President’s Message...

As a member of the Pennsylvania Orthopaedic Society (POS), you are the cornerstone of our present and future achievements. During the past year, despite troubling economic times, we have maintained and enhanced our fundamental programs. By stepping outside the proverbial box, POS held its fall 2010 scientific meeting for the first time in State College which proved to be a tremendous success.

In keeping with the theme of change, we realize it’s important for our members to remain in step with the current challenges in healthcare delivery. Our growing population is in need of enhanced orthopaedic services and many of our doctors are retiring while fewer orthopaedic residents chose Pennsylvania as a place to practice medicine; POS therefore intends to include topics on increasing efficiency in orthopaedics as a core agenda items for educational programs in 2011.

On the state legislative front, POS’s agenda will mirror the previous session in terms of offensive and defensive issues. Specific strategies will be developed as the new session begins, but please note we will be engaged in protecting your right to own ancillary services and will also continue to defend the Workers’ Comp Fee Schedule. Tort Reform, including the elimination of joint and several liability, remains at the top of our agenda. Please watch your email for weekly updates on these and other pertinent topics.

Nationally, the AAOS will be working with their Congressional champions this year to permanently repeal the flawed SGR formula and replace it with a viable solution that provides appropriate reimbursement for services and protects our patients from instability. Congress will have a new look when it reconvenes this month, and the AAOS and other physician organizations hope that the year-long extension will give them time to educate newly elected legislators on the importance of a permanent fix to the SGR.

There is strength in numbers. At this time we need every orthopedic surgeon in the Commonwealth to become involved. That being said, if you know that any of your colleagues are not current POS members, we ask that you encourage them to join the Society. Our membership process has been simplified and potential members can easily join at our website. Many orthopaedic practices have achieved 100% membership over the years. Most recently, a large group from Philadelphia accomplished this and we would like to see continued momentum of this trend.

On behalf of the POS Board of directors and staff I thank you for your continued support and I look forward to a challenging yet successful 2011.

Harry Schmaltz
Workers’ Comp Increase for 2011 is 1.5%

Fees for workers’ comp services performed on or after January 1, 2011, are calculated and paid in the following manner:

2011 WC Fee = 1994 WC Fee Schedule X 1.965

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 1.5% 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 2011 claims may be helpful to insuring that you are paid at the updated rate.

Auto Reimbursement
To calculate fees for 2010 auto claims, multiply the 2010 Medicare rate by 110%

2011 WC Fee Schedule Available
Check your actual workers’ comp reimbursements against what they should be, according to law.

Available in hard copy or CD this POS member benefit lists the 2011 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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2011 Workers’ Comp Fee Schedule Order Form

Practice Name ____________________________________________ Attention ______________________
Address ____________________________________________________________
City ___________________________ State ___________ Zip _____________________________
Phone __________________________ Medicare Area # (if known) _______________________

QTY ITEM/PRICE
____ 2011 WC Fee Schedule — Hard Copy @ $85.00 for POS members;
     $125.00 for non-members = $_____
____ 2011 WC Fee Schedule — CD, Microsoft Excel 2007 @ $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.*
The 2009–2010 legislative session crept toward its conclusion during the Fall of 2010. And with the November elections looming, the pace of action in this relatively unproductive session raveled that of a snail. The one bright spot for POS members was the effort to gain passage of SB 1280, POS’s Mcare 500/500 legislation. Sponsored by Senator John Rafferty, SB 1280 would freeze the primary medical liability coverage level and the Mcare coverage level at $500,000. The bill also created a new annual Mcare assessment formula.

POS successfully gained passage of this legislation in the General Assembly, but unfortunately SB 1280 was vetoed by former Governor Ed Rendell mainly for reasons unrelated to the legislation’s substance. We would like to thank all members who participated in our grassroots efforts in support of this legislation.

Election Review

The national Republican wave crashed through Pennsylvania sweeping away any visage of Democratic control of the state government. In the gubernatorial race, Attorney General Tom Corbett coasted to a 9% win over Allegheny County Executive Dan Onorato. This victory margin was consistent with pre-election polling.

With a Republican governor and General Assembly, tort reform measures will take center stage in the legislative agenda. Candidate Tom Corbett previously informed the POS leadership that he will ask the General Assembly to eliminate the doctrine of joint and several liability early in the new session. He also stated that a constitutional amendment to authorize caps on awards for non-economic damages will be sought in the session that begins in January.

POS is prepared for the days ahead. Joint and several liability reform will be a top priority for the General Assembly this year. A recent membership survey indicates that our members are in favor of reform and we intend to join other medical organizations in reform efforts. Physician ownership of surgical centers and ancillary services continues to be high on the legislative agenda. In addition, defending the Workers’ Compensation Fee Schedule is a constant battle, and we are fully engaged in that fight. Stay tuned...

Residents Compete for Top Honors at Spring and Fall Meetings

Congratulations to presenters Thomas John, MD (spine) and Michael Campbell, MD (foot and ankle) for their first place awards in the spring resident competition.

At the fall meeting, Thomas John, MD once again reigned supreme as he took top honors in the resident competition. Also pictured above with Program Chair, Paul Sherbondy, MD is Sameer Jain, MD who was named runner-up.
2010 CME Programs

PA Orthopaedic Surgeons Gather in Florida

Not even extreme heat could keep the 2010 POS Spring Meeting from being a cool success. More than 80 orthopaedic surgeons from Pennsylvania traveled to balmy temperatures to enjoy the meeting, *Foot/Ankle and Spine-Minimizing Complications and Maximizing Outcomes* in at the Ritz Carlton in Amelia Island Florida. Highlights included cutting edge scientific presentations along with a political and financial session featuring topics concerning lawsuit protection and improved patient care.

Thanks to Program Chairs, Paul Juliano, MD and Mark Knaub, MD for organizing outstanding opportunities for fellowship and professional development.

Thank You to our 2011 Exhibitors

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Special Thanks to our 2011 Silver Level Exhibitors

- DePuy Orthopaedics
- Genzyme BioSurgery
- PMSLIC Insurance Co
- Stryker Orthopaedics
- Tornier
POS travelled to State College in October for its annual fall scientific program, *Sports Medicine and Patient Safety—Way Outside the Cruciate Intersection*. Program Chair, Paul Sherbondy, MD put together an excellent program featuring many top names in sports medicine today. Guest lecturers, who presented talks on advanced topics ranging from shoulder, knee, and wrong site surgery, included Edward McFarland, MD, Andrew Cosagrea, MD, and John Clarke, MD. This year’s John Lachman Luncheon Lecture featured a compelling talk on Athletic Induced Concussions by Michael Collins, PhD.

POS spirit brings good luck to Penn State during the inaugural POS tailgate party in 2010. Thanks to President Wayne Sebastianelli, MD, POS meeting attendees were privy to a PSU night game where the Nittany Lions took on the Michigan Wolverines. Guests enjoyed delicious traditional tailgate food and beverage from local chef Wes Trout. We look forward to returning to State College in 2013!

Final Score: Michigan 31, PSU 41
So 2010 ends the year like a lion and 2011 begins like a lion – no lamb in the cycle for orthopaedic practices!

As has become customary, CMS is working its last minute magic as it once again stopped the reduction to the Medicare Physician Fee Schedule. At the time of this article, the assumption is that the $36.8729 will remain the magic number for 2011 but rumor has it that as CMS performs their tweaks on RVUs to maintain budget neutrality, there may be minor changes in the actual conversion factor unadjusted for the state of Pennsylvania.

This article highlights several key changes for orthopaedics in 2011. This article is not intended to represent all applicable code changes (revisions, deletions, additions) or guideline changes. We will focus on four major areas of change in 2011.

**Introduction of Subsequent Observation Care CPT Codes**

These new codes, 99224-99226* will be used by orthopaedic practices when the physician or non physician provider (Scope of Practice dependent) admits a patient to observation, the patient remains in observation and the patient is not in a global period.

| #● 99224 | **Subsequent observation care**, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:  
| | • Problem focused interval history;  
| | • Problem focused examination;  
| | • Medical decision making that is straightforward or of low complexity. |
| #● 99225 | **Subsequent observation care**, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:  
| | • An expanded problem focused interval history;  
| | • An expanded problem focused examination;  
| | • Medical decision making of moderate complexity. |
| #● 99226 | **Subsequent observation care**, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:  
| | • A detailed interval history;  
| | • A detailed examination;  
| | • Medical decision making of high complexity. |

**Wound Debridement (1104x)**

In 2011, CPT introduces a significant coding concept change related to the reporting of wound debridement codes. The code range 11040-11044 has been completely revised and the major changes are:

- Elimination of CPT codes 11040 and 11041, which are replaced by CPT code 97597 and 97598 as appropriate for debridement of dermis and epidermal skin layers.
- Reporting of wound debridement based on depth of tissue debridement and size of wound in square centimeters.
- Instructions to “sum” the surface areas of multiple wounds that are of the same depth and to report each wound separately if the tissue debridement is at different tissue depth.
- The addition of add-on codes 11045, 11046 and 11047 for each additional 20 sq. centimeter based on depth of debridement.

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CPT code 11044 now reads, “Debridement, subcutaneous tissue (includes epidermis and dermis, muscle and/or fascia if performed); first 20 sq cm or less while the associated new add-on code 11047 is reported for each additional 20 sq cm or part therof.

In 2011, the physician’s documentation will require the wound size (e.g. 4 cm x 5 cm), and the depth of tissue debride-ment for each individual wound where the procedure is performed. These debridement codes may no longer be reported per wound if the depth of the debridement of multiple wounds exists. The concept now follows the same coding principles as the repair codes.

Hip Arthroscopy
In years past this surgical procedure was performed by few surgeons and the need for CPT codes was not supported. As the incidence of the procedures has increased and the outcomes documented, new codes are introduced in 2011.

29914: Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)
29915: Arthroscopy, Hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)
29916: Arthroscopy, Hip, surgical; with labral repair

The Guideline instructions with these new codes instruct the surgeon that CPT codes 29862 and 29863 are in-clusive and not separately reportable. Instructions with CPT code 29916 also instruct the surgeon as follows, “ Do not report 29916 for labral repair secondary to acetabuloplasty...”.

Spine Update
CPT code 20930 and 20931 underwent revisions to their definition providing additional information on the use of these codes. CPT code 20930 now includes a reference to the “placement of osteopromotive material” and CPT code 20931 was revised to support the use of this CPT code in spine surgery only.

Two new spine codes (parent and child code) were introduced in 2011 to report the combined work associated with anterior cervical discectomy /decompression and anterior cervical interbody fusion at the same setting.

+22551: Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and de-compression of the spinal cord and/or nerve roots; cervical below C2
+22552: cervical below C1, each additional interspace (List separately in addition to code for separate procedure)

The guideline instructions for 63057 and 22554 instruct the physician not to report 63075 and the associated add-on codes and 22554 and the associated add-on codes at the same site, same level.

What’s Next?

- Read the entire CPT Manual for the full listing of code changes and guideline instructions. Pay special atten-tion to the new “Coding Tips” feature found throughout the manual.
- Update charge capture tools to reflect the new codes
- Update fee schedules once the 2011 CMS Physician Fee Schedule is released.
- Ensure accurate and correct coding within the practice.
- Develop an internal audit plan and begin auditing E&M services and surgical cases both retrospectively and prospectively.
- Follow closely the Highmark Medicare site for information on updates, changes and areas of audit risk to ensure compliance with Medicare. You cannot prevent a RAC audit on services previously submitted and paid; you can minimize your risk in the future!

Plan to attend a POS sponsored coding course presented by Karen Zupko & Associates, Inc

April 7 Valley Forge ~ April 14 Cranberry Township

contact susan@paorthosociety.org or visit www.paorthosociety.org for more information
2011 Calendar

POS Coding Seminar East
April 7, 2011
Crown Plaza, Valley Forge, PA

POS Coding Seminar West
April 14, 2011
Marriott, Cranberry Township, PA

POS Spring 2011 Scientific Meeting
Top 10 Fracture Management Complications
…and how to avoid them
April 28-30, 2011
Disney’s Yacht and Beach Club, Orlando, FL

POS Fall 2011 Scientific Meeting
Increasing Efficiency in Orthopaedic Practice
October 20-21, 2011
Hyatt Regency at Penn’s Landing, Philadelphia, PA

Experience the difference.

For additional information, please contact Lori Sunday, Account Executive.

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