

Thomas Kunkel, shown here with Rev. Elizabeth Powell, is the new chairman of OPPAC. See page 5 for more information.



2007 APMA Region IV Mid-Eastern CME Seminar

A star-studded line-up awaits you at the upcoming 2007 APMA Region IV Mid-Eastern CME Seminar, June 7-9 at the Columbus Hilton Hotel at the Easton Town Center in Columbus, Ohio. Our stellar 27-hour CME event will feature numerous nationally noted speakers and distinguished faculty. Our noted keynote speaker will be Peter Sheehan, MD, the Director of the Diabetes Center of Greater NY and Senior Faculty at Mt. Sinai School of Medicine, Cabrini Medical Center. Dr. Sheehan's presentation will be *Peripheral Arterial Disease in the Diabetic Patient*.

Other notable out-of-state speakers include: Gary Lepow, DPM, MS; Vicki Driver, DPM; Richard Jay, DPM; John Ruch, DPM; John Steinberg, DPM; David Armstrong, DPM, Ph.D.; Jonathan Moore, DPM, MS; Jordan Grossman, DPM; Hal Ornstein, DPM; John Guilian, DPM; Jeannie A. Sperry, Ph.D.; Joseph Ruane, DO; and Jeff Janis, MD. Many Ohio notables include: Richard Weiner, DPM; Leonard Janis, DPM; Gene S. Graham, DPM; see "Seminar" on page 16

OPPAC 2007: What They Don't Know, Can Hurt Us

By Thomas W. Kunkel, DPM, OPPAC Chair

This is an odd statement, but allow me to elaborate. What legislators don't know about podiatry can hurt our profession. The only way Ohio's State Representatives, Senators and the Chief Executive can understand the issues that impact podiatric physicians and our patients is for us to educate them.

How do you educate a politician? (Sounds like the opening of a joke, but it is not.) The only way to get the attention of state government officials and inform them of our very important role in the delivery of quality and cost effective health care is through our political action committee: OPPAC.

The Ohio Podiatric Political Action Committee is vital in this effort. OPPAC is vital to your practice of podiatry, in Ohio and in your community. see "OPPAC" on page 5

In This Issue

Update From the Ohio Statehouse .	6
News from the State Medical Board of Ohio	7
Young Physicians	8
Ohio Healthcare Simplification Act	8
OPMA Visits Congress: Photos	10
OPMA Launches New Web Site	11
News from the Centers for Medicare and Medicaid	12

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A Message from the OPMA President

By Peter A. Wiggin, DPM



Spring is in the air here in Ohio, and I am well into my year as President of the Ohio Podiatric Medical Association. I recently attended a meeting of the Board of Trustees of the Ohio College of Podiatric Medicine (OCPM) in Cleveland. Members of the OPMA have been requested by the Trustees to become "Ambassadors" to regional undergraduate colleges in an effort to recruit more students to the profession. The OCPM recruitment office will contact the OPMA with the targeted colleges, and our members will be asked to speak to a group of potential students. Dr. Rumberg, Dr. Holfinger and I attended a meeting with Aetna representatives to address insurance discrimination. This is just one of the initial steps in establishing a functional Insurance Task Force within the OPMA.

I have also started to visit the various regional academies. I have already attended the Central and North Central Academies, and Dr. Rumberg and I have scheduled meetings with the Mideast and the Eastern Academies. Please contact the OPMA to schedule a visit. My goal is to reinforce the importance of becoming

involved at the local level and the power of grassroots lobbying and networking. OPMA members should establish relationships not only with their patients, but also with hospital staffs and local legislators. The American Podiatric Medical Association (APMA) is sponsoring a State Advocacy Forum on April 14th which Dr. Rumberg and I plan to attend.

The Ohio delegation attended the APMA House of Delegates Meeting in Washington, DC, March 23rd through the 26th. The OPMA was represented by five delegates and two alternates in addition to our Executive Director, Dr. Rumberg. The APMA presented an update on Vision 2015, a strategic plan initially proposed by the Ohio delegation. The plan is moving forward and is scheduled to become a reality. The Ohio delegation also spent a day in our nation's capital up on the "Hill" visiting a number of our Senators and Representatives.

The issues facing Podiatry include the continued pursuit of the Title XIX definition of Physician, as well as a technical correction in the DME Competitive bidding issue. The

APMA is confident that this year will produce results of an aggressive multiyear effort to include Podiatric physicians and surgeons within the Title XIX definition of physician.

I would like to make a special request from all members in each academy to attend this year's OPMA Region IV scientific meeting at Easton Center in Columbus. Dr. Gene Graham has put together an excellent program. If you haven't yet attended an event at Easton Town Center, the area offers an excellent selection of shops and restaurants for both members and their families. This year the association is targeting a 400 plus attendance. Remember that attendance for OPMA members is free this year. Let's make this year's seminar the highest attended ever and continue to work together to make the association strong. Our strength comes from the active participation of all our members!

Have a great, safe summer,
Peter A. Wiggin, DPM
President, Ohio Podiatric Medical Assn.

Meet OPMA's Newest Staffer



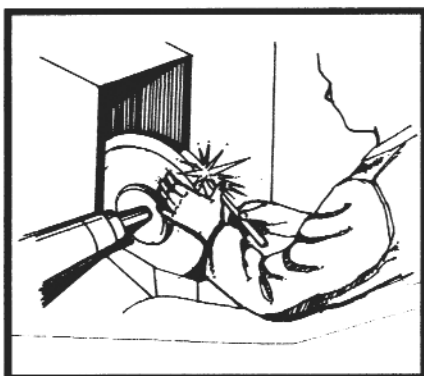
Lauren Stewart interned at the Columbus Literacy Council and volunteered weekly at the American Red Cross. In her free time, she enjoys volunteering, dog-sitting, running, and spending time outdoors. "I am honored and excited to become a part of OPMA," she said. "I'm looking forward to accomplishing great things!"

Lauren Stewart, a recent graduate of Ohio Dominican University, has joined the OPMA staff as Administrative and Communication Assistant. Stewart, who earned a degree in Communications Studies and Public Relations, spent her college career working as a medical receptionist. Along with work and school, she

Spring *Footprints* Ready to Download

APMA's latest free member newsletter, *Footprints*, is ready for you to download for your office. The spring edition is now available on the APMA Web site at <http://www.apma.org/marketing>. This issue contains articles on heel pain, renewing New Year's resolutions and pedicure options. *Footprints* is fully customizable for each member and can be used as a marketing tool for current patients, new patients or can be uploaded to a member's individual Web site. The articles are upbeat and easy to read. *Footprints* is an outstanding resource for your reception area. Did you know that you can download customizable PowerPoint presentations and the new APMA logo, or order APMA apparel on the Web site in the Members Center under Marketing? Surf the APMA Web site today. We know you'll be surprised with what you'll find.

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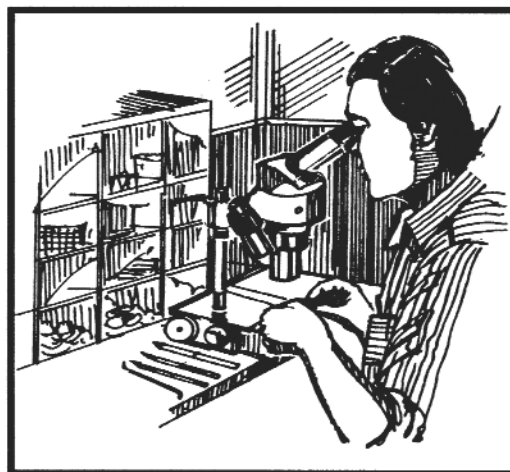
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From the Desk of the Executive Director

By Jimelle Rumberg, Ph.D., CAE



Just as spring brings a resurgence of nature, OPMA has begun its long-overdue metamorphosis. A new look in our quarterly OPMA Journal; a new Web site; several new member-only services (free email, free Web site for your office, OPMA Merchant Account for your office at greatly reduced transaction fees); and a new addition to our staff with Lauren Stewart, Administrative Assistant; are just a few of the many transformations.

Your APMA Delegates and Alternates were productive at the House of Delegates in Washington. **Paul Lieberman** chaired the delegation. OPMA's Delegation was represented by **Peter Wiggin, Bruce Blank, Kevin Lutz** and **Kevin Schroeder**. **Trevor Davy** and **Bruce Saferin** served as Alternates.

Visits to Congress were undertaken to enlist support on H.R. 1647/S.399 to define podiatrists as physicians in Medicaid in Title XIX. Our message was to explain the training and scope of practice of podiatric physicians, and why Congress should support it. The other issue was to "Help Insure DPMs Can Prescribe and Supply DME." We asked Congress to amend the Medicare Modernization Act of 2003's definition of physician to include DPMs by changing it from 1861(r)(l) to 1861(r) so that DPMs can continue to examine patients and prescribe DME; exclude physicians from competitively bidding for DME; and exclude physicians from accreditation requirements (i.e., already educated, trained, and licensed).

OPMA's Congressional visits were undertaken by OPMA President **Peter Wiggin**, Immediate Past President **Bruce G. Blank**, and Trustees **Paul Lieberman, Kevin Lutz**, and **Kevin Schroeder**. **Dan Howard**, a second year student at OCPM,

as well as APMA Past President **Jerry Ferritto, Jr.** joined us on Capitol Hill. Their efforts on your behalf are commendable. If you would like to assist APMA on these important efforts, please go to the APMA Web site (www.apma.org, "eAdvocacy" section) and write your Congressional officials today! Your livelihood and profession is at stake. The email message is pre-typed for your convenience. All you need to do is sign your name and press the send button to let your voice be heard in Washington. Please assume this responsibility today and speak up as a podiatric physician and Ohioan.

There are many state legislative issues in the works. One of the more exciting is the Healthcare Simplification Act, submitted by the Ohio State Medical Association. OPMA endorsed and is supporting this legislation, which requires fee schedules in advance of signing contracts as a provider. You can find the bill by visiting <http://www.legislature.state.oh.us/bills.cfm>

?ID=127_SB_127. It's long-overdue and we look forward to seeing this legislation advance in Columbus. Details will follow on the OPMA listserv. OPMA is committed to fighting insurance discrimination and fee disparity. We hope you will support our efforts by contributing to OPPAC to help advance and promote our legislative initiative for podiatric physicians in Ohio. Get out your personal check book and write that check today (sorry, corporate checks cannot be accepted).

In closing, we want to see all of our OPMA members June 7-9 at the Region IV meeting at the Columbus Hilton at Easton. **Gene Graham**, Scientific Coordinator, has put together an excellent program for 2007's Mid-Eastern CME Seminar. OPMA is proud to present quality CME programs here in Ohio. Join us and support our quest as we host "Podiatric Medicine's CME Event of the Year in Ohio!"

2007 APMA Keep America Walking Campaign

April is Foot Health Month! To build on last year's walking campaign efforts, the 2007 *Keep America Walking* campaign positions APMA member podiatric physicians as the experts in prescription orthotics and the treatment of foot pain.

This year's exciting campaign promises to reach more people with the integration of great advertising. APMA sent you the campaign on CD in your March issue of the *APMA News*. The kit includes news releases on custom orthotics vs. over-the-counter insoles, an orthotics feature arti-

cle, a radio public service announcement (PSA), orthotics key messages, a foot ailments tip sheet which is great for your office or health fairs, media story ideas and modifiable print ads. You can personalize everything in the kit for your practice and mail flyers and announcements yourself.

Don't have time to view the CD on your computer? Ask someone in your office to do it for you. You'll have great new information for your waiting room.

"OPPAC" continued from page 1

You cannot sit by and expect policies to be made on your behalf without your voice being heard. OPPAC is your voice.

If 75% of OPMA membership put up a mere \$100.00 in 2007, we could have more than \$40,000 at our disposal to get the message to legislators. If we remain quiet, OPPAC is not funded adequately, and then podiatry suffers, your practice suffers, and your patients suffer.

If you've lost your OPPAC brochure, mail a personal contribution check today to OPPAC, 5310 McKittrick Blvd., Columbus, OH 43235. Sorry, we can't accept corporate or office account checks. \$300.00 is suggested, but your participation is needed. Your personal contribution will be noted by a handsome new navy blue enameled OPPAC lapel pin for 2007. OPPAC is vital to you, your patients, your practice and your profession. Consider the Statehouse without somebody there to speak for podiatry.

Kunkel is New OPPAC Chair

Who is Thomas W. Kunkel, DPM? Well for one, he's a Trustee on the OPMA Board of Directors and represents the Eastern Academy. Born, raised and still residing in McDonald, Ohio, Thom is a graduate of Oberlin College and the Ohio College of Podiatric Medicine. He and his wife Debbie have been married for 25 years and are raising five sons. Their ages range from 12-22. Thom is an avid runner and has five marathons to his credit. As a solo practitioner in Girard, Ohio he still devotes time to his profession by volunteering his services at OPMA and in his community.

He is shown on the cover of this season's *OPMA Journal* with Reverend Elizabeth Powell, of Youngstown, Ohio. She will be 105 years young in June. Until recently, Rev. Powell was still preaching on Youngstown's south side. While arthritis pain prevents her from taking the pulpit and going to her church that she helped build, she preached until well after her 103rd birthday.

Dr. Kunkel finds it very rewarding to help keep older people active. As OPPAC Chair, he notes, "In a perfect world, podiatry's mission would speak for itself and third parties would compensate us fairly for our services. That would be the case because we deliver specialty care in a capable, compassionate, and cost-effective way. In our current system of health care delivery, we must count on OPPAC to get this message to lawmakers and insurance companies. Therefore, if I keep Rev. Powell, and so many like her in mind, then I can do the work that OPPAC chair requires of me."



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Update from the Ohio Statehouse

By Dan Jones, OPMA Lobbyist

With new legislators, a new governor, and a shift in political power in the State's Administrative Branch in Columbus, the dynamics at the Ohio Statehouse become even more interesting in 2007. Governor Ted Strickland (D) has shared his thoughts on state government priorities and the value of health care in his first State of the State address on March 14 and with his first biennial budget proposal released on March 15.

The budget now heads to the Legislature for hearings, debate, and likely many, many amendments. The Ohio House of Representatives will work on the budget the first part of spring and then will pass the bill to the Ohio Senate for their consideration. The budget bill is required to be completed by the end of the fiscal year, June 30, 2007.

Governor Strickland's Budget Priorities

As expected, Governor Strickland's budget proposal calls for increasing the number of Ohioans who have access to affordable health care. In particular, the Governor has included in the budget a change that will offer the State Children's Health Insurance Program coverage to children whose parents make up to 300 percent of the federal poverty limit (\$62,000 for a family of four).

The Administration's budget proposal also expands eligibility for the state's insurance plan for pregnant women (from 150 to 200 percent poverty) and low-income working parents (from 90 to 100 percent poverty).

The Governor has also included a controversial Medicaid "buy-in" concept in the bill that would create a premium system for families up to 500 percent poverty (\$120,000 for a family of four) to "buy-in" to Medicaid coverage for their children.

To pay for these added benefits, a number of Republican-favored tax "loopholes" were closed. Will the Republican majorities in the Ohio House and Senate be able to balance their ideal state budget and maintain these health care reforms?

The Governor also restores Medicaid funding for dental services, independent psychologist services and chiropractic services. Although the OPMA has been successful in recent budget deliberations in protecting coverage of podiatric services, the addition of these three services will certainly invite a thorough cost/benefit analysis of these health care benefits in both the House and the Senate. We will be fully engaged in the process and will be working to ensure continued coverage of podiatric services again this biennium.

Although Governor Strickland's budget includes a three percent community provider rate increase, the OPMA will be working closely with other primary care providers to educate policymakers on the challenges low Medicaid provider rates have on ensuring access to quality health care.

Other Bills of Interest

With a new General Assembly comes a new slate of bills, although many are bills we have seen before. The OPMA will be closely monitoring these bills and advocat-

ing for policies and priorities that maintain quality podiatric health care for Ohioans.

- Senate Bill 61 (Sen. Ray Miller, D-Columbus) to establish pilot programs in seven counties for the purpose of providing door-to-door health checks by nurses or other health professionals in areas lacking access to health care providers or services.
- Senate Bill 99 (Sen. Randy Gardner, R-Bowling Green) to require certain health care policies, contracts, agreements and plans to provide benefits for equipment, supplies and medication for the diagnosis, treatment and management of diabetes and for diabetes self-management education.
- Senate Bill 104 (Sen. Larry Mumper, R-Marion) to require insurers and other third-party payers to accept and honor assignment-of-benefits agreements entered into between plan beneficiaries and treating health care providers
- House Bill 75 (Rep. Bob Hagan, D-Youngstown) to require certain employers in this state who do not provide a specified amount of health care coverage to their employees to make contributions to a fund to be used to supplement the state's share of Medicaid costs.
- House Bill 98 (Rep. Michelle Schneider, R-Cincinnati) to require certain health care policies, contracts, agreements and plans to provide benefits for equipment, supplies and medication for the diagnosis, treatment and management of diabetes and for diabetes self-management education.

News from the State Medical Board of Ohio

The State Medical Board of Ohio, pursuant to Chapter 119, OHIO Revised Code, hereby gives notice that it will conduct a public hearing for the purpose of considering the adoption, amendment and rescission of rules. The public hearing will be conducted on Thursday, April 26, 2007, beginning at 10:30 a.m. in Room 1960, Vern Riffe Center for Government and the Arts, 77 South High Street, 19th Floor, Columbus, Ohio. Oral or written testimony may be presented by any person affected by the proposed action, his or her attorney, or both.

The following rules are proposed for continuation without change:

4731-16-04: Other violations;
4731-16-11: Revocation, suspension, or denial of certificate of good standing;
4731-16-14: Caffeine, nicotine, and over-the-counter drugs

The following rules are proposed for rescission, as they will be replaced by new rules:

4731-16-03: Mental or physical impairment;
4731-16-10: Aftercare contracts;
4731-16-13: Patient consent; revocation of consent

The following rules are proposed for amendment:

4731-14-01: Pronouncement of death;
4731-16-01: Definitions;
4731-16-02: General procedures in impairment cases;
4731-16-05: Examinations;
4731-16-06: Consent agreements and orders for reinstatement of impaired practitioners;
4731-16-07: Treatment provider program obligations;
4731-16-08: Criteria for approval; 4731-16-09: Procedures for approval;
4731-16-12: Out-of-state impairment cases;
4731-16-15: Patient rights

The following new rules are proposed:

4731-16-10: Aftercare contracts;
4731-16-13: Duty to report or refer practitioner, execution of release forms;

4731-16-16: Practice prohibition;
4731-28-01: Mental or physical impairment

The full text of the proposed rules are available from the State Medical Board of Ohio, 77 South High Street, 17th Floor, Columbus, OH 43215-6127, on the Medical Board's Web site (www.med.ohio.gov/rules/proprules.htm) and from the Register of Ohio Web site (www.registerofohio.state.oh.us/). The Rule Summary and Fiscal Analysis documents are available from the Register of Ohio Web site.

All interested persons will be given the opportunity to be heard at the public hearing.

Those persons who wish to provide oral testimony at the hearing are encouraged to inform the Board prior to the hearing date and may be given preference in the order of their testimony.

Persons interested in providing written comments in lieu of oral testimony may bring written comments to the public hearing or send written comments to the attention of Sallie J. Debolt, Executive Staff Attorney, State Medical Board of Ohio, 77 South High Street, 17th Floor, Columbus, OH 43215-6127. All written comments received by the Board before the close of the hearing record will be considered.

OPPAC Contributors: Advancing Podiatry's Advocacy

Mitchell L. Dalvin, DPM

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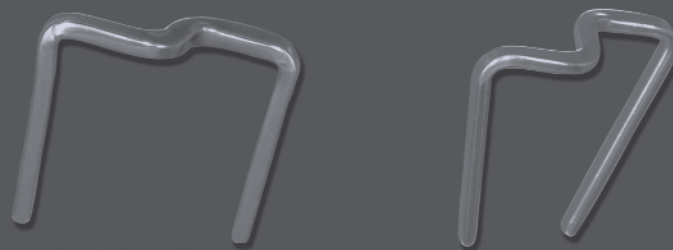
Jeffrey M. Spector, DPM

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Young Physicians Interdisciplinary Education

By David Kaplansky, DPM

Despite the many leaps and bounds the profession of Podiatry has made over the last several years, our potential patients and referring physicians remain unsure of a Podiatrist's training and skill sets. After my three-years residency at a large University hospital interacting with medical students and every type of resident specialty, I realize there is a great need to continue to educate the medical community about what we are capable of providing as foot and ankle specialists. I am offering my personal experience as auxiliary faculty to the Division of Dermatology at The Ohio State University as an example of promoting the Podiatry profession through teaching residents.

As most podiatrists starting out in practice, I was looking of ways to obtain referrals and keep busy. One of the benefits of practicing in the same city where I com-

pleted my residency was making the best of the friendships I had made while rotating with the many disciplines in the hospital. I recalled my dermatology rotation where I noticed the attendings and residents were very interested on how Podiatrists treat conditions compared to their experience.

At a hospital function, I struck up a conversation with the Director of Dermatology and offered to educate his residents by allowing them to rotate through my office. As it turns out, dermatology residents are required to log several nail avulsion procedures and a rotation with a podiatrist would be very beneficial.

One Monday afternoon a month, one of the six dermatology residents rotates through my office. I schedule two to four nail surgeries and provide a "see one do

one" experience. During the rotation, they are equally exposed to the many other foot and ankle conditions that I treat. Sometimes they are amazed to see the complicated surgeries that the podiatrists perform. Inevitably, the first time rotator will question, "I thought orthopedics does that?" Within a week, I will have one or two referrals coming from the dermatology clinics.

This relationship has grown. The dermatology residency director has asked me to provide a weekly rotation for the incoming Dermatologists during their intern year. I will be lecturing to them on wound care techniques and post operative care of the lower extremities. One of the greatest benefits, of course, is the availability of repaid dermatology consultation.

Ohio Healthcare Simplification Act

A bill introduced in the Ohio General Assembly Thursday aims to clarify the relationships between medical providers and insurance companies. Improving this relationship should increase the efficiency of health care delivery and ultimately benefit the patients.

Known as the Healthcare Simplification Act, the bill would:

- Streamline the process for doctors to get on an insurance company's provider list, and clarify insurance companies' reimbursement policies.
- Require insurance companies to develop a Web-based system that shows the most current enrollee information that administrators in doctors' offices can easily access.
- Develop an online system wherein the credentials of every doctor in Ohio can be accessed on a secure Web site by the healthcare industry. That would elimi-

nate the need for physicians or their administrative staffs to complete different forms required by different insurers to practice in their networks.

If passed, it has the potential to make your visits to the doctor more efficient because you and your physician will know exactly what your insurance company covers on the tests and procedures you receive.

Over the long-term it could also help make Cincinnati and the rest of the state more attractive to lure top medical talent and get them working quickly.

One local medical group said they typically sign contracts with new doctors as much as six months before they arrive to practice, just to allow time to get their credentialing paperwork in order.

The main sponsor of Senate Bill 127 is Sen. Kevin Coughlin, R-Cuyahoga Falls, but the bill has bipartisan representation among its 11 other co-sponsors, Coughlin said. Rep. Bill Seitz, R-Green Township, is

also a supporter of the bill, as is Rep. Michelle Schneider, R-Madeira.

"Everything that we can do to reduce health care costs goes a long way," Coughlin said. It frees up more time to "commit resources for patient care and not so much toward the administration side."

The Ohio State Medical Association, a trade association for doctors and an advocate for the bill, says its members don't know how much insurance companies will pay them for a particular service. And the levels of reimbursement vary among insurance providers.

The legislation would clarify this by requiring a summary disclosure form for provider-payer contracts. It would also plainly spell out fee schedules, payment policies and categories of coverage.

You can find the bill at http://www.legislature.state.oh.us/bills.cfm?ID=127_SB_127.

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OPMA Visits Congress



Left to right – Bruce G. Blank, Angela Hatfield, Jimelle Rumberg and Congressman Charlie Wilson (D-6th) in the office of Congressman Wilson.



The APMA Delegation. Back row, left to right – Bruce Blank, Bruce Saferin, Paul Lieberman, Peter Wlggin, and Trevor Davy. Front row, left to right – Kevin Schroeder, Jimelle Rumberg, Kevin Lutz.



Left to Right – Jerry Ferritto, Jr., Jimelle Rumberg, and Legislative Assistant Ben LaRocco in the office of Congresswoman Jean Schmidt (R-2nd).



Left to right – Bruce Blank, Paul Lieberman and Kevin Schroeder at the Legislative Briefing Breakfast.



Left to right – Jerry Ferritto, Jr., Kevin Lutz, and Peter Wiggins at the Legislative Briefing Breakfast.



Peter Wiggins and Legislative Assistant Sarah J. Perz in the office of Congresswoman Marcy Kaptur (D-9th).



Left to right – Jerry Ferritto, Jr., Congresswoman Debora Pryce (R-15th), and Jimelle Rumberg in the office of Congresswoman Pryce.



OPPAC Contributor Animesh S. Bhatia receives his OPPAC Pin from Jimelle Rumberg at the Central Academy.



Left to right – Peter Wiggins, Paul Lieberman, Bruce Blank, Legislative Assistant Katie Fechko, and OCPM student Dan Howard in the office of Senator Sherrod Brown (D-OH).

APMA HOD Promises Conviction, Stamina

The 87th House of Delegates (HOD) concluded their meeting in Washington, DC, resolving to greet the coming years with conviction and stamina.

Ross E. Taubman, DPM, presented *Vision 2015: Blueprint for Parity*, an initiative focused on getting podiatrists universally defined as physicians. Parity will be achieved by 1) education; 2) legislative and regulatory action; 3) PR, education, and information; and 4) inter-professional relations. The House received the information very enthusiastically.

Dr. Taubman also reported that the APMA Educational Foundation's current endowment for scholarships is \$4.88M. In 2006, 193 scholarships were awarded, which is a 26 percent increase over the previous year. Dr. Taubman then challenged HOD delegates to contribute \$100 each as individuals and state associations to contribute \$1,000. Delegates were also challenged to contribute their efforts locally and nationally, in support of podiatry educational programs.

APMSA President Daniel G. Hodson expressed specific concern about the proportion of residency positions to graduates and the lack of research at podiatric medical colleges. Mr. Hodson also announced the 2007 APMSA Kenison Award, which will go to Daniel Bareither, PhD, at Scholl College of Podiatric Medicine.

Ronald D. Jensen, DPM, delivered the legislative advocacy report, touching upon fair payment, eliminating the cap on physical therapy for Medicare patients, SCHIP, and reducing the number of uninsured people in the US. Dr. Jensen also spoke about ways to put podiatry in the forefront in medical colleges. "We need to present podiatry as an option, not an alternative," he said, suggesting that delegates visit their local colleges, get involved in mentor programs, and speak about podiatry, as well as broaden their scope and support the field locally, nationally, and beyond.

Canadian Podiatric Medical Association's (CPMA) Mario Turanovic, DPM, also addressed the House, noting there are no schools of podiatry in Canada but that CPMA is making establishing one a top priority. CPMA is also working on getting full narcotic prescribing privileges for Canadian DPMs.

Thomas S. Godfryd, DPM, followed by reporting that more than \$700,000 was raised for PPAC in 2006, making it the most successful fundraising year in its history. The goal for 2007 is \$700,000 with 40 percent membership participation.

Elections were also held, and new officers include President-Elect Ross E. Taubman, DPM; Vice President Ronald D. Jensen, DPM; and Treasurer, Kathleen M. Stone, DPM. New Board of Trustees (BOT) members include: Dennis Frisch, DPM; Michael J. King, DPM; Ira Kraus, DPM; and Frank Spinosa, DPM. Sadly, Dr. Harold Glickman said goodbye after more than 20 years' service to the House and 12 on the BOT. APMA appreciates Dr. Glickman's contributions in support of podiatry.

OPMA Launches New Web Site

OPMA's new look is at www.opma.org. Come visit our site, shop in the Member Mall, and set up a free email address which will be yourname@opma.org. A new on-line member directory can be changed and updated by the member. The new OPMA listserv will originate through our Web site. All members will be automatically entered into the system and can opt out if they choose. The listserv is an immediate vital link to our membership, so we hope that all members will stay on the listserv. OPMA is consolidating two present listservs into one. We won't bombard you with spam, but will provide necessary practice information, insurance issues, and Medicare and Medicaid news. Another vital list aspect is our advocacy and legislative information efforts. The new Web site and listserv reduces costly mailing expenses and provides almost instantaneous communication with OPMA and its membership.

Our new Web site will have many features to greatly enhance services to our members. While it contains the same basic information that our older site had, it is more interactive for convention registrations, meetings and legislative updates. Certain sections will remain "Members Only" sites.

Members can have a free Web site for themselves or their practice, which can be

set up very easily. Dr. Rumberg noted that the Web feature is basically a cut and paste site. You can import photos, logos, display practice information, hours of operation, or any information that you choose to post on the Web.

For new learners, you can simply type your information in Microsoft Word, copy it, cut it, and paste into the Web frame for the content. It's a great program for the novice user, and Affiniscape's features are especially appealing to the more advanced users. Rumberg noted that free Web designing classes will be held at OPMA so that members can get their Web sites up and running quickly.

Our new look reflects the new direction of OPMA while we continue to protect, promote and advance podiatric medicine and surgery in the State of Ohio. So come by and visit www.opma.org.

Let us know what you think. Your user name is your name without a space between your first and last name (e.g. johndoe) and your password is opma. Once into the site, you can change your password to your own choosing. Not a member and can't get into the site? Print out a membership application and join today. Call us if you have questions as 614-457-6269. Ask for James or Lauren.

Dispensing Answers from the Ohio State Board of Pharmacy

Does a physician need a dispensation license, and when to get one

William F. McMillen, R.Ph., Licensing Administrator & Director of Internship

Q: Does an individual physician need to be licensed to dispense?

A: Numerous telephone calls have been received in the Board of Pharmacy office regarding the necessity of a physician having a "dispensing" license with the Board of Pharmacy so that the physician may dispense drugs from their office. The Ohio Revised Code does not require a separate license for physicians to "dispense" drugs. Ohio law states that only a Registered Pharmacist may dispense dangerous drugs (4729.28 ORC).

However, there is a law that exempts licensed health professionals authorized to prescribe drugs (or prescribers) from this law and allows them to "personally furnish" their patients with drugs, within the scope of the prescriber's professional practice, that seem proper to the prescriber (4729.29 ORC). A licensed healthcare professional authorized to prescribe drugs (or prescriber) is defined in the Ohio Revised Code as an individual who is authorized by law to prescribe drugs or dangerous drugs in the course of the individual's professional practice, including, in part, a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatry.

Q: When does a physician need to obtain a license from the Board of Pharmacy?

A: There is a law in Ohio that describes who may purchase, possess and distribute dangerous drugs (4729.51 ORC). Dangerous drugs are defined in the Ohio Revised Code as any drug requiring a prescription or intended for injection into the human body. This includes antibiotics, vaccines, local anesthetic injectable products

and medical oxygen. This law allows a registered wholesale distributor of dangerous drugs to sell dangerous drugs to, among others, a licensed health professional authorized to prescribe drugs (or prescriber). As described before, this is an individual who is authorized to prescribe dangerous drugs in the course of the individual's professional practice.

If the physician is in an independent practice then the physician would be legally allowed to purchase, possess and distribute dangerous drugs without a license from the Board of Pharmacy since the prescriber would "own" the drugs.

If the physician is incorporated on his or her own or is part of a group practice, whether this is a corporation, partnership, limited liability company or a health care association, the group practice is required to be licensed as a terminal Distributor of Dangerous Drugs with the Board of Pharmacy. There is a two page application available from the Board office. In completing this application, one of the group's physicians must sign the application as the Responsible Person for the group. This Responsible Person is accepting the responsibility of overseeing that proper records are kept on the receipt, usage and distribution of dangerous drugs. Part of the responsibility also includes the security and control of the dangerous drugs.

All dangerous drugs must be kept in an environment that deters and detects unauthorized access to those dangerous drugs. This helps avoid theft but is also intended to reduce the risk of tampering with the drugs in the office setting. Many physicians forget that there are cleaning people

and maintenance people that enter the office after the physician and office staff leave for the day.

DEA registration is required of all practitioners who possess, distribute or prescribe controlled substances. There are some exceptions for military and hospital employees. This registration is done through the Central Office in Washington D.C. There are forms available on the Internet (www.deadiversion.usdoj.gov). Look for On-Line Forms. Federal rules and regulations are also available on this site. DEA also requires separate registration for each principal place of business or professional practice where controlled substances are distributed or dispensed. This separate registration is not necessary for an office used by a practitioner to prescribe controlled substances but neither administer or distribute controlled substances.

If you have questions or complaints regarding this regulation, please contact the OH State Board of Pharmacy at 614-466-4143.

*Ohio State Board of Pharmacy
77 South High Street, Room 1702
Columbus, Ohio 43215-6126
Phone: 614-466-4143 Fax: 614-752-4836
Email: exec@bop.state.oh.us
TTY: Ohio Relay Service: 1-800-750-0750
URL: <http://www.pharmacy.ohio.gov>*

Note New Address!

ODJFS, Office of Ohio Health Plans
Physical Location:
50 W. Town Street, 5th Floor
Columbus, OH 43215

Mailing Address:
P.O. Box 182709
Columbus, OH 43218-2709

LABORATORY OF PODIATRIC PATHOLOGY

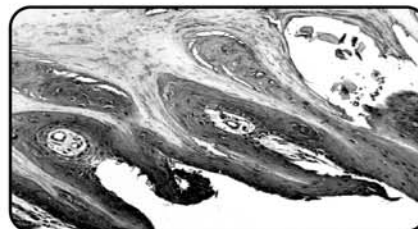
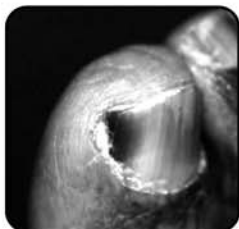
DR. HARVEY LEMONT, LABORATORY DIRECTOR

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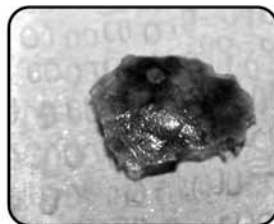
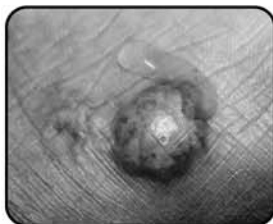
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Punch removes plate



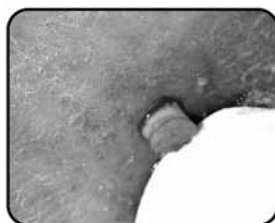
Lesion beneath plate



Plate and lesion removed



PUNCH BIOPSY ANALYSIS OF SKIN



Ohio Medicaid Accepted

News from the Centers for Medicare & Medicaid

Rules and Locations for Competitive Bidding Announced; Extended Deadlines for Form CMS-1500

The Centers for Medicare & Medicaid Services (CMS) announced the final rule for the competitive bidding program for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) on April 2. Thanks to comments from APMA, individual podiatric physicians, corporate vendors, and others, CMS has made significant changes to competitive bidding that will protect the podiatrist-patient relationship and allow DPMs to continue to furnish some DMEPOS items for patients without bidding in the competitive bidding areas (CBAs).

CMS will allow any physician to furnish crutches, canes, walkers, folding manual wheelchairs, blood glucose monitors, and infusion pumps that are DME to his or her own Medicare patients as part of his or her professional service without participating in the Medicare DMEPOS Competitive Bidding Program. In addition, as CMS proposed last year, physicians will only be required to supply items to their patients rather than all beneficiaries in the CBA.

Importantly, CMS expanded its definition of "physician" in competitive bidding to include all doctors defined as physicians in Medicare as APMA demanded. CMS explained, "We agree with the commenters and are revising the definition of 'physician' applicable in this final rule to have the same meaning as in section 1861(r) of the [Social Security] Act." In several instances in the final rule, CMS explained that the term physician includes podiatric physicians. According to CMS data, approximately 7,300 DPMs have DMEPOS supplier numbers.

• • •

CMS also announced that the 2 of the first 10 CBA's will be Cincinnati and Cleveland.

The product categories in each of those areas will be oxygen supplies and equipment; standard power wheelchairs, scooters, and related accessories; complex rehabilitative power wheelchairs and related accessories; mail-order diabetic supplies; enteral nutrients, equipment, and supplies; continuous positive airway pressure devices, respiratory assist devices, and related supplies and accessories; hospital beds and related accessories; negative pressure wound therapy (NPWT) pumps and related supplies and accessories; and walkers and related accessories.

DPMs in or near these 10 areas should consult the DMEPOS competitive bidding Web site listed below for specific information about the geographic boundaries. The competitive bidding program was mandated in the Medicare Modernization Act of 2003 (MMA). CMS intends to give some preference to "small suppliers" (defined as suppliers with less than \$3.5 million in gross annual income). The median price from the winning bids would replace the fee schedule amount for the products included in the bidding. CMS expects the bidding process to begin in late April for 60 days. DMEPOS suppliers must be accredited or have an accreditation application pending to be eligible to submit bids. Look for more information about accreditation from APMA in the near future.

CMS hopes to announce at least five (but maybe as few as two) winners in each product category in each CBA in December, with resulting pricing changes taking effect in April 2008. CMS will roll

the program out to 70 more areas next year.

Diabetic shoes and inserts, foot prosthetics, splints and casts, and surgical dressings are not eligible for competitive bidding. However, off-the-shelf (OTS) orthotics are eligible for competitive bidding and might be a product category in the future. In the final rule, CMS refined the definition of OTS orthotics to exclude from competitive bidding any such items that require expertise in trimming, bending, molding, assembling, or customizing by a certified orthotist or someone who possesses specialized training

CMS also clarified that for items subject to competitive bidding in a CBA, a supplier who is not selected in the competitive bidding process may not bill Medicare for the item because it would be considered not covered. In those instances, a beneficiary would not be liable for any payment either unless the patient signed an advance beneficiary notice (ABN) acknowledging that Medicare will not pay for the item.

By properly expanding the definition of "physician" for competitive bidding, CMS also opened the door for DPMs to prescribe a particular DMEPOS item or mode of delivery necessary to avoid an adverse medical outcome. The physician must document the medical necessity of a particular brand or mode of delivery, and CMS outlined steps for suppliers to provide the specified item or mode of delivery.

• • •

Due to incorrectly formatted forms being sold by the Government Printing Office (GPO), the Centers for Medicare &

Medicaid Services (CMS) will extend the deadline to convert to the new Form CMS-1500. In January, APMA reminded members that CMS required the new version (08-05) of the form to be used as of April 1, but CMS announced this month that the old version (12-90) will continue to be accepted until further notice. CMS is tentatively targeting June 1 as the new deadline.

The old Form CMS-1500 (12-90) was revised by the National Uniform Claim Committee (NUCC) last year to accommodate the new National Provider Identifier (NPI). Last fall, CMS announced that it would implement the revised Form CMS-1500 (08-05) on January 1, 2007, with dual acceptability of both versions until March 31, 2007. CMS planned to reject the old version of the form after April 1, until learning of the formatting problem for some distributors of the new forms. CMS contractors will be directed to return claims that use a new version of the CMS-1500 (08-05) that is not printed to specification.

According to CMS, only physicians and suppliers who are exempt from mandatory electronic claims submission can submit claims using the CMS-1500 form. However, many electronic claims are formatted based on the paper CMS-1500 form, so changes can have a broad impact.

NUCC has posted the new version of the form along with instructions and answers to frequently asked questions on its Web site at <http://www.nucc.org>. The following link will help you properly identify which form is which and provide you with more information about the implementation of the CMS-1500: http://www.cms.hhs.gov/ElectronicBillingEDITrans/16_1500.asp

Palmetto GBA Web Addresses

Main Site

<http://www.PalmettoGBA.com/boh>

Provider Enrollment

<http://www.PalmettoGBA.com/boh/enroll>

Fee Schedules

<http://www.PalmettoGBA.com/boh/fees>

Local Coverage Determinations

<http://www.PalmettoGBA.com/boh/LCD>

Upcoming Workshops

<http://www.PalmettoGBA.com/boh/education>

Physician/Supplier Guide

<http://www.PalmettoGBA.com/boh/guide>

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Larry DiDomenico, DPM; Christopher Hyer, DPM; Alan J. Block, DPM, MS; Larry Karlock, DPM; Richard E. Schlanger, M.D., Ph.D.; Larry Osher, DPM; Joel Rosner, MD; Molly S. Judge, DPM; Patrick Campbell, DPM; and Animesh Bhatia, DPM. Gene S. Graham, DPM, spearheaded the conference planning as the Scientific Chairman.

Highlights will include three workshops: Wound Care, Surgical, and Ultrasound, and 77 exhibitors will feature the latest in podiatric products and services.

On Thursday evening, exceptional entertainment will be provided at the Funny Bone at Easton, where John Rathbone, a veteran of The Comedy Channel and The A&E Network, promises to tickle your fancy over dinner. Following this exclusive OPMA event at the Funny Bone, conference attendees can tempt Lady Luck by attending our Poker Party at 9:00 PM at the Hilton Hotel. Whether you're

a Texas Hold 'Em player or Five Card Stud fan, come on over and play! Novices and expert conference attendees and exhibitors are welcome. We're certain to have plenty of fun at this first-time OPMA event!

Another anticipated annual event is the Past Presidents Silver Gavel Luncheon on Friday at noon. The Ohio College of Podiatric Medicine will host a Wine and Cheese Reception for the Gerard V. Yu, DPM Residency Paper Competition on Friday evening. This event promises to showcase OPMA's Resident members with cutting-edge research and scholarly findings for 2007.

OPMA's *new* staff is anxiously awaiting your arrival at the Region IV Seminar, so please don't hesitate to let us know how we may assist you. See you then!

Classifieds

Streetsboro, OH Practice for Sale

Well-established practice for sale in Streetsboro, OH in Northeast Ohio between Cleveland and Akron. DPM retiring due to health reasons. Practice grosses six-digit income working only 35 hrs. a week. Equipment is relatively new and has been upgraded. Practice consists of well-rounded medicine and surgery within my own medical building of which I am the single solo practitioner. All insurance panels accepted with full medical privileges at two area hospitals along with PHO membership and full privileges at three surgery centers. Minimum of two year PSR required. Interested individuals should fax resume and inquire to Daniel S. Conley, DM at 330-626-1184.

- Classified advertising is a benefit available only to OPMA members. Members may place classified ads in the OPMA News Journal by submitting the ad in writing by mailing, faxing, or emailing it to the OPMA office.

Twenty Questions to Ask Before You Sign with an IPA

The OPMA receives a variety of calls concerning solicitation for panels by various companies that require you to complete an application and submit an annual fee. Callers have indicated that these IPA's (Independent Practice Associations) are charging an annual fee in various amounts from \$200 to \$750. Do your "due diligence" before signing on the dotted line. Did you research them on the Internet? Google their IPA and find out all you can before entering into a contract and paying any fee. Above all—Caveat Emptor!

Ask yourself these questions before you send these companies any money or sign any contracts.

1. What is the fee for joining this IPA? Are there costs after signing-up?
2. What contracts do you have in place now in my practice area?
3. Are foot care services by podiatrists specifically included in these contracts?

trists specifically included in these contracts?

4. How many lives are covered in these plans?
5. What is the patient per DPM ratio in each contract? What is the patient per MD/DO ratio in each contract?
6. What is the average number of patient visits to a DPM in each plan?
7. If any of the plans with which this IPA has contracts are capitated, please provide the per member per month rate for podiatric physicians.
8. Are there quarterly, annual or life-time limits/caps on podiatric services for the covered lives? If so, please provide specifics.
9. What podiatry services are not reimbursable?
10. Are there any exclusions or limitations as to where podiatric services are provided? Please be specific.
11. Do the contracts secured by the IPA reimburse other professions/specialties for providing foot care? If so,

which ones? Are the reimbursement rates the same for DPMs?

12. Please provide information on your group's credentialing process, utilization review process, deselection and appeals process.
13. Please provide me with a current membership roster.
14. Please send me a copy of your fee schedule.
15. What administrative services are provided by the IPA? Are members charged for these services?
16. In what states/country is your company incorporated?
17. What is the current renewal fee?
18. Please identify board members and owners.
19. Please provide a summary of your marketing plan(s), including costs.
20. Does the IPA or plan have clinical practice guidelines and referral guidelines for foot care services by podiatric physicians in place and in force?

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A108-185 (Rev IR)

In-Network Labs or Face UHC Fine

March 1, 2007 was the deadline which required all participating physicians and healthcare professionals to refer laboratory services to a participating provider in United Healthcare's (UHC) network or face a financial penalty of \$50.

According to UHC's protocol on the use of non-participating laboratory services, "United Healthcare maintains a robust network of more than 1500 national, regional, and local providers of laboratory services. Participating laboratory providers can be found in the UHC directory online at <http://www.unitedhealthcareonline.com>." Additionally, a \$50 fine, claims from non-participating laboratories may subject the referring physician to other interventions, including a decreased fee schedule or termination of network participation.

According to a recent report, a UHC official said that "the health plan did not intend to fine physicians every time a patient went to an out-of-network lab, unless there was evidence a doctor sent the patient there."

Michael J. King, DPM, chair of the health systems committee, stated, "APMA is contacting UHC to protest the policy. Physicians can send a patient to a particular laboratory but cannot guarantee that the patient follows orders and obtains services from the recommended laboratory. While APMA appreciates that UHC expects to apply an intervention infrequently, penalizing physicians in any of the ways suggested is unacceptable."

To review UHC's protocol on laboratory services, visit the APMA online at www.apma.org/uhclabprotocol.

New Merchant Account Offering: A Great Member Exclusive You Can Bank On

Need to accept credit cards in your practice at a greatly reduced fee over your current system? Give Amy Baker at Affiniscap Merchant Solutions a call at 800-644-9060, ext. 6970 or email Amy at abaker@affiniscap.com. This new OPMA members only service is not only less expensive on processing fees, but there's no sign-up fee or cancellation fee if you choose not to want the service. You have nothing to lose by giving this program a try. Plus this new program helps OPMA with non-dues revenue for each use.

You can have 10 separate doctors on one machine for large practices, and every physician will have his or her own number. And just so you know, Board of Trustees member, Karen Kellogg is using the new service. Here's what Karen had to say about Affiniscap's Merchant Solutions system: "It is working great! We are collecting several

old debts now that we can charge it. We are collecting more co-pays and having better success with patients paying for cash visits at the time of service. My uncle is an astute investment banker. I told him about the arrangement and the fees charged--he told me I got a very good deal and the fact that OPMA benefits as a bonus for the Association. Thank you very much for starting this program! If you have any members who have questions or need a reference, please have them contact me."

Two separate Board Members ran their numbers against what they were currently using for credit card processing. The savings was 35% in one case and 30% in the other. This program, while a new member service to OPMA, has been an Affiniscap program for several years. Affiniscap, a Houston TX based business exclusive to Associations, is our new Web vendor.

CPT Code Reminder

Current Procedural Terminology (CPT) 2007 includes changes that impact podiatric physicians and surgeons. As of January 1, 2007, CPT codes 17110 [Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular lesions; up to 14 lesions] and 17111 [Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular lesions; 15 or more lesions] should be used to report the destruction of benign lesions, including verrucae.

CPT codes 17000-17004, which were previously used to report the destruction of a benign or premalignant lesion, have been revised and are to be used to report the destruction of premalignant lesions only. CPT code 17110 should be reported once only when treating up to 14 lesions. When treating 15 or more lesions, report CPT code 17111 once only. The codes should not be reported in combination.

Purchasers of the APMA 2007 Coding Manual CD-ROM: The Comprehensive Source for Podiatric Physicians can find an updated "Q&A" regarding the use of code 17110 versus code 17000 at the APMA Web site, www.apma.org.

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