THE OHFAMA
# JOURNAL

OHIO FOOT AND ANKLE MEDICAL ASSOCIATION

THE OHIO FOOT AND ANKLE MEDICAL ASSOCIATION • WWW.OHFAMA.ORG

VOLUME 63 | NUMBER 1 | WINTER 2021


## 2020 OHFAMA House of Delegates

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## IN THIS ISSUE

## A WORD FROM THE PRESIDENT

Kelly Whaley, DPM

# Don't Just Join – Belong!

Kelly Whaley, DPM

Can I get a Hallelujah for making it through 2020? What a year! Everyone I know is celebrating this New Year with new respect and promise for good health and prosperity. 2020 was exhausting and challenging, we all have our stories and memories – whether personal or practice related. For me it feels both like the time flew by and the pandemic has dragged on forever.

For those who don't know me well, I admit I have stepped out of my comfort zone taking on this role as OHFAMA president. Even though I have served as Northeastern Academy president for the last 12 years, it still feels awkward to consider myself a leader in our profession.

Thank you for the confidence you have in my leadership skills and competence. I am honored and grateful to have been elected for this position and will do my best to think outside the box. Or better yet, think like there is no box at all.

The last few years serving on the OHFAMA Executive Committee have been a pleasure. I am continually impressed by the professionalism and knowledge of the veteran trustees and hardworking staff at OHFAMA who are working to solve problems and prosper during a time of chaos and uncertainty. It's admirable and impressive to see the passion they have to promote, support, and advance this profession to ensure our stability as members and as an association.

Despite the chaos of 2020, I am passionate and optimistic about the future and the opportunities and challenges ahead. So, what's next for our profession and association?

Well, as Albert Einstein said, "In the midst of every crisis lies great opportunity"

Before we delve into that quote, let me just take a minute to ask: Who's tired of hearing the words virtual, pandemic, unprecedented, surreal, and quarantine? I know I am.

With that in mind, COVID-19 has brought the realization it is time to settle into a new normal. Now is the time to take a step back, reprioritize, evaluate the changes, and take advantage of the future. It is time to figure out how to proceed and succeed in this new world, to tackle the old business that got pushed aside while maintaining the ability to accept new challenges.

In this pandemic, we are facing plenty of opportunity in the medical field to put our expertise, knowledge, and skills to work to help increase awareness on the podiatry front while at the same time offering our service to deliver vaccines or other treatments needed in the near future. Everyone is anxious and ready to get out of quarantine and when the world fully reopens, we will be ready to deliver.

On the education front, more and more practitioners have embraced online education as the new normal during a time when our ability to gather has been limited. OHFAMA and the Ohio Foot and Ankle Medical Foundation are new working on ways to provide virtual, effective learning to the membership.

It's also time to get back to business as usual. For OHFAMA, that means focusing on the Strategic Pillars created in 2018:

Legislative Advocacy, Education, Community Relations and Membership Culture.

Our foreseeable future will likely be facing some drastic changes in the state budget, including some significant funding cuts. Medicaid and Podiatry are typically on the chopping block in times like these, so we'll have to fight as hard as ever to keep our scope of practice and our reimbursements fair and up to date. Our patients depend on us. It's easy to become complacent, but you never know what lurks around the corner.

It's no secret that most things in life boil down to time and money, so it's also time to seriously consider increasing your donations to your political action committee, OPPAC. Please consider a quarterly automatic contribution to OPPAC from your personal checking account to help us in the fight to preserve, protect, and promote podiatry. It's easy!

As my dad always said, 'Don't just join – Belong!' We have a responsibility as an association and as practitioners to contribute to the solution, to offer our service, and to volunteer.

I challenge you all as professionals to not just join and be a listening or voting member, but to dive in, contribute, be active, volunteer, participate, advocate, legislate, and contribute to OPPAC.

If you've ever considered a leadership position, my advice is just do it. There are leadership positions available at all levels and the support and training is easy to find. I took my own advice and dove in headfirst knowing I'm surrounded by supportive colleagues who have taken the same leap of faith and are cheering for me.

As we begin on a new year, I'll end with a short saying that I have on a plaque on my wall:

**"Some people live in California, New York, Arizona or Ohio… others live in the state of Joy. Many wonder how to get there? It's easy really, requires no travel but merely the decision to be there."**

Dr. Kelly Whaley, President

**FROM THE EXECUTIVE DIRECTOR**

Mike Mathy, CAE

# Executive Director's Report: Coronavirus Confusion

Mike Mathy, CAE

As the unforgettably dreadful year of 2020 came to a close, we celebrated the news that two highly effective coronavirus vaccines earned emergency use authorization by the U.S. Food and Drug Administration.

This remarkable scientific achievement – creating the first mRNA vaccine to be used in humans outside of clinical trials in under a year – provided us with much needed light at the end of a long, dark tunnel.

The rollout of the vaccine has been far from smooth thus far, however. The limited supply of the Pfizer/BioNTech and Moderna COVID-19 vaccines led the Centers for Disease Control (CDC) Prevention Advisory Committee on Immunization Practices to recommend in December that healthcare personnel and residents and staff of nursing homes and other long-term facilities should be provided the first doses of the coronavirus vaccine.

The CDC's broad definition of healthcare personnel provided governors and public health officials with wide latitude to develop their own plans on how to distribute the limited early doses of the coronavirus vaccine based on the specific needs of each state. However, the lack of a well-coordinated national vaccine plan shifted responsibility of developing and implementing vaccine distribution plans to overwhelmed state health agencies and chronically underfunded local public health departments.

The combination of the scarcity of the COVID-19 vaccine, high demand for the vaccine, and a lack of national leadership led to predictable results: confusion and uncertainty.

In our state, the Ohio Department of Health (ODH) quickly distributed doses of the COVID-19 vaccine to several predetermined health care facilities throughout the state to vaccinate health care providers in Phase 1a of Ohio's Vaccination Program.

However, the lack of clarity as to which health care providers qualified for Phase 1a led OHFAMA to petition ODH on December 3 to include Ohio's podiatric physicians and surgeons in the top tier of vaccine recipients. In our letter, we pointed out that our members regularly travel between a variety of healthcare settings to serve at-risk, elderly populations and those with comorbidities.

Our outreach efforts – along with those of several other medical societies – led ODH to issue more detailed guidance in mid-December that made it clear that podiatric physicians and surgeons, along with "high-risk ancillary healthcare staff," are eligible to receive the vaccine in Phase 1a.

OHFAMA members affiliated with hospitals, nursing homes, or long-term care facilities who have not yet received their first dose of the COVID-19 vaccination should contact administrators at those facilities. Independent practitioners should contact their local health department for guidance on how to receive the vaccine.

### Vaccine Administration

In addition to seeking answers on how our members can receive the vaccine, we sought guidance from the State Medical Board of Ohio to determine if it is within the scope of practice for podiatric physicians and surgeons to administer the COVID-19 vaccination to patients.

Despite the fact the SB 178 was signed into law (see related article) by Governor DeWine in November, the State Medical Board of Ohio informed us it is not within the scope of practice for podiatrists to administer the COVID-19 vaccine.

As a result of this determination, OHFAMA sent a letter to ODH in early December to request the state authorize podiatrists to administer the COVID-19 vaccine through the powers granted to the department via R.C. 3701.048, which outlines protocols for the administration of vaccines and other drugs in a declared public health emergency.

At the same time, we sought a legislative solution to this issue by successfully adding an amendment to HB 673 in the Senate General Government and Agency Review Committee to authorize podiatrists to administer the COVID-19 vaccine during the lame duck session in late December.

Despite these efforts, ODH has not yet authorized podiatrists (or a variety of other qualified healthcare professionals) to assist in COVID-19 administration efforts and the amended version of HB 673 did not make it through the full Senate before the end of the legislative session.

Our team has been in touch with the governor's office in January to again offer the services of Ohio's podiatrists to administer the COVID-19 vaccine and assist in the pandemic response efforts as needed.

Given the fact there is an anticipated shortfall of qualified healthcare professionals to administer the vaccine – particularly as supply of the vaccine increases – we remain confident we will secure authorization for podiatrists to administer the vaccine soon.

We will keep you and your fellow OHFAMA members informed as updates become available.

In the meantime, we wish you a happy and healthy 2021. I look forward to seeing you in person at Academy and OHFAMA events later this year!

# OHFAMA House of Delegates Votes to Transition to Annual Business Meeting

A series of changes to the OHFAMA bylaws were approved at the OHFAMA House of Delegates on November 14 in Columbus, including a shift from the House of Delegates to an Annual Business Meeting starting in 2021.

The change in meeting formats, which was approved by 69% of Delegates, came following preparation of a detailed analysis by the OHFAMA House of Delegates Assessment Committee (OHAC) that was presented in 2019 to the OHFAMA Board of Trustees and House of Delegates.

The OHAC research found only four state podiatric medicine associations have a House of Delegates and switching to an Annual Business meeting would result in shorter, more efficient meetings. Moreover, the move could potentially save the association $6,000-$7,000 annually while maintaining membership voting power on issues like the budget and elections.

Following a lengthy comment period throughout the summer and fall, Delegates debated Proposition A-20 at the 2020 House of Delegates, which was held as a hybrid meeting due to the COVID-19 pandemic.

Proponents of maintaining the House of Delegates argued the association should not abandon a tradition that has served OHFAMA well and expressed concern the shift to an Annual Business Meeting would eliminate safeguards that prevent a single Academy from having a disproportionate voting impact on key issues, including association elections.

Supporters of shifting to an Annual Business Meeting cited the OHAC research and declining participation in the House of Delegates in recent years as evidence that a shift to a streamlined business meeting is necessary.

Under the new Annual Business Meeting, all members in good standing will have the one, equal vote, on issues impacting the association. Moreover, the chief governing body of the association will shift to the Board of Trustees, which will enable OHFAMA leaders to act on important business matters throughout the year, not just at an annual House of Delegates.

Plans are underway to pair the new Annual Business Meeting with an educational seminar in late 2021. More details will be announced to the OHFAMA community as plans are finalized.

Other notable changes to the bylaws included:

### APMA bylaws changes that required matching OHFAMA bylaws changes

a. Membership category definition changes.

b. Membership and dues payment procedures.

### 2019 OHFAMA HOD Propositions and Resolutions resulting in changes

a. Proposition A-19: Defined a term length for the Young Member Trustee to match the three-year terms of all other Trustees.

b. Resolution 19-02: Changed the chair of the Finance & Budget Committee from a Trustee on the Committee to the Secretary/ Treasurer of OHFAMA.

### Other miscellaneous changes

a. Federal Services Member category created for OHFAMA.

b. Adding a five-year term limit of the OHFAMA Secretary/ Treasurer.

c. Adding the ability of the BOT to have electronic voting on business matters.

d. Adding and defining an Emergency Bylaws Amendment policy for the OHFAMA Annual Meeting (HOD or ABM), mimicking the APMA definition.

## OHFAMA House of Delegates Elects 2020-21 Leadership Team

The OHFAMA House of Delegates elected a new leadership team at the OHFAMA House of Delegates on November 14.
Dr. Richard Kunig, who completed his term as OHFAMA president in November, will serve on the OHFAMA Executive Committee as immediate past president with the following leaders:

Dr. Whaley

### Kelly Whaley, DPM, President

Dr. Whaley was elected OHFAMA president following her service as 1st Vice President in 2019-2020. She is a graduate of the Ohio College of Podiatric Medicine and is a solo practitioner based in Northeast Ohio. She served in several leadership roles at the Northeast Ohio Academy, including president, over the past twelve years.

Dr. Abshier

### Sarah Abshier, DPM, CWS, 1st Vice President

Dr. Abshier will serve as 1st Vice President in 2020-21 and will lead efforts to generate support for the Ohio Podiatric Political Action Committee. Dr. Abshier is a graduate of the Temple University School of Podiatric Medicine and has been a member of the Columbus Podiatry & Surgery team since 2010. She has served on the OHFAMA Board of Trustees since 2015, serves on the APMA coding committee, and previously served in several leadership roles with the Central Academy.

Dr. LaPolla

### James LaPolla, Jr., DPM, 2nd Vice President

Dr. LaPolla, who has served as president of the Eastern Academy for the past three years, was elected to serve as 2nd Vice President. Dr. LaPolla is a graduate of the Ohio College of Podiatric Medicine and owns Northeast Ohio Foot, Ankle & Wound Care, which has offices in Warren, Brookfield, and Cortland.

Dr. McCabe

### Tom McCabe, DPM Secretary/Treasurer

Dr. McCabe was re-elected as Secretary-Treasurer and chair of the Budget and Finance Committee. Dr. McCabe is a past president of OHFAMA, has served on the OHFAMA Board of Trustees since 2015 and is a past president of the Northwest Academy. He is a graduate of the Ohio College of Podiatric Medicine and owns Trilby Foot Center in Toledo.

## Service Award Winners Recognized

2020 OHFAMA Service Award winners Dr. David Hintz and the late Dr. Jerauld Ferritto, Sr. were honored at the 2020 House of Delegates in November.

The OHFAMA Service Award is given to deserving recipients who have demonstrated commitment to fulfilling the mission of the organization by devotion to the association through dedicated leadership and volunteerism at the academy and state level.

Dr. Hintz, a past president of OHFAMA and the North Central Academy, serves as scientific chair of the No Nonsense Seminar in Cleveland.

"I'm absolutely proud to be a part of this profession all of these years," said Dr. Hintz. "We've worked hard to get what we've gotten, and I'm very proud of the way our profession has evolved. It's an incredible profession to be in right now."

Dr. Ferritto, Sr., who passed away in 2007, was a past president of OHFAMA and was a recipient of the APMA Distinguished Service Citation Award. He was the first podiatrist to serve on the State Medical Board of Ohio, where he was instrumental in crafting scope privileges of the foot, hand and ankle. He also served as the Central Academy President, on the OPMA Budget Committee.

Congratulations to Dr. Hintz and the Ferritto family on this well-deserved honor of service to the podiatric profession in Ohio.

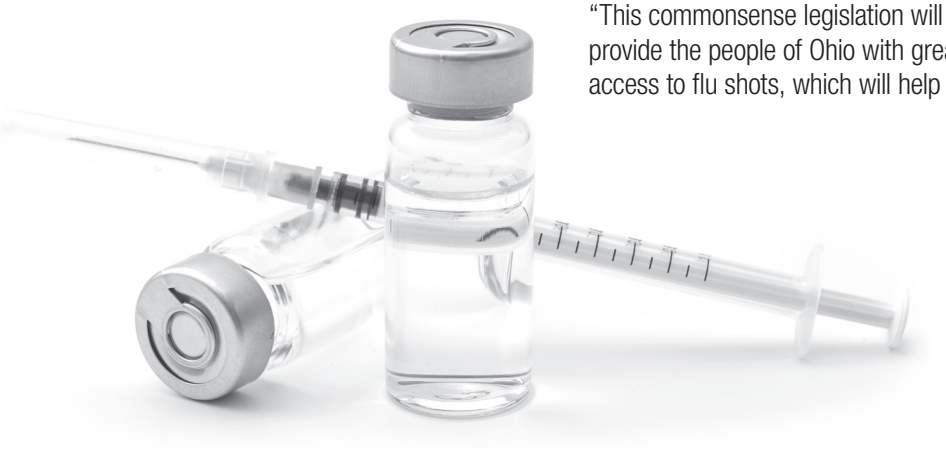
OHFAMA President Rich Kunig presents Dr. David Hintz with the OHFAMA Service Award. Also pictured is Dr. Hintz's wife, Cynthia.

Dr. Ferritto, Sr., past president of OHFAMA and recipient of the APMA Distinguished Service Citation Award

# Ohio Flu Bill Signed into Law

An Ohio bill that enables podiatrists in Ohio to administer the influenza vaccine to individuals seven-years-old or older was recently signed into law by Governor Mike DeWine.

Senate Bill 178, which unanimously passed the Ohio House of Representatives and Ohio Senate, was introduced in July 2019 in response to requests from patients to receive a flu vaccination during visits to see their podiatric physician. An unintended omission from Ohio law previously prevented podiatric physicians from providing flu shots to their patients.



In his testimony before the Ohio House Health Committee, OHFAMA past president Richard Schilling, DPM, FACFAS, said the legislation will improve public health by permitting podiatric physicians to serve as another point of contact for Ohioans seeking flu vaccinations each year.

"This commonsense legislation will provide the people of Ohio with greater access to flu shots, which will help reduce hospitalizations, loss of productivity due to lost time at work, and unfortunate deaths that are attributed annually to the flu," said Dr. Schilling, President and Owner of ABC Podiatry in Columbus.

An estimated 8% of the U.S. population contracts the flu each year resulting in 200,000 hospitalizations and over 20,000 deaths. The flu vaccine has been shown to significantly reduce the incidence and severity of flu-related illness and is one of our most powerful defenses against the flu. The new law takes effect on February 25, 2021.

### CGS Reimbursement of Flu Vaccinations to Begin in February

Following enactment of the Flu Bill, CGS Administrators, LLC will reimburse Ohio podiatrists for administering the flu vaccine.

For more information, please refer to Medicare guidelines, which are detailed at https://www.cms.gov/flu-provider.

# Bhatia Named CAC-PIAC Representative of Year

Dr. Bhatia

OHFAMA CAC Representative Andy Bhatia, DPM was awarded the CAC-PIAC Representative of the Year Award at the 20th Annual Carrier Advisory Committee (CAC) and Private Insurance Advisory Committee (PIAC) Meeting on December 5.

The award goes to a CAC or PIAC Representative who has demonstrated leadership in obtaining fair and equitable reimbursement and coverage policies from payers.

Among his many achievements, Dr. Bhatia successfully, and rather quickly got CGS, his MAC, to stop misinterpreting its Routine Foot Care and Debridement of Nails LCD. The problem arose on January 16 with CGS wrongly denying claims, and by February 4th, Dr. Bhatia spoke with the CMD and they had acknowledged their mistake and began reprocessing claims.

Nearly 70 podiatrists, APMA staff members, and industry experts participated in the APMA CAC-PIAC meeting. The CAC and PIAC representatives are your component-level experts on carrier- and plan-specific insurance and reimbursement issues. The meeting was led by CAC-PIAC chair Sarah Whittaker, DPM, and held virtually due to the ongoing COVID-19 public health crisis.

Attendees gained insight on a range of issues, including the CY 2021 Medicare Physician Fee Schedule Final Rule, LCD development and reconsideration, DME, and Medicare Advantage plans. Additionally, participants received an update from two APMA working groups addressing payer denials or reimbursement reductions when the –25 modifier or the –59 modifier is appended to a claim.

As with traditional in-person CAC-PIAC meetings, attendees spent time in breakout groups to discuss regional concerns. This key feature allows representatives to share experiences and collaborate on solutions to common issues.

# Even in unpredictable times, PICA is with podiatrists every step of the way.

PICA
A ProAssurance Company

We recognize the sacrifices made: reduced patient hours, reduced income, and the challenges they bring you, your family, your staff, and your patients.

You should not face these challenges alone!

- Are you looking for answers to the new risks you are facing in light of COVID-19?
- Do you need a telemedicine consent form for your patients?

We have the answers to those questions and more on the resource page which is free and available to everyone.

www.picagroup.com/COVID-19

# PIAC Annual Report

Dr. Lesnak

Dr. Martin Lesnak, Ohio PIAC Representative, shares his report on from 20th Annual Carrier Advisory Committee (CAC) and Private Insurance Advisory Committee (PIAC) Meeting on December 5.

## 2021 Physician Fee Schedule Highlights

### Overall Impacts

- Final 2021 Conversion Factor: 32.4085 (-10.2% compared to 2020)
- percent statutory increase (required by MACRA)
- -10.2 percent budget neutrality adjustment
- Overall CMS-estimated PFS impact on podiatrists for 2021: - 1%

## E/M Visits

- CMS retained most of the previously finalized changes for 2021 for 99201 – 99215
  - Adopt of CPT recommendations, including deleting 99201
  - Allowing E/M visits to be based on MDM or total time
    - 99202 15-29 minutes 99212 10-19 minutes
    - 99203 30-44 minutes 99213 20-29 minutes
    - 99204 45-59 minutes 99214 30-39 minutes
    - 99205 60-74 minutes 99215 40-54 minutes
  - Revaluing codes consistent with RUC recommendations
- CMS refined time estimates for levels 2-5 office/outpatient E/M visit codes.
- CMS retained its policy **not** to extend updated E/M values to global codes
- CMS also retained the inherent complexity add-on code:
  - Now **G2211** (formerly GPC1X)
    - **G2211** - Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/**or** with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)
    - **Medicare only add on code**
    - **The "or" for serious or complex condition e.g. (Charcot, diabetic foot infection)**
- **CPT 99417** - Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time
  - (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)
  - (Do not report 99417 for any time unit less than 15 minutes)
  - **Not for Medicare**
- Established a new HCPCS code **G2212**
  - New code: (**Use instead of CPT 99417 for Medicare**)
  - **G2212** - Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services)359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes))
- **G2255**
  - New G code with associated payment for non-face-to-face service e.g (phone call). This is intended to serve as a tool to determine whether an in-person visit is needed, not as a substitute for in-person service.
  - G2252 - (Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.). **Call must be longer than 11 minutes.**
- CPT codes 28220 and 28285
- CPT 28820 – Amputation, toe; metatarsophalangeal joint CPT 28825 - Amputation, toe; interphalangeal joint

- Global periods move to zero days
  - Can no use E/M codes for follow-up visit
- CPT 28820 - RVU goes from 5.82 to 3.51
- CPT 28825 - RVU goes from 5.37 to 3.41

## Telehealth and Virtual Health Visit Changes

- No changes to geographic or site-of-service telehealth restrictions
- Codes added to the Medicare telehealth services list on a permanent basis:
  - Group Psychotherapy (CPT code 90853)
  - Psychological and Neuropsychological Testing (CPT code 96121)
  - Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT codes 99334-99335)
  - Home Visits, Established Patient (CPT codes 99347-99348)
  - Cognitive Assessment and Care Planning Services (CPT code 99483)
  - Prolonged Services (HCPCS code G2212)
  - Visit Complexity Inherent to Certain Office/Outpatient Evaluation and Management (E/M) (HCPCS code G2211)
- Audio-only services
  - CMS will no longer pay for telephone-only E/M CPT codes following the PHE
  - CMS is instead establishing via interim final rulemaking an interim HCPCS code:
    - G2252 (Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.)
    - Work RVU of 0.50 (direct crosswalk to 99442)
    - Not separately billable if it originates from a related E/M service within previous 7 days or if it leads to an E/M service or procedure within the next 24 hours or soonest available appointment
    - Considered a communication technology-based service not subject to originating site telehealth restrictions
    - Subject to same billing requirements as HCPCS G2012
  - Direct supervision using real-time, interactive audio and video technology through the end of the calendar year in which the PHE for COVID-19 ends

## Merit-Based Incentive Payment System (MIPS) Final Rule Highlights

- Continues transition to full MIPS implementation
  - Performance threshold: Increases from 45 to 60 points
  - Exceptional performance threshold: Remains 85 points
  - Cost category weight: Increases from 15 to 20 percent
  - Maximum negative adjustment: Remains -9%
- Delays broader changes related to MIPS Value Pathways until 2022

## MIPS Major Updates to Quality Category

- Collection Types:
  - Discontinuation of the CMS Web Interface option for data collection and submission starting with performance year 2022.
- Quality Measures:
  - Removal of 11 quality measures, including All-Cause Hospital Readmission measure
  - Addition of two new administrative claims quality measures, including a Hospital-Wide, 30-Day, All-Cause Unplanned Readmission Rate for MIPS Eligible Clinician Groups (for groups of 16 or more clinicians)
- Measure Benchmarking:
  - Continued use of historical benchmarks for 2021

### Major Updates for the Cost Category

- No major changes to the measure set, except for the addition of telehealth services directly applicable to existing measures
- The following measures still apply:
  - Total per capita cost
  - Medicare spending per beneficiary
  - 18 episode-based cost measures

PIAC Annual Report Continued on Next Page

**Major Updates to Promoting Interoperability Category (formerly ACI)**

- Objectives and Measures:
  - Optional reporting of the Query of Prescription Drug Monitoring Program (PDMP) measure, with yes/no response, worth 10 points
  - New optional Health Information Exchange (HIE) bi-directional exchange measure added as an alternative to the existing HIE measures
- CEHRT Requirements:
  - Option of using one or a combination of both of the following:
    - 2015 Edition CEHRT
    - 2015 Edition Cures Update CEHRT

**Major Updates for the Improvement Activities Category**

- Improvement Activities:
  - Modification of 2 existing IAs, including:
    - Engagement of patient through implementation of improvements in patient portal (to include caregivers as additional users and to specify that the portal should be used for bidirectional information exchange)
  - Continuation of COVID-19 clinical data reporting IA
  - Removal of 1 IA: CMS Partner in Patients Hospital Engagement Network

**Routine Foot Care and Modifier -59 Tool Kit**

- The Problem Routine Foot Care
  - CPT 11720/11721 billed with 11055-11057 – DENY 11720/11721
  - Remark codes
    - Procedure included in another code
    - Deny: CMS unbundling
  - Product Types: Medicare Advantage Plans, Medicaid Managed Care Organizations, and commercial Insurance
- The Problem
  - National Correct Coding Initiative (NCCI)
  - The Procedure to Procedure (PTP) edit with Column One CPT code 11055 (Paring or cutting of benign hyperkeratotic lesion ...) and Column Two CPT code 11720 (Debridement of nail(s) by any method; 1 to 5) may be bypassed with modifier 59 only if the paring/cutting of a benign hyperkeratotic lesion is performed on a different digit (e.g., toe) than one that has nail debridement. Modifier 59 shall not be used to bypass the edit if the two procedures are performed on the same digit."
- Partial Victory
  - NCCI CHAPTER III SURGERY: INTEGUMENTARY SYSTEM
  - APMA – discussions and meeting with CMS 2016 & 2017 • January 2018 – NCCI Chapter 3 and MLN Matters®Number: SE1418
  - NCCI has a PTP edit with Column One CPT code 11055 (Paring or cutting of benign hyperkeratotic lesion ...) and Column Two CPT code 11720 (Debridement of nail(s) by any method; 1 to 5). Modifier 59 or -X{EPSU} shall not be used to bypass the edit if these two procedures are performed on the same distal phalanx, including the skin overlying the distal interphalangeal joint.
- Remaining Problem NCCI Policy Manual Chapter 1
  - NCCI Policy Manual Chapter 1– **NOT CHANGED**
  - APMA sent letter to NCCI June 10, 2020 to update language in Chapter 1 "The PTP edit with Column One CPT code 11055 (Paring or cutting of benign hyperkeratotic lesion ...) and Column Two CPT code 11720 (Debridement of nail(s) by any method; 1 to 5) may be bypassed with modifier 59 only if the paring/cutting of a benign hyperkeratotic lesion is performed on a different digit (e.g., toe) than one that has nail debridement. Modifier 59 shall not be used to bypass the edit if the two procedures are performed on the same digit." Chapter I, Surgery: General Correct Coding Policies For National Correct Coding Initiative Policy Manual for Medicare Services, P. I-25, (Revision Date: 1/1/2020)."
- Remaining Problem
  - NCCI Policy Manual NCCI language that limits use of the -59 modifier to lesions PROXIMAL to the DIPJ (non-contiguous lesions)
- Routine Foot Care and -59 Modifier Tool Kit
  - The tool kit is intended help members when Medicare Advantage plans, Medicaid Managed Care Organizations, or other commercial plans deny covered nail care (CPT® 11720/11721) when callus care (CPT 11055-11057) is provided on the same date Medical Record Documentation Guidance When Combining At-Risk Nail and Callus Care

- Template Appeal Letter
- Understanding Medicare Advantage Coverage and Appeals Article
- Fact Sheet
- Addressing Problematic -59 Modifier and Routine Foot Care Payer Policy Webinar (October 1, 2020)

- Modifiers -X{ESPU}
  - Modifiers XE, XS, XP, XU are effective January 1, 2015. These modifiers were developed to provide greater reporting specificity in situations where modifier 59 was previously reported and may be utilized in lieu of modifier 59 whenever possible. (Modifier 59 should only be utilized if no other more specific modifier is appropriate.)
  - CMS allows the Modifiers 59 or –X{ESPU} on Column One or Column Two codes (Effective 07/01/2019) Disclaimer This APMA project references modifier -59, but this also includes the subset (preferred) –X{ESPU} modifiers.
- APMA -59 Modifier Workgroup Plans and Strategies Advocacy Effort
  - Develop a plan to advocate for updates to the National Correct Coding Initiative (NCCI) Policy Manual Chapter 1 to reflect changes made in 2018 to the NCCI Policy Manual Chapter 3 and – 59 Modifier Article
  - Remove the following language from NCCI Policy Manual "Modifier 59 shall not be used to bypass the edit if a nail is debrided on the same toe on which a hyperkeratotic lesion of the skin on or distal to the distal interphalangeal joint is pared"
- Visit www.apma.org/59toolkit
  - This is the direct web page to have access to a letter template to send with denied claims. Physicians who have submitted this information with denied claim have had some paid claims and some have had continued denials.

**-25 Modifier issues**

- Background -25 modifier issue
  - APMA increasingly has heard the following payer issues from members regarding claims with the -25 modifier:
    - Private payers, including Medicare Advantage plans, are denying claims that are properly billed with the 25 Modifier; or
    - Private payers, including Medicare Advantage plans, are significantly reducing reimbursement for an E/M service when a 25 modifier is used.
- -25 Workgroup
  - The initial focus of the Workgroup is to:
    - Ascertain the scope and breadth of the issue with private payers
    - Develop educational materials and advocacy resources
  - The ultimate goal of the Workgroup is to:
    - Address the ongoing trend of reimbursement reduction by private payers, by preventing any new reimbursement reduction policy implementation as related to the -25 modifier, as well as advocating for the rescission of any current policy.
  - The Workgroup has so far held two productive videoconference calls, resulting in the following:
    - Bulking up the resource page, www.apma.org/25modifier
    - Created a joint -25/-59 modifier survey for members to respond to
    - Template appeal letter (to share directly with members once approved)
    - Template advocacy policy letter (to share w/CAC and PIAC representatives as appropriate)
  - -25 Modifier Denials
    - Humana (51%), Aetna (43%), Anthem (40%), and other Blues plans (35%) are most often denying E/Ms billed with -25 modifier
    - Respondents believe the cause for denial is due to the claims reviewer not understanding appropriate use of the -25 modifier (76%); 12.5% believe the denials are due to both insufficient documentation and claims reviewer misunderstanding - 25 modifier use; only 3% believe they have used the -25 modifier incorrectly
  - -25 Modifier Denial Appeals
    - 64% appeal most/all of the denials related to the -25 modifier, but only 15% say that most/all are overturned. 37% state that 50% or less of appealed denials are overturned
    - When asked if the payers had issued policy denials, the most noted ones were Humana, Anthem, BCBS, and Aetna -25 Modifier Reimbursement Reduction •
    - Aetna (50%), Humana (47%), other Blues (43%), and UHC (43%) are most often reducing reimbursement of E/Ms billed with -25 modifier
    - 89% of respondents state there is no recent policy change to their knowledge

PIAC Annual Report - Continued on Page 16

# COVID-19 Relief Legislation Includes Victories for Podiatrists

APMA has been aggressively advocating for podiatric physicians and surgeons in COVID-19 relief legislation since the early days of the pandemic. Late last night, Congress passed a $900 billion COVID relief package. As a result of APMA's efforts, the bill includes significant victories for podiatry:

- The bill provides for a one-time, one-year, **3.75-percent increase in the Medicare Physician Fee Schedule** to provide relief during the COVID-19 public health emergency. With this increase and other changes included in the legislation, **podiatry is expected to see an overall 5-percent increase** in Medicare reimbursement in 2021. This is a change from an expected 1-percent decrease
- Congress also **extended Sequestration relief** for three months. The CARES Act suspended the Medicare Sequestration cuts for all Medicare fee-for-service claims until the end of the year, and the latest COVID-relief extends the suspension. APMA appreciates this short-term relief and will continue its long-term advocacy efforts to end the Sequestration cuts
- The act **removed the previous requirement to deduct the Economic Injury Disaster Loan (EIDL) Advance from the total Paycheck Protection Program (PPP) forgivable amount.** The legislation clarifies the tax treatment for PPP loans, specifically that gross income doesn't include any forgiven portion of the PPP loan and deductions are allowed for otherwise deductible business expenses when paid using PPP funds that are forgiven. The bill also provides a simplified forgiveness application for loans of $150,000 or less
- APMA succeeded in including **a non-discrimination provision in Surprise Billing provisions** to prevent provider discrimination. Surprise Billing provisions also include a 30-day open negotiation period for providers and payers to settle out-of-network claims. If unable to settle, the parties may access binding arbitration

For a more detailed summary of the various provisions of the bill, visit www.apma.org/COVID19relief.

# APMA Advocacy Leads to -59 Modifier Change

As a result of APMA's advocacy efforts, the National Correct Coding Initiative (NCCI) updated Chapter I of the NCCI Policy Manual for Medicare Services in Section E.1.d.(3), Example #2, to reflect a prior determination by CMS specifying that use of Modifier 59 or X[ESPU] is acceptable if the procedures described by CPT 11720 and 11055 are conducted on lesions that are anatomically separate from one another—even if on the same digit.

Effective January 1, 2021, the NCCI Policy Manual Chapter I now includes an example that reads as follows:

Example 2: The Column One/Column Two code edit with Column One CPT code 11055 (Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion) and Column Two CPT code 11720 (Debridement of nail(s) by any method(s); one to five) should not be reported together for services performed on skin distal to and including the skin overlying the distal interphalangeal joint of the same toe. Modifiers 59 or –X{EPSU} should not be used if a nail is debrided on the same toe on which a hyperkeratotic lesion of the skin on or distal to the distal interphalangeal joint is pared. Modifiers 59 or –XS may be reported with code 11720 if 1 to 5 nails are debrided and a hyperkeratotic lesion is pared on a toe other than 1 with a debrided toenail or the hyperkeratotic lesion is proximal to the skin overlying the distal interphalangeal joint of a toe on which a nail is debrided.

This victory ensures the NCCI Policy Manual language is consistent throughout and accurately reflects CMS policy.

APMA's 59 Modifier Workgroup was formed last year to address this discrepancy and develop a Routine Foot Care and -59 modifier toolkit. The toolkit includes educational materials and resources to help members when Medicare Advantage plans, Medicaid Managed Care Organizations, or other commercial plans deny covered nail care (CPT® 11720/11721) when callus care (CPT 11055-11057) is provided on the same date.

The workgroup is pleased with this victory and will now work toward the coverage of nail debridement without any restrictions related to callus paring or cutting.

For more information visit www.apma.org/59toolkit.

# Ohio Department of Medicaid Advances Consolidated Podiatry Rules

The Ohio Department of Medicaid held a public hearing December 18 on rule relating to eligible providers, coverage, and payment in the Ohio Medicaid podiatry services program.

The new rule, 5160-7-01, consolidates four existing rules in Chapter 5160-7 of the Ohio Administrative Code to comply with the state's five-year rule review, which aims to streamline rule language and remove regulatory restrictive words.

While the proposed consolidated rule is substantially similar to the four current Medicaid rules, there are a few notable changes:

- The new rule references 4731-20-02, which authorizes podiatrists to perform ankle joint surgery. This is a positive, as the State Medical Board of Ohio has long recognized that ankle procedures are within the scope of practice for podiatric physicians and surgeons who have successfully completed appropriate training.
- Following enactment of SB 178, the Flu Shot Bill, the new rule also includes language that authorizes payment for vaccinations administered within a podiatrist's normal scope of practice.
- Lastly, the rule covers select podiatric medicine services provided by advanced practice registered nurses working under the supervision of podiatric physicians and surgeons.

The new rule will be filed with the Joint Committee on Agency Rule Review, a legislative body responsible for reviewing proposed new, amended, and rescinded rules from over 100 agencies to ensure they do not exceed their rule-making authority granted to them by the General Assembly.

# HHS Proposes Changes to HIPAA Privacy Rules

By Michael Brody, DPM, TLD Systems

The Department of Health and Human Services (HHS) has proposed changes to the HIPAA Privacy Rules. The purpose of these changes is to support individuals' engagement in their care, remove barriers to coordinated care, and reduce regulatory burdens on the health care industry.

"Our proposed changes to the HIPAA Privacy Rule will break down barriers that have stood in the way of commonsense care coordination and value-based arrangements for far too long," said HHS Secretary Alex Azar. "As part of our broader efforts to reform regulations that impede care coordination, these proposed reforms will reduce burdens on providers and empower patients and their families to secure better health.

Among the features of the proposed changes are:

- greater family and caregiver involvement in the care of individuals experiencing emergencies or health crises
- enhance flexibilities for disclosures in emergency or threatening circumstances, such as the opioid and COVID-19 public health emergencies

In addition to enhancing patient access to health information the proposed rule will reduce the burden on physicians when sharing information with other care providers. These changes are intended to enhance co-ordination of care and allow care givers to develop new ways to innovate.

The full text of the proposed changes can be found at this link Proposed Changes - https://www.hhs.gov/sites/default/files/hhs-ocr-hipaa-nprm.pdf.

Some of the more interesting features of the proposed rule that will have a direct impact on providers are:

- Shortening covered entities' required response time to no later than 15 calendar days (from the current 30 days) with the opportunity for an extension of no more than 15 calendar days (from the current 30-day extension).
- Reducing the identity verification burden on individuals exercising their access rights.
- Requiring covered health care providers and health plans to respond to certain records requests received from other covered health care providers and health plans when directed by individuals pursuant to the right of access.
- Specifying when electronic PHI (ePHI) must be provided to the individual at no charge.
- Clarifying the scope of covered entities' abilities to disclose PHI to social services agencies, community-based organizations, home, and community-based service (HCBS) providers,7 and other similar third parties that provide health-related services, to facilitate coordination of care and case management for individuals.

HHS Proposed Changes Continued on Next Page

HHS Proposed Changes - Continued

- Replacing the privacy standard that permits covered entities to make certain uses and disclosures of PHI based on their "professional judgment" with a standard permitting such uses or disclosures based on a covered entity's good faith belief that the use or disclosure is in the best interests of the individual. The proposed standard is more permissive in that it would presume a covered entity's good faith, but this presumption could be overcome with evidence of bad faith.
- Expanding the ability of covered entities to disclose PHI to avert a threat to health or safety when a harm is "serious and reasonably foreseeable," instead of the current stricter standard which requires a "serious and imminent" threat to health or safety.
- Eliminating the requirement to obtain an individual's written acknowledgment of receipt of a direct treatment provider's Notice of Privacy Practices (NPP).
- Requiring covered entities to post estimated fee schedules on their websites for access and for disclosures with an individual's valid authorization and, upon request, provide individualized estimates of fees for an individual's request for copies of PHI, and itemized bills for completed requests.
- Eliminating the requirement to obtain an individual's written acknowledgment of receipt of a direct treatment provider's Notice of Privacy Practices (NPP).

This is only a proposed change but there are many aspects that are expected to make it into the final rule. As with any proposed change, you should not take any action at this time, but it is important that you be aware of these changes and be ready when the final rule is published.

# Wenstrup Selected to Lead Doctors Caucus


Dr. Wenstrup speaking at the 100th Ohio Annual Seminar

Congressmen Brad Wenstrup, DPM (OH-02) has been selected to lead the GOP Doctors Caucus for the 117th Congress along with Congressman Andy Harris, M.D., (MD-01).

"One of the many reasons that I ran for Congress was because I saw officials who have never seen a patient making decisions that impact the health care of millions of Americans. Real world experience is critical; we need to listen to patients and those who wear the white coats, not just those who write the white papers. Doctors and health care providers must have a seat at the table in all policymaking decisions, and I am committed to ensuring our voices are heard," said Congressman Wenstrup, DPM.

"I'm incredibly grateful to former Congressman Phil Roe for his years of leadership. I look forward to filling the enormous shoes he left behind by serving in this role alongside my friend, Dr. Andy Harris."

The GOP Doctors Caucus is comprised of individuals who utilize their medical expertise and backgrounds to develop patient-centered health care policy. Its members include those in the fields of general practice, cardiothoracic surgery, anesthesiology, podiatry, obstetrics and gynecology, dentistry, pharmacy, dermatology, urology, and emergency medicine.

A Cincinnati native, Dr. Wenstrup graduated from the University of Cincinnati in 1980 with a bachelor's degree in psychology. In 1985, he graduated from Scholl College of Podiatric Medicine at Rosalind Franklin University in Chicago with a bachelor's degree in biology and as a Doctor of Podiatric Medicine. After completing his surgical residency at Thorek Hospital in Chicago, Dr. Wenstrup returned to Cincinnati to open his own private practice, treating patients in southwest Ohio for over 27 years.

# KSUCPM Wound Care Research Enrolling Patients in Wound Care Trials

By Windy Cole, DPM, CWSP, Director of Wound Care Research KSUCPM

KENT STATE UNIVERSITY
College of Podiatric Medicine

Wound Care Research Clinic

At Kent State University College of Podiatric Medicine (KSUCPM) Wound Care Research Department we have several wound care clinical trials available to Northeast Ohio patients suffering from chronic wounds of the lower extremity. The implementation of these research trials is precisely standardized and controlled.

The KSUCPM Wound Care Research Department provides the opportunity for patients to enroll in clinical trials for both DFUs and VLUs. Treatment visits follow strict protocols to ensure consistency in therapy. Once a patient is evaluated and it is determined they meet all inclusion criteria, they can enroll into the trial. All patient participation is voluntary and patients may stop treatment at any time. Typically, patients are seen weekly at our Midtown Cleveland Clinic located at 7000 Euclid Ave. Wound care therapy is provided free of charge. No insurance is necessary, and patients receive compensation for their time and travel.

The incidence of non-healing wounds in the United States is over 10 million episodes per year, costing the nation's healthcare system an estimated $30 billion annually. Patients suffering from chronic wounds – for example, diabetic patients whose non-healing wounds result in amputation – may have a mortality rate of up to 50 percent in five years – a rate greater than several types of cancer.

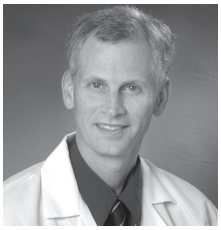
Wound healing is a complex process that involves a coordinated integration of numerous clinical and biochemical pathways involved in at least four continuous, overlapping phases that must take place in a precise and orchestrated manner. The phases of wound healing include hemostasis, inflammation, proliferation, and remodeling. The time required for a wound to heal can vary substantially. A typical surgical wound in a healthy individual takes 30 days on average to heal, while an arterial wound in a patient with severe atherosclerosis can take over a year to heal completely.

Wound-healing can be compromised by many factors, such as obesity, diabetes, smoking, vascular disease, infection, renal failure, cancer, and malnutrition. A classic example of a non-healing wound is diabetic foot ulceration. With decreased sensation and frequently concomitant-peripheral vascular disease, chronic ulcers can form easily in this growing population. With an estimated 36 million diabetic patients by the year 2030, the number of patients with chronic non-healing wounds will be increasing.

Because of an aging society, there will be an increase in the number of surgical wounds, venous leg ulcerations, and pressure ulcers that will be at risk for non-healing. There is a need for new and innovative wound care therapies to effectively treat the growing number of chronic wound patients. Wound care research is a vital step in the development of new therapies that may ultimately improve healing outcomes.

If you have a patient with a non-healing wound that has not responded to standard therapy or does not have insurance coverage, we would be happy to evaluate them during a no obligation consult. Please call our office at 216-916-7460 or email woundcare@kent.edu.

# Bryan Caldwell, DPM, MD Named Senior Associate Dean of Academic Affairs



Dr. Caldwell

Kent State College of Podiatric Medicine (KSUCPM) announced on November 12 that Bryan D. Caldwell, DPM, MD has accepted the position of Senior Associate Dean for Academic Affairs, effective January 4. Dr. Caldwell replaces Vince Hetherington, DPM, who announced his retirement following 32 years at KSUCPM in September.

An experienced leader in podiatric medicine, Dr. Caldwell had previously served 25 years at KSUCPM prior to this new appointment. Filling positions of increasing responsibility at the College since 1994, Dr. Caldwell rose to become the Assistant Dean of Clinical Education and Operations before his departure in 2019 to become the Dean of the School of Podiatric Medicine at Barry University.

As Senior Associate Dean for Academic Affairs, Dr. Caldwell serves as the College's chief academic officer and second-highest ranking executive officer. He will oversee recruitment, placement, and support of professional faculty, and develop academic standards relative to admissions. In addition, Dr. Caldwell will be serving as the liaison to the Council on Podiatric Medical Education to directly oversee all aspects of College accreditation.

# Further Clarification on the E/M Changes Now in Effect

By Cindy Pezza, Pinnacle Practice Achievement

The new E/M changes now in effect have generated many questions from podiatrists throughout the country. In response to these questions, I thought it would be best to reach out to my dear friend and colleague Dr. Jeffrey Lehrman (Lehrman Consulting, LLC).

On December 30th I asked:

"I was wondering if you could provide some additional insight regarding how private payers will handle the upcoming E/M coding changes (documentation requirements and potential adjustments to levels of visits and reimbursement). I was under the impression that private payers would be a "wait and see" after January 1st as most often they do not follow suit with CMS changes.

To this Dr. Lehrman graciously responded:

"The 2021 E/M changes apply for all patients, regardless of insurance. The reason for this is the changes were made by CPT. These changes were not made by Medicare or any payer. They were made by CPT. The new office/outpatient E/M guidelines should be followed when submitting claims to any payer that accepts CPT codes…which is all of them! (with the only exception being possibly a workman's comp plan).

I have seen it incorrectly reported that this is a Medicare-only thing or Medicare and Medicare Advantage-only. That is wrong. The changes are in the 2021 CPT book. No payer can choose to accept or not accept CPT guidance. If they accept CPT codes, they accept what's in the book.

I have also seen it incorrectly reported that you should not use the new E/M guidelines for a third-party payer until that third party payer "announces" that they are accepting the new guidelines. This is wrong, but I think I know where this confusion stems from. I suspect this comes from the fact that CMS announced they were "accepting" the 2021 E/M guidelines changes.

Here is why that was necessary and does not apply to any other third-party payer: Prior to 2021, the CPT E/M guidelines were very vague and only gave us words like "expanded problem focused" and "detailed" with no quantification of what actually needed to be done. CMS provided clarification with the 1995 and 1997 E/M Documentation guidelines. CMS was the only payer that provided these clarifying guidelines. Now that CPT has cleaned up this office/outpatient E/M section and provided all the specificity needed, CMS needed to announce they were accepting these changes in place of their 1995 and 1997 guidelines for CPT 99201 - 99215.

Saying you have to wait for a third party to "announce" they are accepting the new E/M guidelines would be no different than saying, "When submitting CPT 11721 to a third-party payer, don't assume that payer considers 11721 to be debridement of 6 or more nails until they announce they agree with what is in the CPT book for that code."

All of the above can be summed up with one sentence: The changes were not made by any payer; they are in the 2021 CPT book and any third-party payer that accepts CPT codes has to accept what is in the CPT book.

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## DME Issues

- Therapeutic Shoes
  - CNP's and PA's can now sign for Therapeutic Shoes as long as cosigned by the MD or DO physician. This went effective on 11-5-2020.
  - On January 1, 2021 CNP's can sign for therapeutic shoes only if they are registered nationally. There is no way for the Podiatric physician to know which CNP's are registered.
- Reassurable Use of Lifetime
  - Trying to overturn 5year rule
- Orthotic Laterality Problem
  - Ongoing issue which is currently trying to be resolved.
  - L30XX Issues
    - Application to Modify L30XX Devices Submitted to CMS
    - Hearings for October 2020 Not Held and Notice for Hearing ?
    - New HCPCS or Modified Narr. for 2021 Were Announced


## 2021

**February 11**
Budget/Finance, BOT Meetings
OHFAMA Headquarters I Columbus

**February 20**
2021 Current Concepts in Foot and Ankle Surgery Symposium
Virtual

**February 25-26**
GXMO Didactic Course
Initial and Recertification
Virtual

**February 27**
GXMO Clinical Course
Virtual

**March 5-7**
NCAPM No-Nonsense Seminar
Virtual

**April 8**
Budget/Finance, BOT Meetings
OHFAMA Headquarters I Columbus

**April 26**
Executive Committee Meeting
Teleconference

**June 10-12**
105th Ohio Annual Foot and Ankle Scientific Seminar
Hybrid I Hilton at Easton

For more calendar information please visit the Events webpage at www.ohfama.org

# Annual Scientific Seminar Rescheduled to June

The 105th Annual Ohio Foot & Ankle Scientific Seminar will be held June 10-12 at Columbus Hilton at Easton as a hybrid meeting due to the ongoing COVID-19 pandemic.

The change from the traditional May meeting dates will help avoid meeting conflicts with related organizations and ensure the best possible attendance and program for the 2021 seminar.

Schedule details will be available in February for physicians and assistants. Exhibitor information is available via the OHFAMA website.

For more information, please contact Ohio Foot and Ankle Medical Foundation Executive Director Luci Ridolfo at 614-457-6269 or via email at lridolfo@ohfama.org.

## OHFAMA CLASSIFIEDS

**Associate Position – Ohio-Greater Dayton Area**

Established practice (four locations) looking for a full-time podiatrist with the opportunity for partnership. Individual should be highly motivated, personable and have a strong work ethic. Must have completed a three-year surgical residency and must be board certified by the American Board of Foot and Ankle Surgery or Board Qualified pursuing certification in forefoot and rear-foot surgery. Practice has excellent reputation, EHR, digital x-ray, DME supplies, hospital and surgical center affiliation. Competitive salary, bonus incentive, opportunity for ownership in practice and surgical hospital. Email cover letter, CV, transcripts and letters of reference to **Podiatry2020@gmail.com**

**Rare Opportunity to Buy-in/Purchase – Northeast Ohio**

Rare opportunity to buy-in/purchase a very busy 52 year old solo practice in North Eastern Ohio. $1 million in annual receipts. 18-24 month ROI. Very flexible payment terms. Very favorable long term building lease with purchase option. Transition to retirement. Please send inquiries to **john@infinitemedtech.com**

**Seeking Employment – Northeast, Ohio**

ABFAS-certified and ABPM-certified podiatrist seeking a part-time or full-time association position. Prefer the northeast Ohio area but able and willing to travel. Resume/CV available upon request. Contact – **penguinpapa1975@gmail.com**

OHIO FOOT AND ANKLE MEDICAL ASSOCIATION

The OHFAMA Journal is published 4 times per year. The advertising deadline is mid-month preceding publication. Portions may be used with permission of the publisher.

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Hosted by the Grant Podiatric Surgical Residency Program and OHFAMA Central Academy

## Saturday February 20, 2021 | 6 Category 1 CME Hours

Virtual Seminar

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Al Ng, DPM ▪ Adam Perler, DPM ▪ Brian Steginsky, DPM ▪ Jacob Wynes, DPM

## REGISTRATION FORM

Welcome to the **2021 Current Concepts in Foot and Ankle Surgery Symposium** hosted by the Grant Podiatric Surgical Residency Program and OHFAMA Central Academy. This seminar has been approved for 6 CME Category 1 Hours.

**Virtual Seminar**
**Go to Webinar**

**Saturday February 20, 2021**
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**2021 CURRENT CONCEPTS IN FOOT AND ANKLE SURGERY SYMPOSIUM**

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