ANDERSON

The No Surprises Act imposed sweeping new cost transparency requirements on health care providers throughout the United States that raised many compliance questions and new challenges. Adding to the confusion, regulators responsible for implementing the new law issued regulations in phases throughout 2021 and delayed certain parts of the law to address industry challenges. Despite such delays and challenges, regulators pressed forward with many provisions effective January 1, 2022.

Whether you understand or appreciate these new requirements, it is time to come to terms with the No Surprises Act and its new surprise billing requirements. As applied to health care providers,

the No Surprises Act establishes two requirements to prohibit surprise billing: 1) balance billing prohibitions; and 2) good faith estimates.

## BALANCE BILLING

The balance billing prohibition is somewhat limited in scope. This law generally applies to insured patients who receive services at an in-network facility (i.e., hospital, ambulatory surgical center, or critical access hospital) and to emergency services received at these facilities. In such cases, an out-of-network provider cannot bill a patient for costs above that patient's in-network rate without giving advance notice and obtaining the patient's consent. However, this consent process is not available for out-of-network providers providing "ancillary services" at an in-network facility or to emergency services.






### GOOD FAITH ESTIMATES

Conversely, the good faith estimate requirement applies broadly to all health care providers. In particular, the law requires health care providers to give all *uninsured* and *self-pay* patients a good faith estimate upon scheduling an item or service or to all patients upon request. This good faith estimate relates to the scheduled item or service and must identify the cost of all items and services relating to that item or service. Providers may need to coordinate with other health care providers to gather this information and to provide it within the specified timeframe. While these good faith estimates are not binding on health care providers, patients may challenge them before an independent appeals panel if the actual costs exceed the good faith estimate by more than \$400.

The broad terms of the No Surprises Act raise many compliance challenges for health care providers because its broad terms do not precisely fit each individual health care practice. Federal regulators have also delayed other portions of the law and intend to issue new regulations in 2022. Health care providers should consult with legal counsel to discuss the applicability of and compliance with the No Surprises Act.

While these good faith estimates are not binding on health care providers, patients may challenge them before an independent appeals panel if the actual costs exceed the good faith estimate by more than \$400.

If you have questions about the No Surprises Act or would like assistance creating relevant policies and templates to comply with the No Surprises Act, please contact Brandon W. Shirley or Robert A. Anderson. 

*Disclaimer. The contents of this article should not be construed as legal advice or a legal opinion on any specific facts or circumstances. The contents are intended for general informational purposes only, and you are urged to consult with counsel concerning your situation and specific legal questions you may have.*

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# 3 WAYS TO REDUCE THOSE FRUSTRATING PRACTICE MANAGEMENT HEADACHES THAT YOU HATE!

When you wake up in the morning, do you immediately jump out of bed or do you hit the snooze alarm several times? Are you really excited about going to the office or has it become routine? Well, if you go to the office with the attitude of, what else can go wrong today, then you might need a way to fix those frustrating management headaches.

The ideal practice is one where a doctor is free to focus on creating practice revenue. This means when you show up to work you can focus mainly on delivering care and case presentations. **The two most important income producing areas in every practice!**



The problem is so much of a doctor's time is consumed putting out management fires. Here are three tips for reducing these common management frustrations:

## SYSTEMS ARE THE ANSWER

How many times a day are you called out of the treatment room to answer questions that someone else should be able to handle? Are you constantly wasting time on redoing other people's work? Doctors waste enormous time on things like:

- Having to make sure a staff person is doing what they're supposed to be doing
- Spending too much time on the telephone, and not enough time on practice development
- Chasing insurance payments
- Trying to do everything yourself

Wasting time on these things, means less time spent on **practice development**. You get caught up just putting out fires.

Nothing significant seems to get accomplished. This can lead to frustration. The solution is to set up systems and training. Systems allow you and your staff to do things more effectively and efficiently.

You will find that by implementing systems, your income will improve and the practice will grow. This is because the doctor has more time for practice development.

## GET RID OF THE BELIEF "NO ONE CAN DO IT BETTER THAN ME!"

There are two ways to increase your income. One is to see more patients and the second is to produce more per patient. If you believe, "if you want something done right, do it yourself," then it will not be possible to increase your income exponentially.

Staff is there to help. They want to feel important and be in charge of their work. You need to train them and then empower them. I see doctors taking their own x-rays, putting on their own bandages and setting up their own procedures. Why not train a medical assistant to do this for you. They will appreciate it and you will be able to spend more time with your patients. Since you will be able to see more patients, you will be increasing your income.

## DOCTORS ARE RELUCTANT TO DELEGATE MUNDANE PRACTICE TASKS TO OTHERS

Ask yourself, is there someone in the office that can do the mundane tasks? Which tasks can be delegated? Write these tasks down and assign a staff member to each one. Then write out the full description of how to do each task and put it in the appropriate staff member's job description manual.

This will now leave time for you to do the important things. That is, to work on the marketing and figure out how to increase the growth of the practice.

Not so you could work like a dog for 30 years and retire when you're too old to enjoy it.

If you think about these three concepts and correct the most common areas of the practice that are wasting enormous amounts of your time, you will find your income will improve and being in practice will become more enjoyable. 🦿

*Dr. Peter Wishnie is the founder of Family Foot and Ankle Specialists in New Jersey. He is the author of "The Podiatry Practice Business Solution". He is also the Director of Physician Programs and Practice Management Consultant for Top Practices Virtual Practice Management Institute. You can find out more about Top Practices Management Programs at [www.TopPractices.com](http://www.TopPractices.com).*



# THE UNTAPPED PATIENT REFERRAL SOURCE

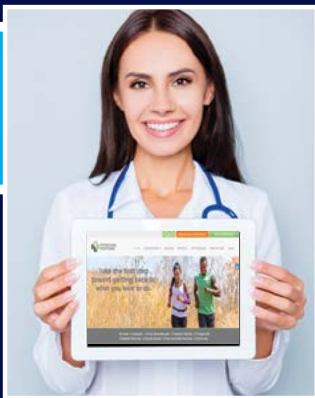
Do you know that one of the most overlooked patient referral source is already in your office? Yes, it is your former patients. Establishing a recall program in your office is one of the least expensive and most effective way to keep your office hopping. These patients already know and trust you, however, many patients do not realize all the different problems you can treat.

How often have we experienced times when our geriatric palliative care patient cancels their appointment for that same day because they sprained their ankle and need to run to the ER! We have all seen this happen in our office. One of my personal best examples occurred with a young woman in which I performed a tailor bunionectomy with an osteotomy and internal fixation on her right foot. Two years later she returns stating she is very happy with the surgical results and would like to have the procedure performed on her left foot. While updating her medical history she shared that she had an injury last year and fractured her third metatarsal and had it treated by an orthopedic surgeon. When I asked why she did not reach out to our office

she said, "I had no idea you treat fractures!"

Depending on your software or marketing program you currently are using, you may already have the capability to mail out recalls to patients. This is also an excellent opportunity to educate your patients on the treatments you offer. Should you not have a program available an easy start is to recall all your orthotic patients. Custom orthosis is a long-term treatment plan, and the orthotics will wear down and at least need to be refurbished every 1-2 years. Often, patients will ask to have a second pair fabricated on a recall visit. Also, important to note, many insurances that cover the custom orthotics will do so every year! Do not miss the opportunity to have these patients come back to your office. Not only will this increase your revenue but your patients will love you for it! 🦶

*Tracey G. Toback, DPM is a Board Certified Foot Surgeon in Hudson Valley, New York and a Diplomate of the American Board of Podiatric Foot Surgery. He has been practicing podiatry in the Hudson Valley area since 1988.*



## Do You Look As Good Online As You Do In Person?

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# INSURANCE REPORT

ED PRIKASZCZIKOW, DPM  
IOWA PODIATRIC MEDICAL SOCIETY (IPMS) PIAC REP.  
IPMS INSURANCE CONSULTANT

It seems as though we were just starting 2021 recently. I am sure that 2022 will pass just as quickly. As we enter this new year, there are challenges facing healthcare providers that seems to be never ending. I continue my position as chair of the APMA Health Policy and Practice Committee, which gives me the opportunity to stay informed on matters affecting our members and our profession. With legislative and regulatory mandates, along with dwindling profit margins, the challenges of providing care to our patients has become a daunting endeavor. The DME Same or Similar policy continues to be burden to the doctor (as supplier) and staff, in addition to the burden of appealing these denials, just to obtain reimbursement. This is a priority issue with APMA as well as other stakeholders. We will continue to work to resolve this unfair and nonsensical policy. Rest assured that APMA has the interest of the profession as its guiding principle.

On behalf of the IPMS members, I continue to provide guidance or recommendations on insurance matters affecting your offices. Please feel free to reach out to me if you have issues or concerns. ***Some of the information contained in this article are important to the function of your business office. Please share this article with your coding and billing staff.***

## APMA

### CHOOSING WISELY

The *Choosing Wisely* lists were created by national medical specialty societies and represent specific, evidence-based recommendations clinicians and patients should discuss. Each list provides information on when tests and procedures may be appropriate, as well as the methodology used in its creation. APMA is part of an important initiative designed to promote conversations between patients and their physicians about unnecessary use of tests, treatments, and procedures. The ABIM Foundation's Choosing Wisely campaign has solicited recommendations from organizations representing a variety of medical specialties. In 2017, APMA released its first set of Choosing Wisely recommendations, and in January 2022, APMA added a second set. To see this list, [click here](#).

### APMA ADVOCATES FOR STRONG PROVIDER NONDISCRIMINATION RULES

On January 19, APMA President-Elect Laura Pickard, DPM participated in a listening session on the Affordable Care

Act's (ACA) Provider Nondiscrimination Provision hosted by the Departments of Labor, Health and Human Services, and the Treasury (departments). This listening session was held because APMA and coalition partners in PARCA were successful including a provision in the No Surprises Act, which required the departments to issue implementing regulations to the ACA Provider Nondiscrimination Provision.

Dr. Pickard urged the departments to implement regulations that comply with congressional intent and prohibit health plans from discriminating against providers acting within the scope of their licensure. Specifically, Dr. Pickard stated that the regulations should prohibit health plans from:

- limiting coverage of services furnished by a specific provider type;
- excluding specific types of providers from their networks; and
- prohibiting varying reimbursement for the same services based solely on provider type.

To ensure patient choice, Dr. Pickard also urged that the departments put into place strong reporting and enforcement provisions. Without these reporting and enforcement provisions, it is all too likely that health plans will continue their discriminatory and egregious practices as they have since the law was passed more than a decade ago.

### APMA SIGNS ON TO PARCA LETTER ADDRESSING NO SURPRISE ACT BURDENS

In January 2022, APMA and other organizations signed on to a letter to the Department of Health and Human Services (HHS) from the Patient Access to Responsible Care Alliance (PARCA), voicing numerous concerns with the regulations implementing the No Surprises Act requirement to provide Good Faith Estimates (GFE) to uninsured or self-pay patients. Specifically, the undersigning organizations recommended the following to address the burden that the GFE will create for providers:

- HHS should completely delay implementation for 2022 and develop a comprehensive education and implementation plan;
- HHS should consider additional exemptions from the GFE requirements, especially for small practices that have 15 or fewer clinicians; and
- HHS should initiate a series of listening sessions with the health-care provider community to gather feedback on future requirements

Members can see all information related to the No Surprises Act at [www.apma.org/surprisebilling](http://www.apma.org/surprisebilling).

## WPS

### WOUND CARE LCD L 37228 – CHANGES

There are a few changes made to this LCD that are effective **2/24/2022**. The documentation change will likely require changes to your existing templates for “Plan of Care”. Note that if the documentation does not account for these changes, the claim may be denied on a post pay review.

#### Under “Debridement”

Removed “or arterial” from the first bullet below and added the second bullet to this section.

- Venous insufficiency ulcers,
- Arterial insufficiency ulcers including diabetic lower extremity ulcers,

#### Under General Information

- Associated Information
- Documentation

Added:

Note on documentation of goals: Goals should be specific, measurable, attainable, relevant and time bound. Regarding documentation related to goals, it’s expected that the provider will state what the wound should look like when the documented goal is reached. Progress needs to be documented towards these goals and show that goals not being met are being addressed. If goals are not being met and the plan of care is not adjusted or modified to reflect any issues it may be denied.

### PARTICIPATING PHYSICIANS/SUPPLIERS DIRECTORY

Participating physicians and suppliers are health care providers that enter into a contract with the Medicare Part B program. The contract states the provider must accept the Medicare Part B approved amount as payment in full for services provided. The 2022 Medicare Part B Participating Physician/Supplier Directory (MEDPARD) is now available on the WPS Government Health Administrators website at: <https://tinyurl.com/m86kfkpw>.

### SEQUESTRATION SUSPENSION EXTENDED

The suspension of the 2% sequestration applied to all Medicare Fee-for-Service (FFS) claims has been extended. The Protecting Medicare and American Farmers from Sequester Cuts Act, which was signed into law on December 10, 2021, extends the suspension through March 31, 2022. The law further indicates that the sequestration payment adjustment will be gradually applied once the extension expires. From April 1, 2022, through June

30, 2022, the payment adjustment shall be 1%. Effective July 1, 2022, the payment adjustment shall return to 2% for all Medicare FFS claims.

### WPS PROCESS FOR PRICING NEW CODES

The WPS Medicare Policy Comments mailbox has received several inquiries about pricing. WPS Government Health Administrators does not price carrier priced codes until they

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receive a claim for the service. If they have established pricing for an item, you can find more information in the Medicare Physician Fee Schedule.

These are codes with Status **C** designation on the CMS RVU file. Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation such as an operative report.

## CMS

### NO SURPRISE ACT PROHIBITION ON BALANCE BILLING

The No Surprise Act became effective January 1, 2022. The Act aims to avoid patient receipt of surprise medical bills as well as provide a resolution process for disputes between plans and providers. The rule also details requirements for providing cost estimates to uninsured individuals.

As mentioned in the last Newsletter, APMA has a webinar available to explain this complex legislation, which can be viewed at: <https://tinyurl.com/yc6e8r3v>. CMS also has an educational slide deck available at: <https://tinyurl.com/3phzjxcp>.

### ENTRIES IN MEDICAL RECORDS: AMENDMENTS, CORRECTIONS AND ADDENDA

Entering information into patients' medical records in a timely manner is important. The Centers for Medicare & Medicaid Services (CMS) provides some guidance regarding what is considered timely for Medicare purposes. All health care providers should enter information into the patient's medical record at the time the service is provided to the patient — that is, contemporaneously. Any medical records that contain amendments, corrections, or addenda must:

- Clearly and permanently identify any amendment, correction or delayed entry as such
- Clearly indicate the date and author of any amendment, correction, or delayed entry
- Not delete, but instead, clearly identify all original content

For electronic medical records:

- Amendments, corrections and delayed entries must be distinctly identified as such
- The record must provide a reliable means of clearly identifying the original content, the modified content, and the date and author of each modified record.

### QUALIFYING WOUNDS FOR SURGICAL DRESSING COVERAGE

There are two basic situations when surgical dressings are covered.

- When they are required for the treatment of a wound caused by or treated by a surgical procedure; or
- When they are required after debridement of a wound

The surgical debridement must be performed by a physician or other healthcare professional to the extent permissible under state law.

## DME

### ANKLE-FOOT ORTHOSIS POST-PAYMENT REVIEW

The Jurisdiction D, DME MAC, Medical Review Department has conducted a post-payment service specific review of HCPCS codes L1940, L1970 and L4361. The final edit effectiveness results from September 2021 through November 2021 based on dollars are as follows.

- HCPCS L1940 – **49%**
- HCPCS L1970 – **52%**
- HCPCS L4361 – **37%**

### SURGICAL DRESSINGS TARGETED PROBE AND EDUCATE REVIEW

The Jurisdiction D, DME MAC, Medical Review Department has conducted a Targeted Probe and Educate (TPE) review of HCPCS code for Surgical Dressings A6010, A6021, A6196, A6197, A6209, A6212, A6252 or A6446. The quarterly edit effectiveness results, based on dollars from September 2021 - December 2021 are as follows:

- The overall claim potential improper payment rate is **72%**.

### THERAPEUTIC SHOES TARGETED PROBE AND EDUCATE REVIEW

The Jurisdiction D, DME MAC, Medical Review Department has conducted a Targeted Probe and Educate (TPE) review of HCPCS code A5500. The quarterly edit effectiveness results based on dollars, from September 2021 - December 2021 are as follows:

- The overall claim potential improper payment rate is **51%**.

### SIGNATURE NOT REQUIRED ON AN APPEAL

A signature is no longer a required element of an appeal. Paper forms do not contain a signature box. If you are submitting a reopening or redetermination appeal in the Noridian Medicare Portal (NMP), a signature is optional. If you choose to sign the appeal, enter your name and check the attestation box and choose "Submit." If you choose not to sign the appeal, choose "Skip this Step." 🗳️

# MIDWEST PODIATRY CONFERENCE

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# WHAT ARE EMPLOYEES LOOKING FOR AT WORK?

BY TINA DEL BUONO, PMAC, DIRECTOR/COACH OF TOP PRACTICES VIRTUAL MANAGEMENT INSTITUTE; FOUNDER AND CEO, PRACTICAL PRACTICE MANAGEMENT

By now we all have heard, and many of us have experienced, in our practices what is being called, “The Great Resignation.” So many practices have lost great employees over the past two years, and it has been a struggle, if not impossible, to replace them so far.

While you are searching for new staff it is a good time to re-evaluate not only who you are looking for, but what are

Employers have been known in the past to take the attitude of “They are lucky if they get the job” and did not think about what they will be offering the employee in return other than the job.

you offering as an employer, employment environment and opportunities. Often when an employer is looking for a new employee they base their choice on personality, appearance, possibly experience, and their gut feeling about the person. They are thinking about what they need and want in an employee, and this is good.

But as an employer you also need to think about what people are looking for in an employer and place to work. Employers often forget this side of the coin. Employers have been known in the past to take the attitude of “They are lucky if they get the job”

and did not think about what they will be offering the employee in return other than the job. This is not the case now with a shortage of good employee candidates.

For employees to make a commitment to an employer, long-term, they must have these five important factors evident at their place of employment.

1. **Leadership** - People want someone who they can follow and feel good about following. Someone who has a vision and knows how to lead their people to fulfill it.
2. **To Belong** - People want to belong and be a part of a great team. They want a work culture that appreciates them.
3. **To Learn** - People need to always be learning. It keeps their mind active and growing. If they are learning new things, they feel good about themselves and their workplace.
4. **To be able to have an impact** - People want to make a difference in their workplace. They need to know the impact they are making at work is making a difference in a positive way to the business and the people it serves.
5. **To have a “Trustworthy Employer”** - They want to be proud of who they work for. To be confident their place of employment offers a good service, or products and the owners have ethics and integrity.

When it comes down to it, to cultivate and grow great employees you first must be a great employer who employees want to work with. Employees are selling their time to employers and as with all of us we want to get something of value if we are purchasing it with something so valuable, “Our time”. 🦋

*Tina has been a practice manager for 20 years. She lectures and coaches physicians and their staff on Practice Management, specializing in Complete Practice Efficiencies, Team Building, Staffing Issues, Manager Training and Practice Building Protocols. Tina has written over 400 articles on practice management and has developed, GPS –Global Practice Systems, to create the road map to get your practice from where it is now to where you want it to be, in small practical, achievable steps. Find out more at [TopPractices.com](http://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 offers a 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.](#)

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