

## ON THE COVER— Getting the Centennial Spirit

Immediate Past President  
Karen Kellogg, DPM; Executive  
Director Jimelle Rumberg, PhD;  
and President Corey B. Russell,  
DPM, FACFAS, FACCWS

The OHFAMA 2015 Service  
Award Recipients Named  
SEE PAGE 10-11

DON'T MISS IT—APRIL 24  
2015 Coding and Financial  
Institute! REGISTRATION  
FORM SEE PAGE 19



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# Journal

OF THE  
OHIO FOOT AND ANKLE MEDICAL  
ASSOCIATION

VOLUME 57 | NUMBER 2 | SPRING 2015

## A WORD FROM THE PRESIDENT

# 2015: A Very Busy Year for OHFAMA

Greetings and salutations! Summer is coming up and that means it is time for The Annual OHFAMA Scientific Seminar. This event will be held June 4-6th at the Easton Hilton. On Friday night, June 5th, we will be celebrating

our 100th Anniversary at the Gala Centennial Celebration. At this black-tie optional event, we will be celebrating the



Corey B. Russell, DPM, FACFAS  
FACCWS

past 100 years of our Association. It promises to be a top-notch, memorable night! Our Centennial Committee as well as Dr. Rumberg and Luci Ridolfo are hard at work planning this once in a lifetime event. They are working diligently to make sure that this celebration is befitting of our 100 years as an Association. During the Gala, we will be inducting one member of each Academy as a Service Award recipient. Each local academy has nominated their member for this inaugural class. I regret to inform you that Dr. Marc Greenberg's idea for a petting zoo has been nixed but there will be cocktails, dinner and a band for starters. I promise that this event will be a memorable milestone in our OHFAMA history!

Our 2015 Annual Scientific Seminar is already lining up to be one of our best! The opening session will include Dr. Barry Scurran discussing the future of our profession, Dr. Mike King with PICA's presentation and the Residency papers/poster competitions. Congressman Dr. Brad Wenstrup will be joining us on Friday to discuss the future of

Healthcare and Podiatric Medicine. There will be sessions about surgical techniques of the forefoot and "The Diabetic Patient." Panel discussions of Podiatry credentialing, H&P, JCAHO, CMS, ER privileges, disability issues and catastrophic events will also be included. Saturday sessions will include Diabetic wounds, Physical Therapy and Pain Management. There will be a two-day Podiatric Assistant track, cadaver workshop, casting workshop and six lunch and learns. Our new OHFAMA website is up and running thanks to the hard work of Luci Ridolfo. I encourage you to check out the new website. I think you will find it professional, informative and easy to use. Additionally as part of our on-going goal of informing the public about OHFAMA, we formed a PR committee to work on radio ads through the Ohio News Network. The radio ads will be broadcast throughout all 88 counties in Ohio on various AM/FM stations. The ads will cover a variety of topics and encourage listeners to be evaluated and treated by a member of the Ohio Foot and Ankle Medical Association.

Legislation is just now getting under way in the opening 2015 sessions of the Ohio Senate and House of Representatives. Our lobbyist, Dan Leite, will be hard at work on several bills of interest. I encourage our members to go to [www.OHFAMA.org](http://www.OHFAMA.org) and read what's posted from Dan. We are currently working on a Prior-Authorization bill with the Ohio State Medical Association. In addition we have recently sent a letter to Director John McCarthy of the Ohio Office of Medicaid in regards to our support and inclusion in Medicaid expansion as well as our Association's support for Medicaid reauthorization through HB 64 strongly based on the ability of our members to continue to provide needed services to all Ohioans enrolled in the state's Medicaid program. Within that letter, we also addressed our concerns for Podiatric physicians and other

providers now seeing random eliminations from Medicaid MCO networks that sometimes leave Medicaid beneficiaries with little, if any, choices within certain service regions of the state. We further expressed our concern that some Medicaid MCO's are classifying "services provided by a podiatrist" in the same classification as cosmetic surgery and other "elective" procedures that require prior authorization (PA) or additional PA steps simply based on the licensure based on our members. This should not be allowed in Ohio's Medicaid program, as we are physicians "and regulated that way by the Ohio Revised Code" and feel that this is a discriminatory practice by the MCO's. We offered to work closely with Director McCarthy and his staff to make sure that those actions do not continue.

As many of you may know, as stated in my Presidential acceptance speech, I am dedicated to working toward licensure equivalency for Podiatric physicians in the state of Ohio. In keeping with that goal, we have scheduled a Strategic Planning session for the OHFAMA Board of Trustees on August 7th. A professional facilitator will be utilized to maximize the benefits of this important meeting. We will be putting together a five-year plan for our Association to include the framework to progress toward equivalency. I think this will be an important link to the future of our profession in the state of Ohio.

I look forward to seeing you in June at The Annual Seminar and encourage all members to attend the Gala Centennial to be part of our 100th Anniversary Celebration!

Fraternally yours,  
Corey B. Russell, DPM,  
FACFAS, FACCWS

## Using Hyperbaric Oxygen to Treat Frostbite



Dr. Haim Cohen

A man from West Chester is back on the mend after a newer treatment helped him reduce complications from frostbite. Luckily, he sought a newer type of

treatment, not previously used in frostbite. After about a dozen treatments in a hyperbaric oxygen chamber, Dr. Haim Cohen, a podiatric physician, unwrapped the patient's feet. Doctor Cohen says they were damaged because of a lack of blood flow.

*"Without blood flow, nothing will heal. The whole premise with frostbite is not enough oxygen is getting down to the extremities, and that's primarily the main problem that's causing irreversible changes."*

"With just 12 treatments in the chamber, using 100% compressed oxygen, we are saturating the blood vessels in the patient's body," says Cohen.

Source: Liz Bonis, WKRC-TV CBS 12 [2/11/15] via PM News February 13, 2015 #5,296

## Seriously, Let's Talk Pills

Doctor, let's have a heart-to-heart about the number of pills you Rx to your patients. Do you write for the same number of controlled substances that you did 5 or 10 years ago? If so, you're in for a rude awakening. Drug data is being collected (and has been for years) about what drugs you're scripting, how many pills are dispensed and refills allowed down to your office postal zip code. Unless it's an antibiotic, you really need to be aware of the number of pills you are dispensing to your patients regarding narcotics and all higher scheduled drugs and you better be calling OARRS. You should only prescribe any narcotic drug just to get the patient through the critical stage of post-operative pain. Suggested are no more than 10 pills....and NO REFILLS. Pharmacists have the legal right not to fill any script due to amount requested if they feel the number is excessive. You may want to write on the script "due to post-operative pain" or list a

## Prescription Drugs Now Kill More People In The US Than Heroin And Cocaine Combined



procedure reason. If the pharmacist has a problem with your script, he/she should call you, as the physician, and discuss your prescription. They should talk directly to you and NOT your staff. As procedure, you must check OARRS for every patient that is scripted a narcotic/controlled substance. If you should have a case that has chronic pain, please refer to a pain clinic or specialist. Why would any physician risk their license over not keeping up with the times and current prescribing policies? Do the right thing, protect yourself and decrease your pill count.



## Ohio Podiatrist Receives ACFAS Distinguished Service Award

Ankle & Foot Care Centers' managing partner Dr. Lawrence A. DiDomenico received the American College of Foot and Ankle Surgeons' Distinguished Service Award at the organization's Annual Scientific Conference in Phoenix, AZ. The organization's board of directors presents this annual award to recognize members who volunteer their time, expertise, and service to help advance its mission. DiDomenico is the 12th recipient of the Distinguished Service Award.

DiDomenico is the Fellowship Director at Ankle & Foot Care Centers and Kent State University's College of Podiatric Medicine. This fellowship program is recognized by the American College of Foot and Ankle Surgeons. He became a member of the American College of Foot and Ankle Surgeons in 1990 and served on its board of directors from 2003-2006. He has been active as a volunteer in the organization's educational meetings, seminars, cadaver labs, and as a member of various committees. He is a member of the Eastern Academy of OHFAMA and is the 2015 Scientific Program Co-Chair of the Annual Foot and Ankle Scientific Seminar and Centennial Celebration.

Source: PM News, February 23, 2015 #5,304





Meghann Featherstrum, MS, RD, LD, from the Cleveland Clinic Foundation, presented "Dietary Deficiencies in Stress Fractures and Chocolate Milk as a Recovery Drink for Athletes."

## 2015 OHFAMA Cross-Disciplinary Sports Injury Clinic A Huge Success

The Quest Conference Center in Columbus, Ohio hosted the 2015 OHFAMA Sports Injury Clinic, chaired by Mark Mendezsoon, DPM of Chardon, OH. The clinic, which was held on March 7, featured a unique multi-disciplinary approach for professionals.

The 88 attendees included DPMs, MDs, DOs, DCs, PTs, and an LD. Fifteen vendors

highlighted products, shoes, and equipment that would enhance sports medicine practice protocols and treatment.

The lunch and learn lecture was on "Percutaneous Tenotomy and Fasciotomy". "Interesting Dermatology Case Studies" was remotely presented by Brad Bakotic, DPM, DO.

The clinic's focus was on athletes' whole body care and the special problems they present. Panels discussed returning athletes back to competition, fracture management, as well as muscle and physical therapy measures for plantar fasciitis. Topics ranged from patella-femoral syndrome, to turf toe, Achilles injuries to back pain, steroid injections to stress fractures, leg imbalances to ACL and MCL injuries. Treating athletes of all levels, including professionals and Olympians, made for interesting lecture discussions.



Eighty-eight attendees included DPMs, MDs, DOs, DCs, PTs, and an LD.

### Canfield Podiatrist to Enter Plea in Healthcare Fraud Case

A Canfield podiatrist, who is accused of healthcare fraud, pled guilty to a federal charge in February. In December, the Assistant U.S. Attorney in Denver issued a bill of information against 45-year-old Dr. Anthony Innocenzi, who is licensed to practice medicine in both Ohio and Colorado. Federal prosecutors allege that Dr. Innocenzi billed Medicare for treating patients at two offices in Colorado. However, the Assistant U.S. Attorney says that the treatment was not administered in offices, but at nursing homes in Grand Junction and Trinidad, Colorado. Prosecutors say Dr. Innocenzi was able to collect larger reimbursements from the government by claiming that the treatment took place in an office because Medicare compensates providers who administer treatment in offices at higher rates to cover costs such as rent, utilities, and insurance premiums.

*Editor's note: Dr. Innocenzi is not a member of the OHFAMA.*

**Source: PM News: February 11, 2015 #5,293**

### Dr. Andy Bhatia and Governor John Kasich

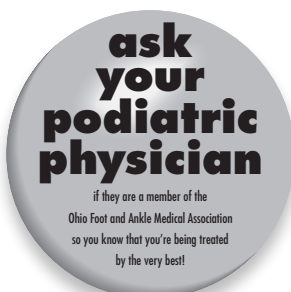
Dr. Gautam Sammader, a pulmonologist, and Dr. Anjana Sammader, a gastroenterologist, hosted a fundraising event at their residence for Governor John Kasich. About 70 attended the reception which offered a meet and greet with the Governor. Numerous topics were discussed with Kasich, including Medicaid and unemployment issues.



## MEMBER TO MEMBER

## OHFAMA Launches Ad Campaign

We are now telling consumers throughout Ohio how great OHFAMA members are as physicians and surgeons! On March 2, statewide radio advertising began as well as online banner ads on the Columbus Dispatch. Its focus is simple; "ask your



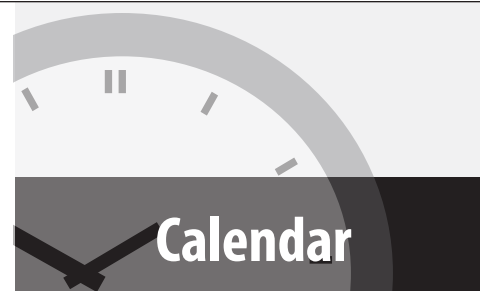
podiatrist if they are a member of the Ohio Foot and Ankle Medical Association so you know that you're being treated by

the very best!" Office table tents, printed by the *Columbus Dispatch*, coordinate with the radio campaign and prompt patients to listen for the commercial. The topics advertised on the radio commercials are on Heel pain, foot pain, sport injuries and Diabetes. We know that your patients may tell you that they heard a commercial on a local radio channel. We utilized those stations due to an offering called Association's Advance

Ohio through the Ohio Society of Association Executives. These networks also reach all 88 counties in Ohio via ONN radio. OHFAMA will provide you with scheduled playing times as well as what network stations in your area broadcast through ONN radio locally. Please track any responses you hear and report back to us monthly, so that we can begin to benchmark our campaign's success. We will prompt your reporting through our listserv.

The OHFAMA Board of Trustees reviewed the program packages and wanted our members to know that your state association was being proactive to market and drive patients to member offices. Patients will be asking if you're a member and we will track outreach and penetration via the Web landing page which is announced on the commercial at [www.associationsadvanceohio.com](http://www.associationsadvanceohio.com).

The advertising campaign has two Web components (video and banner ads) and the radio advertising spots, which are 30 and 60 seconds. The PR committee, which is composed of Dr. Karen Kellogg, Chair; Dr. Sarah Abshier and Dr. Rich Kunig not only posed for some of the photos on the video at [www.associationsadvanceOH.com](http://www.associationsadvanceOH.com), but also undertook and met all project deadlines for the campaign. Please thank these members when you see them.



## 2015

**April 23**

**OHFAMA Board of Trustees Meeting**

**April 24**

**Coding and Financial Institute**  
Nationwide Hotel and Conference Center  
Columbus

**April 27**

**Midwest Academy Visit with OHFAMA President**  
Dayton

**May 4**

**Central Academy Visit with OHFAMA President**  
Columbus

**May 13**

**Eastern Academy Visit with OHFAMA President**  
TBD

**May 15-16**

**APMA State Advocacy Meeting**  
Philadelphia, PA

**May 21**

**OHFAMA Executive Committee Teleconference**

**June 4-6**

**OHFAMA's Centennial Scientific Seminar and Gala**  
Columbus Hilton Hotel at Easton

**July 9**

**Southern Academy Visit with OHFAMA President**  
Cincinnati

**July 16-18**

**GXMO Training**  
OHFAMA Headquarters - Columbus

**July 31**

**ICD-10 with Codingline**  
Columbus

**August 6**

**OHFAMA Board of Trustees Meeting**

**August 7**

**OHFAMA Strategic Retreat**  
Kalahari Hotel - Sandusky

**September 3**

**Northwest Academy Visit with OHFAMA President**  
Toledo

**September 18-19**

**ASPE Conference**  
Seattle, WA

**September 19**

**Quickie Seminar**  
Dayton

## FROM THE ARCHIVES: A CENTENNIAL MINUTE

## Looking to the past 100 years of podiatry

We remember the Podiatric Physician leaders who through personal sacrifice have advanced the Podiatric Medical Profession.

### APMA's Past Presidents from Ohio

- M.S. Harmolin – 1930
- Floyd Frost – 1949
- Marvin W. Shapiro – 1959
- James A. Comforti – 1964
- William F. Munsey – 1979
- Jerauld D. Ferritto, Jr. - 2003

### One Hundred Years Ago

In 1916, The Ohio College of Chiropractic was founded by C.P. Beach, M.S. Harmolin, O. Klotbach, L.E. Siemon, C. Spatz, and C.T. McConnell.

From 1916 to 1922, The Ohio College of Chiropractic was located in the Republic Building on 647 Euclid Avenue in Cleveland, Ohio and consisted of a lecture hall, a laboratory, and eight clinical chairs. In 1917, the first class of twenty students was graduated.



## EXECUTIVE DIRECTOR'S MESSAGE

# Team Efforts Earn Great Rewards

As I prepared to attend the APMA HOD in mid-March, I wondered why their association's culture is so different than ours here in Ohio. It's leadership! OHFAMA leadership has a "can-do" attitude. We firmly believe in superior customer service for our members.



Jimelle Rumberg, PhD, CAE

Our Board of Trustees is to be commended by their "can-do" leadership. They endorsed a year-long radio advertising campaign to promote OHFAMA's members, so

the consumer knows that if they are being treated by an OHFAMA member podiatrist, that they are being treated by the very best.

## PR Committee's Advertising Campaign

The video, which can be seen at [www.associationsadvanceohio.com](http://www.associationsadvanceohio.com), was truly a team effort by the PR committee and the Board. Dr. Michael Bodman and Dr. Rich Kunig did the orthotic photo, Dr. Kunig is in the surgical mask in the OR, Dr. Sarah Abshier's gloved hands are holding the red toe-nail polished patient's foot and Dr. Karen Kellogg wrote the Heel pain commercial.

We inform consumers that OHFAMA is comprised of podiatric surgeons and physicians, and that our professional services are needed from childhood through geriatrics as an essential necessity of life.

Kent State is also prominently featured in the video, as we celebrate the profession of podiatric medicine and surgery in Ohio during 2015. Our PR team did an outstanding job with the commercials and video! We also want to thank the board for their leap of faith to advertise in such a unique way.

You may see an OHFAMA banner ad when looking at health information on over 5,000 news organization websites too. We

are promoting you, our members. We're informing consumers what we do and how we do it.

We will be sending you table tents to your office very soon to see if patients have heard our message. Let us know if you hear feedback so we can track the success. In the meantime, view the video at [www.associationsadvanceOH.com](http://www.associationsadvanceOH.com) and see what OHFAMA's team efforts can accomplish!

By the way, if you haven't heard the radio commercial, just call the office and we'll be glad to play the commercials for you. The voice is our own Luci Ridolfo. So you see, the staff and members are truly invested in a "can-do" culture for YOU.

## 2015 Coding and Financial Institute

As we look ahead, on Friday, April 24, we have an outstanding offering for you to attend. Our 2015 Coding and Financial Institute will have CGS, as well as two coding experts from the APMA Coding Committee, Drs. Jeffrey Lehrman from Philadelphia and Dr. Andy Bhatia from Columbus.

We are also extremely pleased to have two attorneys, Vincent Buttaci and John Leardi from Princeton, NJ join us. These gentlemen have vast experience in a number of class actions lawsuits aimed at protecting both patients and doctors from financial abuses of some managed care complaints, as well as representing health care providers, group practices and facilities in post-payment actions and fraud investigations instituted by both governmental agencies and private insurance carriers. They will cover the OIG's enforcement of the Stark Law and Anti-kickback statutes as well.

We hope to see you at the Nationwide Hotel and Conference Center (off Rt. 23) on April 24. As I told the Northeast academy members during a recent visit, our 2015 Coding and Financial Institute speakers are REALLY AWESOME!!!

## OHFAMA ICD-10 Seminar

Mark your calendars Friday, July 31, to attend the OHFAMA ICD-10 Seminar with Har-

ry Goldsmith, DPM from Codingline. Dr. Goldsmith is APMA's foremost national expert on coding. Recently published surveys have shown that over 50% of physicians haven't started to convert to ICD-10. Don't be a statistic; come to the seminar on Friday, July 31. Details will be available at the June Scientific Seminar and mailed. This is definitely one event that you won't want to miss!

## OHFAMA Scientific Seminar and Centennial Celebration

Saving the most important event for the last, the OHFAMA Centennial Scientific Seminar (June 4-6) has an outstanding lineup thanks to the efforts of Dr. Larry DiDomenico and Dr. Bob Mendicino.

We will have masters presenting historical perspectives of podiatry and a great variety of expertise on pain management as well as diabetes, medicine, surgery. We'll have information on credentialing, JCAHO and a Young Member Track for our newer physicians.

Congressman Dr. Brad Wenstrup will be a featured keynote on Friday morning and Dr. Mike King will be presenting Thursday's PICA lecture.

Attendance at this lecture will again qualify OHFAMA members a 15% renewal discount if they are PICA subscribers. Our dynamic programming includes lunch and learns; cadaver labs; casting workshop; research poster session; residency paper competition and more. We will also have a two-day Podiatric Assistant's track for your staff.

As a member, you certainly won't want to miss the Centennial Gala and dance and the Gala Cocktail Reception on Friday evening. It is black tie optional. We will invest our first class into the new OHFAMA Service Award. Yes, we will have a birthday cake and toast to our next 100 years. The date is June 4-6, 2015 at the ever-popular Columbus Hilton at Easton.

*Happy Birthday,*  
**OHFAMA!**



## Place Your Calling Card as Member Congratulations for our Centennial Program or History Book

Help convey your congratulations by placing a Calling Card Ad for our Centennial Gala Program.

The cost is \$30 per square.

Likewise, if you would like your Calling Card Ad to also be placed in our Centennial History publication (release is June 2016) please remit an additional \$30 (\$60 total).

Select your card and OHFAMA will do the rest.

**Happy Birthday,  
OHFAMA!**

Join The Centennial Gala Reception and Banquet on Friday, June 5, 2015 at the Columbus Hilton at Easton

*Congratulations on the Centennial of  
OHFAMA*

*Dr. Bruce G. Blank*

**Sample A**

*Best Wishes on the Centennial of  
OHFAMA*

*Alan J. Block, DPM*

**Sample B**

*Congratulations  
OHFAMA*

*Dr. Corey Russell*

**Sample C**

Name to be listed on calling card \_\_\_\_\_

☐ Check Enclosed (*preferred*)

☐ Credit Card (Visa, MC, AMEX) # \_\_\_\_\_

Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address for credit card \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2015 Centennial Gala Program Ad @ \$30 each: (Select) ☐ Sample A; ☐ Sample B; ☐ Sample C

Centennial History Publication Ad @ \$30 (2016): (Select) ☐ Sample A; ☐ Sample B; ☐ Sample C

**Total \$** \_\_\_\_\_



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## YOUR MONEY'S WORTH Brushing up on Medicare Advantage Plans

The following two points of information is taken from the APMA Private Insurance Resource Guide chapter on Medicare Advantage Plans:

**Q:** Even if a DPM is out of network, should the insurance company pay the DPM for covered services rendered if the patient has signed an assignment of benefit form?

**A:** If a DPM is out of network to a Medicare Advantage PPO, the Medicare Advantage plan must pay the DPM for medically necessary covered services. Medicare Advantage PPOs are prohibited from requiring prior authorization. However, a DPM can voluntarily call and request a written organization or coverage determination, which will be binding on the plan. The amount of payment will be the amount that the DPM would have received under FFS Medicare minus applicable member cost sharing under the plan.

If the patient's plan is a PFFS plan, out-of-network services will be covered. However the amount of payment will be dictated by the plan's "terms and conditions" which will be available on-line. Most frequently, PFFS plans pay providers the amounts they would have received under FFS Medicare minus applicable member cost sharing, but this is not always the case.

If the patient's plan is an HMO-POS, the DPM should look up the relevant EOC to determine what services are covered out-of-network and whether any prior authorization requirements apply. The plan may choose which services it will cover on an out-of-network basis and may impose utilization management requirements.

If a patient is enrolled in a Medicare Advantage HMO, out-of-network services will not be covered.

The member card indicates what types of plan the member is enrolled in. All Medicare Advantage EOCs are online, so it is possible to determine what the member's copay/coinsurance is under the plan.

**Q:** Can the provider balance bill the difference between what Humana (for an example) Medicare paid the out of network provider (presumably less than Medicare allowable) and what traditional Medicare would have allowed?

**A:** The provider may only collect the applicable member cost sharing. The member cost sharing amount can be determined by looking at the EOC online or waiting to receive the EOB after billing the plan. |

**Source:** APMA communication to OHFAMA, 1/20/2015

## MU EHR AND PQRS STATS 2015 - 2018

| YEAR | MU EHR           | PQRS               | VALUE MODIFIER   |
|------|------------------|--------------------|--|
| 2015 | 1% based on 2013 | 1.5% based on 2013 | Only applies to groups of 100+   |
| 2016 | 2% based on 2014 | 2% based on 2014   | Applies to groups of 10+   |
| 2017 | 3% based on 2015 | 2% based on 2015   | 2% for solo and groups up to 9 if no PQRS; 4% for groups of 10+ if no PQRS |
| 2018 | 4% based on 2016 | 2% based on 2016   | 4% for all if no PQRS  |
| 2019 | 5% based on 2017 | 2% based on 2017   | 4% for all if no PQRS  |

## It's Your Choice — But Know Your Options

Does it make sense for you to participate in incentive programs? Participation in the Medicare incentive programs (meaningful use [MU] of electronic health records [EHR] and Physician Quality Reporting Systems [PQRS]) is an individual decision for each practice.

### Does it make sense?

For some, it makes better financial sense to accept the penalties than to expend the resources to meet the various program requirements.

Assuming that a provider does not participate in MU and PQRS in 2015, in 2017 a practice with nine doctors or fewer would be looking at a 3-percent penalty for MU, a 2-percent penalty for PQRS, and a 2-percent penalty for Value Modifier (VM). That would be a 7-percent penalty total in 2017. Continued non-participation in 2016 would mean a 4-percent MU penalty in 2018, a 2-percent PQRS penalty, and a 4-percent VM penalty for a total penalty of 10 percent. Depending on the volume of Medicare patients in a particular practice, a 10-percent

probably be the way to achieve PQRS in 2015 and actually should not be that burdensome if they are already using an EHR. You can coordinate your Clinical Quality Measures (CQMs) for MU with PQRS measures and should be able to easily achieve PQRS. There is a cost associated with registry use, but it is usually in the range of \$300-\$400 per doctor.

### Looking at 2015

Looking at MU in 2015, if you are in Stage 2, the greatest challenge seems to be with the requirements related to patient engagement.

Most EHR vendors have come up with strategies to address this issue. A lot of this is dependent on patient demographics, but if you see 30-40 patients a day, only two would have to meet the engagement requirement in order to hit the 5-percent threshold. The rest of Stage 2 for the most part simply involves meeting higher thresholds for various objectives.

The important point for each practice is to understand the requirements for successful participation and the penalties for non-participation so you can make an informed choice regarding these programs.

**Source:** APMA Weekly Focus 1/13/2015

### What some think

With regard to 2015 and PQRS, many providers may find that using a registry will



## The OHFAMA Service Award – 2015 Recipients

The first distinguished class of the OHFAMA Service Award recipients will be honored on Friday, June 5 at the Centennial Gala, Easton Grand Ballroom at the Columbus Hilton Hotel at Easton. Each academy in OHFAMA has recognized these loyal members as leaders in organized podiatric medicine and surgery. All are graduates of the Ohio College of Podiatric Medicine (KSUCPM), the nation's oldest and largest podiatric medical college. Please congratulate these members when you see them during your academy meeting and during the June seminar in Columbus.

### Central Academy

#### **WILLIAM F. MUNSEY, DPM**

Ohio College of Podiatric Medicine – Class of 1954

- President of the Ohio Podiatric Medical Association, 1963-1964
- President of the American Podiatric Medical Association, 1979
- President of the Fund for Podiatry Education, 1981-1986
- Member of Board of Trustees Fund for Podiatry Education, 1977-1987
- President of Podiatry Insurance Company of America, 1983-1984
- Vice President Podiatry Insurance Company of America, 1984-1996
- Speaker of the APMA House of Delegates, 2000-2006

#### *Honors and Awards:*

- Man of the Year Award, 1967 Ohio Podiatric Medical Association
- Distinguished Alumnus Award, OCPM 1979
- Distinguished Alumnus Award, Alpha Gamma Kappa Fraternity 1979
- Kennison Award, 1983

- Podiatrist of the Year, Ohio Podiatric Medical Association 1989
- 1995 Podiatric Physician Award, Fund for Podiatric Medical Association
- Dr. William F. Munsey Leadership Award, presented to an OCPM student at graduation each year.
- American Podiatric Medical Association Distinguished Service Citation 2009
- Ohio College of Podiatric Medicine Hall of Fame Society Member 2011

### Eastern Academy

#### **ANGELO F. PETROLLA, DPM**

*(Posthumously)*

Ohio College of Podiatric Medicine – Class of 1976

- Joined APMA and OPMA in 1982
- Eastern Academy President
- Eastern Academy Trustee
- Delegate to the OPMA House of Delegates
- Delegate to the APMA House of Delegates
- OPMA President – 2000
- OPMA Vice President – 1998, 1999
- OPMA Secretary/Treasurer – 2002 – 2013
- CMS Carrier Advisory Committee – Alternate – 2001
- Silver Gavel Vice President

### Mid-east Academy

#### **MARCHELLE L. SUPPAN, DPM, MBA**

Ohio College of Podiatric Medicine – Class of 1980

- Aultman Orrville Hospital – President and CEO, 11/2010-present
- State Medical Board of Ohio – Podiatry Member 4/2008-4/2013; President 1/2011-1/2012
- Dunlap Community Hospital – Senior Vice President of Medical Affairs 10/2007 to 11/2010; Vice President of Medical Affairs 12/2006-10/2007
- Spine Matrix Inc. – Vice President, Market Development 2006
- Theken Spine L.L.C. – Vice President, Business Development 2004-2006
- Suppan Foot and Ankle Clinic – Associate Physician 1981-1991; Owner/Principal Physician 1991-2004
- OPMA President, 1994 – Key Achievements:
- First woman to achieve leadership role as President
- Podiatry member to Medicare/Nationwide Carrier Advisory Committee
- Key podiatry advocate in Scope of Practice negotiations with the State Medical

Board of Ohio pertaining to Vascular Testing, Conscious Sedation and Ankle privileges

- Lobbied “Any Willing Provider” Bill with Ohio Legislators
- Lobbied “Diabetic Foot Bill” with United States Senate and Congress
- Ohio College of Podiatric Medicine Board of Directors 2009 – 2012

### Midwest Academy

#### **KEVIN SCHROEDER, DPM**

Ohio College of Podiatric Medicine – Class of 1988

- OHFAMA member for 25 years
- Trustee of Southern Academy 3 years
- Trustee of Midwest Academy 9 years
- OPPAC Coordinator 2 years
- President of OHFAMA – 2001
- Chair – Finance and Budget Committee – 6 years
- Executive Committee member 4 years
- Silver Gavel President – 8 years
- APMA Delegate 18 years
- APMA House of Delegate Chief Delegate 2 years
- APMA Reference Committee – 2015

### North Central Academy

#### **DANIEL C. DUFFY, DPM**

Ohio College of Podiatric Medicine – Class of 1978

- 36 Year member of APMA
- Joined the Ohio Podiatry Association in May, 1979.
- Has supported OHFAMA and became a Senior Member in 2014
- Annual supporter of OPPAC
- Supported KSUCPM for 30 years
- Started the wound care center at Mercy Hospital in Lorain, Ohio
- Played a significant role in starting the Residency program
- He continues to mentor young members of our profession
- Supports continuing education opportunities with an ongoing seminar in Cleveland.

### Northeast Academy

#### **CARL SOSINSKI, DPM**

Ohio College of Chiropractic, Class of 1952

- Military Service – US Navy 1946-1948. Worked as hospital corpsman in WWII. Stationed in Nagasaki, Japan.
- Private Practice in Parma, Ohio from 1954-1990
- Parma Community Hospital – Surgeon.
- Ohio Podiatric Medical Association President – 1967
- Silver Gavel Club Charter Member

- Served on Budget Committee, Ethics Committee, Peer Review committee
- OPMA Member since 1952
- Life Member since 1990
- APMA – Distinguished Service Citation, August 1991
- Ohio Man of the Year – 1984

#### Northwest Academy

##### THOMAS A. ZOLDOWSKI, DPM

Ohio College of Podiatric Medicine –  
Class of 1967

- Internship Ohio College of Podiatric Medicine, Cleveland, Ohio
- University of Toledo, College of Pharmacy Toledo, Ohio
- Member Governor's Task Force on Prescription Drug Abuse
- OH Health Dept. Radiology Committee
- Podiatric Consultant – Medical Mutual of Ohio
- Joined the American Podiatry Association and the Ohio Podiatry Association in 1968
- Ohio Podiatric Medical Association – President – 1985
- Ohio Podiatric Medical Association – Vice-President
- APMA House of Delegates – Delegation Chairman
- Ohio Podiatric Medical Association – Delegate to APMA
- Ohio Podiatric Medical Association – Treasure
- Silver Gavel Club of Ohio Podiatric Medical Association – Treasurer
- Northwest Ohio Academy of Podiatric Medicine – President
- Northwest Ohio Podiatric Medical Association – Treasurer
- Northwest Ohio Academy of Podiatric Medicine – Trustee to OHFAMA HOD
- 3 Executive Director Search Committees – Ohio Podiatric Medical Association

#### Southern Academy

##### BRIAN L. ASH, DPM

Ohio College of Podiatric Medicine –  
Class of 2002

- Joined the APMA and OHFAMA, May 2005
  - PR Committee
  - Finance and Budget Committee
  - Strategic Planning in 2008
- Southern Academy Trustee
- Southern Academy President
- Southern Academy Vice President
- Southern Academy Delegate to the OHFAMA House of Delegates



## This Week in Washington

2015 Ohio Delegation attends the APMA HOD in Washington DC: Row 1: Dr. Mark Gould, Delegate; Dr. Kevin Schroder, Chair of OH Delegation; Dr. Corey Russell, Delegate; Dr. Marc Greenberg, Delegate; Row 2: Dr. Andy Bhatia, Alt Delegate; Dr. Bruce Blank, Delegate; Dr. Alan Block, Delegate; Dr. Jerauld Ferritto, Speaker of the House; Dr. Atta Asef, Alt Delegate; Dr. Jimelle Rumberg, Executive Director; Dr. Karen Kellogg, Delegate.

## O P P A C L I S T I N G

3/23/2015



#### Central Academy

Sarah Abshier, DPM  
Drew Belpedio, DPM  
Animesh Bhatia, DPM  
Timothy Brown, DPM  
Jack Buchan, DPM  
Jane Graebner, DPM  
Bill Munsey, DPM

#### Eastern Academy

Edward Cosentino, DPM  
Mitch Dalvin, DPM  
James LaPolla, DPM  
Joseph Lewis, DPM

#### Mideast Academy

Renne Mackey, DPM  
Les Niehaus, DPM  
Kenneth Nixon, DPM

#### Midwest Academy

Bridget Brondon, DPM  
Marc Greenberg, DPM  
Lisa Nicely, DPM  
Susan Yu, DPM

#### North Central Academy

Chris Bohach, DPM  
Daniel Duffy, DPM  
William Latham, DPM

#### Northeast Academy

Joseph Favazzo, DPM  
Debra Thornton, DPM

#### Northwest Academy

Thomas McCabe, DPM  
Corey Russell, DPM  
Kathryn Schramm, DPM  
Pamela Sheridan, DPM

#### Southern Academy

Ruth Ann Cooper, DPM  
David Zink, DPM

#### Additional Contributors

Daniel Leite, Lobbyist  
James McLean, MBA  
Luci Ridolfo, BA  
Jimelle Rumberg, PhD,  
CAE

**ADD YOUR NAME TODAY!**



ON THE RECORD

# Ohio State Law on Record Retention and Copies Effective 2015

## Retention of Medical Records

Medical considerations are the key basis for deciding how long to retain medical records. Rules relating to the maintenance of patient records are to be found in the American Medical Association, Council on Ethical and Judicial Affairs, Code of Medical Ethics. Current Opinion 7.05. Under Ohio Law (R.C. §4731.22 (8)(18)), violations of the AMA ethical rules can result in disciplinary action by the Ohio State Medical Board. Most states, including Ohio, do not have a general state law that requires records be kept for a minimum length of time. Ohio Revised Code §2913.40 (D) mandates the retention of records associated with Medicaid for a period of at least six (6) years after reimbursement for the claim is received by the physician.

## Recommendation Regarding Medicare Records

It is recommended that records relating to a Medicare patient be kept for at least six (6) years after the physician received payment for the service. Medicare's Conditions of Participation requires five (5) year retention. Managed care contracts should be consulted to see if they provide any specified period of retention of medical records. In all cases, medical records should be kept for the length of time of the statute of limitations for medical malpractice claims. Under Ohio Law an action for medical malpractice must be brought within one year after the cause of action "accrues" (R.C. §2305.113). However, there are various exceptions or special rules. For example, the statute of limitations in wrongful death cases is two years after the date of death.

## In The Case of a Minor

In the case of a minor, the statute of limitations does not begin to run until the minor has reached his or her 18th birthday. The statute can be "tolled" or otherwise ex-

tended in other situations, and the date on which a cause of action "accrues" can vary. As a practical matter, all of this makes it difficult to define the Ohio statute of limitations with absolute certainty. If you are discarding or destroying old records, patients should be given the opportunity to claim the records or have them sent to another physician.

## OHFAMA Recommendations

The OHFAMA recommends that physicians keep medical records indefinitely, if feasible.

## Update on Charging for Copies of Medical Records

A physician who treated a patient should not refuse for any reason to make records of that patient promptly available on request to another physician presently treating the patient, or, except in limited circumstances, refuse to make them available to the patient or a patient's representative (not an insurer). A written request signed by the patient or by what the law refers to, as a "personal

representative or authorized person" is required. Ohio Revised Code §3701.74 obligates a physician to permit a patient or a patient's representative to examine a copy of all of the medical record.

An exception arises when a physician who has treated the patient determines for clearly stated treatment reasons that disclosure of the requested record is likely to have an adverse effect on the patient, in which case the physician is to provide the record to a physician chosen by the patient. Medical records should not be withheld because of an unpaid bill for medical services. Ohio law establishes the maximum fees that may be charged by health care provider or medical records company that receives a request for a copy of a patient's medical record. Ohio law provides for certain limited situations in which copies of records must be provided without charge, for example, where the records are necessary to support a claim by the patient for Social Security disability benefits. EFFECTIVE JANUARY 2015, the maximum fees that may be charged, are as set forth in the inset above.

### MAXIMUM FEES EFFECTIVE JANUARY 2015

- (1) The following maximum fee applies when the request comes from a patient or the patient's representative.

a) No records search fee is allowed;

b) For data recorded on paper: \$3.07 per page for the first ten pages; \$0.64 per page for pages 11 through 50; \$0.26 per page for pages 51 and higher  
For data recorded other than on paper: \$2.10 per page

c) The actual cost of postage may also be charged
- (2) The following maximum applies when the request comes from a person or entity other than a patient or patient's representative.

a) A \$18.91 records search fee is allowed;

b) For data recorded on paper: \$1.24 per page for the first ten pages; \$0.64 per page for pages 11 through 50; \$0.26 per page for pages 51 and higher  
For data recorded other than on paper: \$2.10 per page

c) The actual cost of postage may also be charged

# Medical Records Collection, Retention, and Access in Ohio

Ohio law governs the collection, retention and access of medical records across provider types and facilities. As a condition of licensure, the following facilities and programs must maintain medical records for every patient for the designated time period. Each health care facility<sup>1</sup> must maintain records for a minimum of six years from the date of discharge, documenting the patient's needs and assessments and services rendered.<sup>2</sup> The provider of a health care service<sup>3</sup> must maintain records for five years from the date of discharge; such record must document the patient's needs and assessments and services rendered.<sup>4</sup> Each residential care facility must maintain records for seven years following the date of the resident's discharge.<sup>5</sup> Every nursing home must maintain records for seven years following the date of the resident's discharge.<sup>6</sup> Each freestanding or mobile diagnostic imaging center must maintain all records for six years from the date of service.<sup>7</sup> Adult care facilities must maintain a record for two years after the resident is permanently transferred, discharged, or dies.<sup>8</sup>

Some providers are required to document certain elements about the patient in the patient's medical record. Health care facility records<sup>9</sup> and ambulatory surgical facility records<sup>10</sup> must document the name, address, date of birth, gender, and race or ethnicity of the patient. Every nursing home record must document the patient's name, age, sex, race/ethnicity, and religion.<sup>11</sup>

Ohioans have the right to access their health care records. In order to examine or obtain a copy of all or part of one's medical record, a patient, his personal representative or an authorized person must submit a request in writing to the provider; the provider must comply with the request unless disclosure would be medically contraindicated, in which case the provider will provide the record to a designated physician or chiropractor. A patient, his personal representative or an authorized person may

bring a civil action against any provider who fails to furnish a medical record to enforce the patient's right of access to the record.<sup>12</sup> Managed health care program members have the right to request and receive a copy of their medical records.<sup>13</sup>

All pharmacies must maintain a patient profile system, and the dispensing pharmacist will be responsible for ensuring that a reasonable effort has been made to obtain, document and maintain the patient's data record and the patient's drug therapy record for all of the prescriptions that were filled at the pharmacy within the last twelve months; the patient profile shall be maintained for at least one year from the date of the last entry in the profile record.<sup>14</sup> All records relating to the practice of pharmacy, including prescription information entered into the record-keeping system, prospective drug utilization review, patient counseling and prescription information must be uniformly maintained for three years.<sup>15</sup>

A person having custody of or access to records relating to the practice of pharmacy, the administration of drugs, or any patient-specific drug transaction may disclose the

contents of the records, or provide a copy of the records, to the patient for whom the prescription or medication order was issued.<sup>16</sup>

1. Note: The definition of a health care facility (HCF) is located in Ohio Admin. Code 3701-83-01(I) "General definitions"; 2. Ohio Admin. Code 3701-83-11; 3. Note: a health care service is defined in Ohio Admin. Code 3701-84-01(K) "General Definitions"; 4. Ohio Admin. Code 3701-84-11; 5. Ohio Admin. Code 3701-17-67; 6. Ohio Admin. Code 3701-17-19; 7. Ohio Admin. Code 3701-83-54; 8. Ohio Admin. Code 5122-33-15; 9. Ohio Admin. Code 3701-83-23.3; 10. Ohio Admin. Code 3701-83-21; 11. Ohio Admin. Code 3701-17-19; 12. Ohio Rev. Code Ann. § 3701.74; 13. Ohio Admin. Code 5101:3-26-08.3; 14. Ohio Admin. Code 4729-5-18; 15. Ohio Admin. Code 4729-5-27; 16. Ohio Admin. Code 4729-5-29

Note: Certain MA plans may have requirements maintain records for a minimum of ten years. Please check your contracts for specific details for record retention.

## Collection, retention and access of medical records across provider types and facilities

**Adult Care Facilities\***

**2 YRS**

**Providers of Healthcare Services\*\***

**5 YRS**

**Freestanding or Mobile Diagnostic Imaging Centers** from the date of service

**6 YRS**

**Health Care Facilities** from the date of discharge

**6 YRS**

**Nursing Homes** following the date of the resident's discharge

**7 YRS**

**Residential Care Facilities** following the date of the resident's discharge

**7 YRS**

\* after the resident is permanently transferred, discharged, or dies

\*\* from the date of discharge

## New Ohio Law Requiring OARRS Checks Effective April 1, 2015

Effective April 1, 2015, physicians and others prescribing opioid analgesics or benzodiazepines in their office must check the Ohio Automated Rx Reporting System (OARRS) database before writing the prescriptions, and must document the check in the patient's medical record.

**Who Must Comply:** All prescribers, including physicians, dentists, APNs, PAs, etc.

**When is OARRS Check Mandatory:** Before any initial opioid analgesics or benzodiazepine prescription, and at least every 90 days after that for continuing prescriptions.

**Required Documentation:** The prescriber must document in the patient's record that the OARRS report was received and the information was assessed.

**Exceptions:** The new OARRS check requirement does not apply in these circumstances:

- **Hospice:** If the drug is prescribed to a hospice patient or a patient diagnosed as terminally ill.
- **Less Than 7 Day Supply:** If the drug is prescribed in an amount indicated for a period not to exceed 7 days.
- **Cancer:** If the drug is prescribed for the treatment of cancer or another condition associated with cancer.
- **In A Facility:** If the drug is prescribed (ordered) for administration in a hospital, nursing home, or residential care facility.
- **Surgical or Delivery Pain:** If the drug is prescribed by a physician to treat acute pain resulting from a surgery, invasive procedure, or a delivery.
- **Report Unavailable:** If an OARRS report is not available, the prescriber must document in the patient chart the reason that the report is unavailable.
- **Failure to comply** will be enforced by the applicable licensing board as a disciplinary violation.

### Related New and Recent Laws:

- Effective April 1, per HB 394, OARRS reports will be permitted to be disclosed to the patient, the patient's personal representative, or placed in the medical record.
- As of September 17, 2014, HB 314 requires prescribers to follow specific informed consent procedures for prescribing opioids to minors.
- Note that existing laws still require OARRS checks if there are signs or symptoms of drug abuse or diversion, etc., for controlled substances other than opioid analgesics or benzodiazepines.



Taking a break to celebrate OHFAMA's 100th Anniversary are Dr. Jerauld Ferritto, APMA Speaker of the House, and Dr. Vince Heatherington, KSUCPM Senior Associate Dean.

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## FROM THE LEGAL SIDE

## State Sales Taxes on Ancillary Items Dispensed in Medical Office Settings

Daniel S. Zinsmaster, Esquire  
Dinsmore & Shohl, LLP

As a general rule, Ohio's sales and use tax applies to all retail sales transactions. Sales in the medical office setting are no different from another other retail sales—they are subject to tax unless otherwise exempted. In the medical office context.

There are four categories of exemptions for medical-related items:

- (1) prescription drugs;
- (2) durable medical equipment;
- (3) prosthetic devices; and
- (4) mobility enhancing equipment.

### 1. Prescription Drugs.

This category includes insulin; urine and blood testing materials when used by diabetics or persons with hypoglycemia to test for glucose or acetone; hypodermic syringes and needles when used by diabetics for insulin injections; and hospital beds, medical oxygen and medical oxygen-dispensing equipment when purchased by hospitals, nursing homes and other medical facilities. Over-the-counter medications that can be obtained without an order from a licensed practitioner are not entitled to exemption.

### 2. Durable Medical Equipment (DME).

DME is defined as equipment which is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is not worn in or on the body. DME must be used for home use (not sales of DME to a hospital, physician's office or other medical facility for use in providing medical services) and must be sold pursuant to a prescription. The medical office must retain evidence of a prescription in any

transaction where tax is not collected, which may be any record of the prescription (including copy of a written prescription, contemporaneous notes of an oral prescription or insurance payment made by private or governmental insurance company).

### 3. Prosthetic Devices.

A prosthetic device is defined as a replacement, corrective, or supportive device worn on or in the human body to artificially replace a missing portion of the body, prevent or correct physical deformity or malfunction, or support a weak or deformed portion of the body. Like DME, prosthetic devices must be sold pursuant to a prescription. It need not be a permanent replacement or supportive device (for example a catheter or shoulder sling would qualify). It must be purchased for use by a patient and not purchased for general inventory.

### 4. Mobility Enhancing Equipment.

Mobility enhancing equipment is

equipment that is primarily and customarily used to provide or increase the ability to move from one place to another and is appropriate for use either in a home or a motor vehicle, that is not generally used by persons with normal mobility, and does not include any motor vehicle or equipment on a motor vehicle normally provided by a motor vehicle manufacturer. Like DME, mobility enhancing equipment must be sold pursuant to a prescription.

Podiatrists, perhaps more than most health care practitioners, tend to offer ancillary items for purchase from their medical offices. Such items may include topical ointments, moisturizers, antifungal medications, therapeutic shoes, and ankle-foot orthoses.

Consequently, Ohio podiatrists and their staffs must be mindful to apply Ohio sales taxes to ancillary items sold from their medical offices unless the item falls within one of the four categories of exemptions for medical-related items discussed above.

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**ORTHOFIX**

## Photo Highlights from Washington, D. C. during APMA HOD in March



**Congressman Brad Wenstrup, DPM (OH-2)** spoke at the APMA PAC breakfast before the Hill visits to brief attendees on the ACA and SGR fix.



**Speaker Boehner: Delegation Chair, Dr. Kevin Schroeder and OHFAMA President, Dr. Corey Russell** at Speaker Boehner's office.



**Congressman Latta:** Dr. Russell explains HELLPP Act (Title XIX) to Legislative Correspondent, Mike Davin in Congressman Latta's office. Dr. Schroeder and Dr. Blank also briefed Mr. Davin.



**Drs. Marc Greenberg, Corey Russell, Karen Kellogg, Kevin Schroeder, Mark Gould, Alan Block** in delegation seating. Dr. Bhatia is seated in the alternate section. Not shown are Drs. Blank and Asef.



**Congressman Joyce's office:** Drs. Russell and Kellogg meet with Chris Cooper, Senior Legislative Assistant at Congressman Joyce's office.



**Congressman Bill Johnson** meets with Dr. Bruce Blank.

## Baby Steps

### New CPT Codes

Current Procedural Terminology (CPT) introduced new codes as well as modified several codes for 2015 that are relevant to foot and ankle specialists.

### Joint Injection Codes

The descriptors for CPT codes 20600 and 20605 have been modified to include "without ultrasound guidance." This revision was the result of the introduction of two new joint injection codes (20604 and 20606) which have a similar description, but instead include "with ultrasound guidance" terminology.

### Negative Pressure Wound Care Codes

There are three new negative pressure wound care CPT codes (97606, 97607, and 97608), which now differentiate between using durable medical equipment (DME) and disposable, non-durable medical equipment. As a result, the descriptor for CPT code 97605 has changed. 97605 and 97606 are now described as "utilizing durable medical equipment" for surface areas less than or greater than 50 square centimeters, respectively, and 97607 and 97608 cover wound care treatment "utilizing disposable, non-durable medical equipment," for surface areas less than or greater than 50 square centimeters, respectively. |

*Source: APMA Weekly Focus, Feb 10, 2015*

## Question:

*What have you noticed when examining children who are toe walkers that most DPMs might not notice?*

**Answer:** Louis DeCaro, DPM: Something that many DPMs do not think about is eyesight (vision). Sometimes, children with focal point vision pathology sense that the ground is sloping. I have seen a bunch of children with eyesight pathology. Once this condition has been identified and dealt with, these kids do not rise up on their toes again. Thus, all DPMs should add vision testing of children to their work-up.

*Source: PM News #5,250*

## BABY STEPS CONTINUED

## Update on the status of secure chip credit cards and payment terminals

Almost half of the 12 million merchant payment terminals in the U.S. will be converted to accept more secure smart credit and debit cards and NFC-ready (Near Field Communication) smartphones by the end of 2015. There is debate on whether that 50% estimate is happening quickly enough, given the high rate of fraud with older magnetic stripe credit cards still widely used in the U.S.

An October 1, 2015 deadline has been established by card processing companies, such as MasterCard, Visa, Discover and American Express for payment terminals to accept smart card payments. After that date, **any merchant accepting a less**

**secure method, including traditional magnetic stripe cards, will face financial liability in the event of fraud.** Card users will not be liable.

The message is very clear. Do not be stuck in the "liability shift" deadline. We are telling OHFAMA members about these changes and encouraging members to make this terminal decision **as soon as possible** to avoid potential delays in lack of terminal inventory and implementation.

Quantus Solutions has been deploying these EMV terminals for FREE since July of 2014 to OHFAMA members. Our desk top terminals are dual terminals meaning they can be programmed for either a regular phone connection or using an Ethernet cable for an internet connection. The terminals are compliant to the current standards including contactless and NFC readers to enable tap and go, EMV cards and Near Field Communication to mobile phone and PDA devices. Our solutions also include Apple Pay and Google Pay as well as virtual terminals.

Quantus provides each medical office with a **FREE EMV Terminal** as long as the merchant is processing with Quantus.



An October 1, 2015 deadline has been established by card processing companies such as MasterCard, Visa, Discover and American Express for payment terminals to accept smart card payments.

Please note that physician offices should not be paying the 3+% retail processing rate but a cheaper rate at around 1%. Contact Quantus at 800-698-5150 to request your FREE EMV terminal today. This is another group benefit offered to every practice for being a member with OHFAMA.



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## Shadowing to Advance the Future

The most effective way to get students interested in careers in podiatric medicine is to have them shadow practicing podiatric physicians. Shadowing has proven to be a highly useful and hands-on tool in the efforts towards increasing application numbers to the schools and colleges of podiatric medicine. While student demand for shadowing opportunities remains high, finding suitable practitioners to keep up with the high volume of requests is an ongoing challenge. The best physicians for students to shadow are those who are relatable to the students. With that in mind, AACPM is always on the look-out for younger practitioners willing to have students shadow them. Generally these practitioners are those who graduated from podiatry school after 1992. AACPM implores any practitioner to explore the possibility of allowing students to shadow them. Any questions regarding shadowing or mentoring can be directed to Daniel Taubman, Career Promotion Coordinator via email at [dtaubman@aacpm.org](mailto:dtaubman@aacpm.org) or via telephone at 301-948-0957.





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**ADVERTISING:**

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**ASSOCIATE WANTED** - Associate position is available in our well established practice in Lorain, Ohio. There is a strong potential for growth and to buy in. If interested, please contact Dr. Dan Duffy at 440-282-1221 or [dufman50@gmail.com](mailto:dufman50@gmail.com).

# One-Day Coding and Financial Institute



## 2015 Coding and Financial Institute

Presented by the Ohio Foot and Ankle Medical Association

**Friday, April 24, 2015 • 7 Category II CME Hours**

**Nationwide Hotel and Conference Center**

**100 Green Meadows Drive S., Lewis Center, Ohio (Columbus suburb)**

**Register today: [www.ohfama.org](http://www.ohfama.org)**

### ESTEEMED FACULTY:

**Animesh Bhatia, DPM • Vincent N. Buttaci, Esquire**

**CGS Medicare Speaker Juan Lumpkin • John W. Leardi, Esquire • Jeffrey Lehrman, DPM**

### REGISTRATION FORM

Welcome to the **2015 Coding and Financial Institute**. This seminar has been approved for 7 CME Category II Hours.

**Nationwide Hotel and Conference Center**  
**100 Green Meadows Drive S., Lewis Center, Ohio 43035**  
**April 24, 2015 | 8:00 am – 4:30 pm**

Full Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Company/Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone \_\_\_\_\_

Fax Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Please mark one (add \$25 late fee after April 20, 2015)**

- |   |   |
|---|---|
| <input type="checkbox"/> OHFAMA Member \$120                | <input type="checkbox"/> APMA Member Out of State + 1 Assistant \$200 |
| <input type="checkbox"/> OHFAMA Member + 1 Assistant \$170  | <input type="checkbox"/> APMA Member Assistant Only \$150             |
| <input type="checkbox"/> OHFAMA Member Assistant Only \$120 | <input type="checkbox"/> Non-Member \$250                             |
| <input type="checkbox"/> Student/Resident \$35              | <input type="checkbox"/> Non-Member + 1 Assistant \$300               |
| <input type="checkbox"/> Additional Assistant(s) \$60 each  | <input type="checkbox"/> Non-Member Assistant Only \$250              |
| <input type="checkbox"/> APMA Member Out of State \$150     |   |

**Payment Method: (please mark one)**

☐ Check payable to Ohio Foot and Ankle Medical Association\*

*\*PREFERRED PAYMENT METHOD*

☐ American Express

☐ Discover Card

☐ MasterCard

☐ VISA

Amount Authorized \$ \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name (as printed on Credit Card) \_\_\_\_\_

Billing Address (of Credit Card) \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please mail or fax form with payment to:**

**OHFAMA, 1960 Bethel Rd., Ste. 140, Columbus, OH 43220**

**Phone: (614) 457-6269; Fax: (614) 457-3375; or,**

**email: [Iridolfo@ohfama.org](mailto:Iridolfo@ohfama.org)**

**FRIDAY, APRIL 24, 2015**



Ohio Foot and Ankle Medical Association  
1960 Bethel Road, Suite 140  
Columbus, OH 43220-1815

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CHANGE SERVICE REQUESTED

## Do You Have Patients with Chronic Tendon or Plantar Fascia Pain?

What do you recommend when they are not better after 3 months?



### TENEX HEALTH TX™

A Simple Minimally Invasive Procedure for those suffering with:

- **Plantar Fasciitis**
- **Achilles Tendonitis**

Over 20,000 procedures have been successfully performed since 2012.

Based upon advanced technology developed in collaboration with the Mayo Clinic, Tenex Health TX™ is an image guided, one-time ultrasonic procedure designed to remove the source of the pain without affecting the healthy surrounding tissue and stimulating a healing response. This allows patients to return more quickly to their normal daily routine than with traditional open surgery.

**855.2TENDON** [info@tenexhealth.com](mailto:info@tenexhealth.com)

#### IDEAL PATIENT:

- Has chronic pain in Achilles or plantar fascia for 3 months or longer
- Has tried and failed conservative treatment (RICE, PT, maybe even cortisone)
- Can easily identify location and source of their pain

