President’s Message...

I am honored to have the opportunity to serve as your Society President and I plan to expand upon the great work accomplished by the officers that have come before me. I am also excited to have a dedicated board with which to collaborate throughout the year. And, I would also especially like to thank the entire POS membership for their continued support.

In 2011 POS was instrumental in the passage of SB 200, the Safety in Youth Sports Act—one of the most comprehensive, advanced and reasonable bills in the nation when it comes to concussion management in student athletics. To expand upon this achievement, we have many legislative opportunities in 2012. One of our main initiatives is HB 1763. Better known as the Fair Contracting Act, this legislation will put into statute the contractual changes that were agreed upon by the Pennsylvania Blues plans and physicians via legal settlement agreements. Recently I testified before the House Insurance Committee in support of this legislation. POS will also be working with various stakeholders on a potential Mcare phase out plan and Workers’ Comp issues during this legislative session.

We have seen much success in our endeavors whether on the legislative front or in regard to programs and services for our members. I plan to continue on the same track and want to remind everyone that political activity is as crucial as ever. As a member, your participation in legislative advocacy is especially important and has been a key ingredient for our accomplishments. POS has grown to be a strong voice for specialty medicine with bipartisan credibility and respect in the Governor’s office as well as the House and Senate. A vital component to this strength has been the support provided through our political action committee, OrthoPAC. OrthoPAC has become a preeminent resource for supporting legislators who have an understanding of the challenges facing orthopaedic surgeons.

On the national front it appears to be déjà vu all over again with continued uncertainty about the ongoing SGR formula fight in Congress. While we are thankful for the 60 day extension, Congress must act very soon to prevent the looming 27.4% cut in Medicare reimbursements slated to go into effect March 1st. Please note that AAOS is working on several policies in regard to a permanent fix to the physician payment formula; one of which includes a provision for private contracting with Medicare patients. POS leadership is busy working to enhance AAOS’ advocacy efforts. Legislative Chair Richard Schmidt, MD and OrthoPAC Chair, Chip Hummer, MD recently met with “Super Committee” member Sen. Pat Toomey to discuss legislative issues effecting the practice of orthopaedics. Sen. Casey and his staff held a teleconference with POS Board members during our fall meeting.

POS educational offerings in 2012 include a robust spring meeting at the Fontainebleau Miami Beach. Program Chair David Bozentka, MD has created an excellent scientific program: Controversies in Upper Extremity Surgery: EAST vs WEST. In the fall POS will travel to Pittsburgh for Sports Medicine: From Sidelines to Surgery. Program Chair, Jim Carey is developing an agenda that promises to deliver. A course specifically designed for residents will also be featured in the fall. In addition to our on-site meetings, we will be providing quarterly practice management webinars. Please check the calendar of events on page 5 for additional information on upcoming programs. Remember, there are many ways to keep abreast of POS activities, members can follow us on Twitter, friend us on Facebook, visit the calendar tab on our website, or check their email for periodic updates.

I will do my best to serve the interests of Pennsylvania orthopaedic surgeons throughout 2012 and I look forward to a great year!

Greg Gallant
Workers’ Comp Increase for 2012 is 3.5%

Fees for workers’ comp services performed on or after January 1, 2012, are calculated and paid in the following manner:

2012 WC Fee = 1994 WC Fee Schedule × 2.03

THIS FORMULA DOES NOT APPLY TO NEW AND REVISED CODES. *(See below)*

All workers’ comp insurance carriers and self-insured employers have received notice of the 3.5% increase from the Bureau of Workers’ Comp in Harrisburg. For your convenience, a link to this notice can be found at our website. Forwarding a copy of this notice with your 2012 claims may be helpful to insuring that you are paid at the updated rate.

Auto Reimbursement
To calculate fees for 2012 auto claims, multiply the 2011 Medicare rate by 110%

2012 WC Fee Schedule Available
Check your actual workers’ comp reimbursements against what they should be, according to law.

Available in hard copy, PDF, or CD this POS member benefit lists the 2012 workers’ comp fees as published by the PA Bureau of Workers’ Compensation for all CPT and HCPCS codes conceivably used by an orthopaedic practice.

To order, complete the information in the box below and mail or fax to:
Pennsylvania Orthopaedic Society
510 North Third Street, 3rd Floor
Harrisburg, PA 17101-1111
FAX: 717/909-8906

Questions? Call Susan at POS: 888-772-7900

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2012 Workers’ Comp Fee Schedule Order Form

Practice Name ____________________________________________ Attention ____________________
Address ________________________________________________________________
City __________________________ State __________ Zip ________________________
Phone __________________ Email __________________ Medicare Area # (if known) ___

QTY ITEM/PRICE
___ 2012 WC Fee Schedule — Hard Copy @ $90.00 for POS members; $125.00 for non-members = $_____
___ 2012 WC Fee Schedule — PDF @ $75.00 for POS members; $125.00 for non-members = $_____
___ 2012 WC Fee Schedule — CD, Microsoft Excel 2010 @ $75.00 for POS members; $105.00 for non-members = $_____
☐ Check enclosed payable to Pennsylvania Orthopaedic Society
☐ Charge my credit card: _____VISA _____MC _____AMEX

Card Number __________________________ CV __________ EXP ________

Cardholder Name ________________________________________________

*Notice to practices that have ordered the WC Fee Schedule in prior years: you are advised to order a new fee schedule each year because previous year will not contain truly new and revised codes. Therefore, revising your old schedule will result in inaccurate information.*
State Budget Deficit and Other Concerns Face POS in 2012

Jonathan Bigley, Esq.

As of this writing, the state government will have to cover a projected $500 million budget deficit by June 30, 2012. While the Corbett Administration and the General Assembly will spend the late winter and early spring seeking further budget cuts to avoid a tax increase, the POS leadership will be advocating for several defensive and offensive issues.

Topping the list of defensive issues will be preservation of the Workers' Compensation (WC) fee schedule. Although the Insurance Federation of Pennsylvania (IFP) annually attempts to modify the fee schedule, 2012 will be different. The Pennsylvania Chamber of Business and Industry (PA Chamber) will join the IFP’s efforts. In a recently published document, the PA Chamber stated it will advocate for a WC fee schedule based upon “a Medicare fee schedule to reflect current fee levels by specialty”. Currently set at 203% of 1994 Medicare, the WC fee schedule is the highest payor for most orthopaedic surgeons. The POS has successfully defended the WC fee schedule for more than a dozen years, but this year’s challenge will be greater given the PA Chamber’s engagement in the issue.

An offensive issue high on the POS agenda is our Fair Contracting initiative. A joint project among the Pennsylvania Academy of Family Physicians, the Pennsylvania Medical Society and the POS, HB 1763 is sponsored by State Representative Nick Micairelli (R., Delaware). Based on the national Love Settlement, HB 1763’s provisions include a prohibition against “all-products clauses” and requires Pennsylvania’s Blue Plans to disclose fee schedules to physicians. The bill is currently stuck in the House Insurance Committee, but the advocacy coalition is actively working to gain its release from committee and move it to the House floor for a vote.

A third priority issue for POS will be a proposed Mcare phase out plan devised by the Hospital and Healthsystem Association of Pennsylvania (HAP). During the February Board of Directors meeting, the POS leadership will review HAP’s plan and determine a going forward strategy in light of the energy this concept may generate in the General Assembly.

Please be assured that the POS presidential line, Executive Committee and Board of Directors are fully engaged in advocating on your behalf.

Orthopaedic Specialists of Pottstown
Seeks General Orthopaedist

Senior orthopaedic surgeon needs orthopaedist to take over the practice. Immediate buy in with full partnership. Practice needs an injection of new blood to return this practice to its original glory of 60 employees!

Contact Richard Whittaker, MD at Orthopaedic Specialists of Pottstown, Inc., 1630 E High St, Suite C, Pottstown, PA 19464. Office Phone: 610-327-2004, Home Phone: 610-327-0215, Email: docrwhit@yahoo.com

Practice Type: General Orthopedics
Subspecialty: General Orthopedics
Minimal Requirement: Board eligible
2011 Continuing Medical Education

PA Orthopaedic Surgeons Gather at Disney World

POS returned to one of its favorite venues last spring. Disney’s Yacht and Beach Club was host to more than 80 Pennsylvania orthopaedic surgeons who visited the wondrous world of Mickey Mouse to enjoy the meeting: Top Ten Fracture Management Complications...and how to avoid them. Highlights included cutting edge scientific presentations along with a political and financial session featuring topics concerning legal issues and upcoming challenges in healthcare. Thanks to Program Chair Saqib Rehman, MD for organizing this outstanding opportunity for fellowship and professional development!

Spring meeting resident competition winner John Riehl, MD from Geisinger Medical Center pictured with Temple University Hospital’s John Fowler, MD who took 2nd place with Program Chair, Saqib Rehman, MD.

Guest speaker Michael Suk, MD, JD, MPH, FACS with POS President Harry Schmaltz, MD. In January 2012, Dr. Suk moved north from Florida to chair Geisinger’s Orthopaedic Department. Welcome to Pennsylvania Dr. Suk!

Thank You to our 2011 Vendors


Special Thanks to our 2011 Silver Level Exhibitors

Biomet / Robert Medical  DePuy Orthopaedics  Genzyme BioSurgery  PMSLIC Insurance Co
Increasing Efficiencies & Safety in Orthopaedic Practice

In an effort to prepare members with the many upcoming changes in healthcare, the POS fall meeting, held in Philadelphia, featured topics ranging from high efficiency office/clinic design to accountable care organizations to electronic health record implementation. Program Chair Tom Muzzonigro, MD and Program Co-Chairs Samir Mehta, MD and Hari Bezawa-da, MD put together a tremendously successful meeting—the first of its kind! Scientific topics were also included to balance out the agenda. We received many positive comments and plan to develop similar programs in the future. POS members can view presentations from the meeting at the member only section of our website.

Pennsylvania Governor Tom Corbett made a special guest appearance at the POS Board of Directors reception to mingle and discuss impending issues facing orthopaedic surgeons in the Commonwealth.

2012 Calendar

POS Coding Seminar East
March 16, 2012
Crowne Plaza, King of Prussia, PA

POS Coding Seminar West
March 28, 2012
Wyndham Grand, Pittsburgh, PA

POS Spring Scientific Meeting
Controversies in Upper Extremity Surgery: East vs West
April 20-21, 2012
Fontainebleau Miami Beach, FL

POS Fall Scientific Meeting
Sports Medicine: Sidelines to Surgery
October 25-26, 2012
Wyndham Grand, Pittsburgh, PA

Remember to follow us on twitter!
PAORTHOSOCIETY

Program Chair Thomas Muzzonigro, MD, Asif Ilyas, MD and Temple University Hospital resident runner up Richard Tosti, MD.

(below) University of Pennsylvania’s Andrew Kuntz, MD took first place in the resident competition.
Coding Corner: A Look at 2012 CPT Changes

Mary LeGrand, RN, MA, CCS, CCP

CPT 2012 introduced several code changes for 2012 affecting orthopaedics. The questions and answers that follow highlight some of the changes, but do not represent all new codes or code changes.

**Biologic Implant Add-On Code**

**Question:**
In reviewing the 2012 CPT codes, our tumor surgeon came across CPT code 15777, Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure).

Our question is this: In December, 2011 the surgeon resected a large soft tissue tumor and was left with a deep tissue void after the resection. He did not code a CPT code for the placement of the apligraf material because he said he was using the material deep in the wound, not for skin closure. In looking at the new code, he is wondering if this is the correct code in 2012? Can you advise us?

**Answer:**
Great question! Yes, CPT code 15777 was introduced as a new code to ensure accurate reporting of biologic implants used as soft tissue reinforcement within a wound. CPT code 15777 is an add-on code and is reported in addition to the primary procedure code. The good news with this new add-on code is that it does not have just “one” index or “parent” code for which it can be reported in addition. If the surgeon has a similar procedure in the future, report the primary resection/reconstruction code(s) and then sequence 15777 after the primary code without a modifier 51.

**New vs Established Patient Definitions**

**Question:**
We are reading with interest the 2012 new patient definition and reviewing the decision tree in the CPT manual. We have many subspecialists within our orthopaedic practice. Using this “subspecialty” definition, does this mean that if a patient is seen on 12/1/11 as a new patient by the General Orthopaedic Surgeon and on 1/5/12 is seen for the first time by our Joint Reconstructive Surgeon that he can report a new patient visit on 1/5/12?

**Answer:**
It depends on your private payors’ interpretation of specialty and subspecialty.

CPT has not specified the definition of “specialty” vs. “subspecialty” in the new patient definition. We do know that the AMA created taxonomy codes years ago for the purpose of organizational claims submission to identify/differentiate providers.

Medicare defines “specialties” for the purpose of claims submissions and will consider a request for a subspecialty to receive specialty designation. For example, within orthopaedics, the “subspecialty” of Hand Surgery has its own designation as a “Specialty” by Medicare. Once Medicare creates a specialty designation, they will apply the new patient/different specialty rule for claims processing. Medicare has not at this time defined Joint Reconstruction as a “Specialty”, thus the subspecialty designation remains.

Survey your private payors to determine if they are using taxonomy codes, Medicare specialty codes or internal specialty codes for the purpose of new patient definition and claims processing. Continue to apply the Medicare approved specialty designations for reporting new and established patients to Medicare.
**Chondroplasty and Meniscectomy**

Question:
Our surgeon performed a right medial meniscectomy and a tri-compartmental chondroplasty on a 45 year-old-female. Can the surgeon report the chondroplasty and the meniscectomy or only the meniscectomy?

Answer:
Effective 1/1/12, CPT revised the meniscectomy codes (29880 and 29881) to include a chondroplasty performed in the same knee, same session. The correct way to report this case for all payors is to report 29881.

**Collagenase Injections**

Question:
Our hand surgeon will begin treating Dupuytren’s contractures this year using Collagenase to inject the cords. I see there is a new CPT code for the injection and the manipulation and understand the definitions. Is modifier 58, staged procedure, the correct modifier to append to the manipulation at the second visit?

Answer:
Great job on thinking ahead! The good news is that the injection code, 20527 (Injection, enzyme (e.g., collagenase), palmar fascial cord (i.e., Dupuytren’s contracture) does not have a global period. The manipulation the next day is reported with CPT code 26341 (Manipulation, palmar fascial cord (i.e., Dupuytren's cord), post enzyme injection (e.g., collagenase), single cord) and no modifier is required.

**Posterior Fusions**

Question:
Our surgeon is performing a posterolateral fusion at L4-5 and an interbody fusion at the same level. We are trying to precertify this with CPT codes 22612 and 22630 and our payor is telling us the codes are invalid. How can that be accurate?

Answer:
2012 introduced multiple CPT code and Guideline changes related to spine surgery. One change introduced a new code, 22633 to be reported when the surgeon performed both procedures defined in your question at the same level during the same operative session. Instead of reporting 22612 and 22630, you will report 22633, for the first level combined fusion. CPT code 22633 is defined as, “Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar”.

**Arthroscopic Subacromial Decompressions**

Question:
I see that 29826 is an add-on code now and can be reported in addition to a list of codes in the arthroscopic section of CPT. Now that it is an add-on code, does it mean that the procedure will be paid at 100%?

Answer:
Yes, that is correct. Add-on codes are valued only for the intra-service work. Since there is no global period and the code cannot stand alone, the reimbursement is 100% of the allowable. Do not append modifier 51 (multiple procedures) when reporting 29826 in addition to other arthroscopic procedures.
Adrift in a sea of numbers, the choice is clear.

25,846 the number of CME credits earned by policyholders

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