

Winter 2008
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FOOTNOTES

American Association for Women Podiatrists, Inc



2007 AAWP Board

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President's Report

I had the opportunity to speak at a recent Ohio College of Podiatric Medicine symposium, sponsored by the student AAWP chapter. Even more meaningful though was talking with the students who, I learned, are worried about many of the same things that we have worried about for the past ten, twenty even forty-plus years.

First some history of the conference ... When the first OCPM Student AAWP Chapter conference took place in Cleveland, there was a President Bush just leaving office and the Browns were still

breaking hearts in Ohio before they left town for a few years. Oh, and this year's OCPM fourth year students were fourth year students then too – that is, they were fourth *grade* students.

The conference is now in its sixteenth year and has gathered a co-sponsor along the way – the Ohio Podiatric Medical Student Association under the direction of Nicole Humphries, working with the Ohio Student Chapter of the American Association for Women Podiatrists under the direction of Emily Shoaf. Now there is another President Bush about to leave



Kathleen Satterfield, DPM

office, the Browns are back in Cleveland, still breaking hearts. Unfortunately many of the same concerns that women podiatry students had back then are still major. You would think that we would have made some headway since then but some things never change.

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Repayment of overpayment demands from Blue Shield and Blue Cross

Sent to Blue Shield/Blue Cross Providers

Received Dec. 29, 2007

I am writing to you because I believe you are a contracted provider with Blue Shield and/or Blue Cross. If you are receiving letters from Blue Cross and/or Blue Shield demanding "repayment of overpayments" – as I am in my podiatry practice – I believe we can do something to stop this. Both Blue Shield and Blue Cross appear to be in violation of their individual provider

agreements as they egregiously confiscate the reduced fees paid for our services, long after the fees have been paid. And make no mistake about it, they come after us rather than the patients because we are soft targets. They would otherwise have to chase the patients down and then suffer the negative public relations conse-

quences of putting policy holders into collection. Instead, they send us a letter telling us to "repay" whatever we have been paid for our services, and that they will confiscate those fees from future earnings if we don't pay. Then, they confiscate those earnings.

Why isn't City of Hope Medical enter v. Superior Court. 8 Cal. App. 4th 633 cont. p. 2

"They come after us rather than the patients because we are soft targets."

Coding Tip

Any abscess that requires follow-up, dressing changes, serial packing or other ongoing care is considered a complicated lesion, and should be coded 10061. Those that require return visits must be coded as 10061 from the beginning. For new patients, the E/M service can almost always be charged with modifier -25. For established patients, the E/M service is often applicable if the provider includes the history of the lesion, the absence or presence of systemic symptoms, and documented instructions for antibiotics or pain medications.

Repayment contd.

(1992) preventing the insurance companies from confiscating our earnings? The answer is simple. The insurance companies included a clause in your provider contract giving the insurance companies the right to extract all overpayments from you, regardless of the reason for the overpayment.

Some of you think this is not happening in your practice. Most likely your in-office billing person or out-of-office billing service is not telling you about the notices regarding these "overpayments" - or you are just choosing to ignore this because you don't think there is anything you can do about the repayment demands. In any event, it is happening. The computer software programs allow the insurance companies to track all payments and any time an "overpayment" is discovered, the insurance company or a third party collection company sends you a demand for repayment of the

"overpayment". The fact that these overpayments are the result of the insurance companies' claims processing incompetence is of no consequence. We are inappropriately expected to pay for the damages flowing from the insurance companies' negligence.

If I could be both the class representative and an attorney on these cases I would. But I can't. However, you can be a class representative in a lawsuit against either one of these companies regarding this issue and if you are interested in doing so, please contact my office. In addition, if you would like help with this problem but do not want to be a class representative, you are also welcome to contact me. Once we stop this nonsense with Blue Shield and Blue Cross, the other insurance companies will see the light..
Best regards,
David Mullens, DPM, Esq.

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David Mullens is an attending podiatric surgeon at Stanford University Hospital and has been in private practice for over 30 years. He has served as both a Clinical Associate Professor at Stanford University School of Medicine and as a Professor of Podiatric medicine at the California College of Podiatric Medicine.

As a practicing attorney, Dr. Mullens founded Doctors Compensation Law to help physicians in all subspecialties fight insurance companies' unfair denial of claims.

Mentor-Mentee Program at CSPM

Christy King, CPMSA Vice President

We are in the process of developing the CSPM Mentor-Mentee program to help California School of Podiatric Medical students answer questions they might have about podiatry in the real world. As podiatry students, we are very focused on the information in the books and don't truly understand the subject until we see it in the clinic. Also, there are many aspects of our education that we will not know about until we graduate and experience them for ourselves. With residency placement, externship, and office clerk-

Join the CSPM Mentor Mentee Program

ships coming up, it is helpful to share how past students and successful doctors felt about the situation that we are currently going through. We are hoping that you would be willing to answer any questions that students might have about the fascinating world of podiatry. It is up to you how much time and effort you would like to provide to the CSPM Mentor-Mentee program.

If you would like to join the program, all we ask is permission to place your email address on a list that will

be provided to the students at CSPM. If you would like to do more, please let us know. We are always willing to hear about your experiences and love to set up educational seminars if you would like to give a talk about a particular subject matter.

If you have any questions about the CSPM Mentor-Mentee program, please contact:

Christy.king@samuelmerritt.edu.
CRoss@samuelmerritt.edu

President message contd.

Number One: “When our friends come back from rotations they tell us a lot about the ‘old boy’s club’ and that worries us,” one young woman said. There are still those conversations and jokes that change once a woman enters the room or the operating room. There are golf outings or trips out to a bar after work with women not invited. The perception is still that you have to act like one of the guys to have a chance at a program.

Number Two: The women students still have that “all of the eggs in one basket” fear. I also can remember looking at the well worn print out of externship sites and thinking, “if I pick the wrong ones for my four one-month core rotations, I’m totally sunk. I have one shot and one shot only.”

Number Three: Thirdly, they are concerned about all of the money that they are borrowing. A little concern is a healthy thing.

For what it’s worth, this is my take on these old worries that have always been around and probably always will be.

The Old Boy’s Club:

What will sell you is being yourself. Yes, your mother was right. Nobody wants a person who is imitating someone else. If you are not a good fit for that program, you don’t want that program. There is a better one out there for you. Some program directors love kidding around with the guys and the gals who act like guys but are impressed by a woman who is confident about who she is. I don’t mean haughty or condescending when confronted by the ‘old boy’ activity but truly confident and comfortable in her own skin. Who you work with is as much your decision as it is theirs (and it is not always the same person that you want to go out and have a beer with at the end of the day.)

I know. We probably didn’t believe our mothers either and the young women didn’t believe me either. Someday they will.

All the eggs in one basket:

I once had a residency director tell me that sometimes students lost a program because they had done a rotation there. “If he had just visited, I probably would have selected him,” the man told me and I eventually understood what he meant.

Sometimes a month is too long a period of time to get to know someone. Their idiosyncrasies can become a bit maddening or frustrating when they can’t remember a fact that you have gone over with them repeatedly.

You may instead make more of an impression through a series of one-day visits over the years and an occasional follow-up note or phone call. It can come together nicely just in time for the match.

The money issue:

Yes, the amount of money that the ma-

jority of students must borrow to attend podiatric medical school is obscene.

Out of frustration, there may occasionally be a temptation to splurge on a vacation or a new car but this is not a good idea, of course. But borrowing judiciously for education is a business decision. You will borrow more money now than for anything other than for probably your home or your practice. It is that education that will allow you to have the home and the practice.

The best advice that I could give these young women is to get the most education and training that they can, something that is easier now with the number of programs more equitable to the number of graduates. The second thing is to not stop the education there. Be lifelong learners. If a new procedure, medication, office innovation or process comes out, be first in line to get the information and master it. Don’t practice 2008 medicine and surgery if you are still practicing in 2048. It’s a bright future and it is yours for the taking.



Practical Do's and Don'ts for the California Podiatrist

Michael J. Khouri, Esq.

DO document everything in a patient's chart.

Obviously, when you treat a patient, be sure to document all diagnoses, treatments, recommendations, medication, referrals, examinations, tests, lab work, etc. This also means that if an event occurs outside of a patient visit (for example, you call in a prescription to the pharmacy), you must remember to document the event and any relevant information (such as prescription name, amount, and dosage) in the patient chart.

DO follow billing guidelines set forth by Medicare, intermediate carriers, and insurance companies.

Do not be tempted to bill for treatment that Medicare or insurance companies will not pay for, even if you feel like you *should* be reimbursed because it is legitimate treatment that you are providing. For example, if you examine a patient for evaluation and management of a podiatric condition, use the appropriate CPT "E & M" code. But, do not also bill for separate treatment (for example, debridement) unless the treatment is for a separately identifiable medical condition *unrelated* to the condition for which you are billing the E & M code and the patient exhibits the symptoms required to bill for the separate treatment.

"Don't interfere with the execution of a search warrant because if you do, you could be prosecuted separately for a crime. However, do be present during the search if possible, and ask whether you can videotape the search."

DO pay attention to your billing personnel or billing company.

Health care providers often either leave their billing to in-house billing staff or contract with a billing company. Since these billers proclaim to be billing experts, providers will leave the billing up to them. However, do not take this care-free approach because the providers themselves, more often than not, are held responsible for the claims that are sent in their name. In other words, it is rarely a defense to say, "The billing company did it."

DO know the difference between a subpoena versus a search warrant.

A subpoena is a request for records. If you are served with a subpoena, such as a HIPAA subpoena, do not alter your records. You must provide them as *is* because doctors' documentation into patient records must be reasonably contemporaneous to the treatment provided.

Unlike a subpoena, a search warrant is a judicial order allowing law enforcement to appear at one's office or residence, search for the items described in the search warrant, and seize them if found.

Don't interfere with the execution of a search warrant because if you do, you could be prosecuted separately for a crime. However, do be present during the search if possible, and ask whether you can videotape the search.

Be sure to ask for a copy of the warrant, an inventory of items seized, as well as the business card or contact information of the lead agent in charge of the search.

Don't submit yourself to an interview with law enforcement unless advised to do so by an attorney.

Also, inform your employees that they are not required to submit to an interview, that they have the right to refuse an interview. If law enforcement agents are seeking a particular item and you

can assist in locating that item, it may reduce the possibility of ransacking.

DO make sure that your professional liability insurance policy covers administrative audits and licensing.

Many times, health care providers fail to make sure that their professional liability policies provide coverage for administrative audits, including Medicare and/or Medi-Cal audits, or licensing disputes. The defense of these audits and licensing matters can be quite costly, so make sure that your policy covers such actions.

DON'T bill for treatment that has not been provided.

Practitioners are warned not to bill for treatment that has not been provided. This may seem obvious, but there are a surprising number of practitioners who bill for examinations that have not occurred and treatment that has not been provided.

DON'T pay cappers to refer and/or transport patients to your practice.

It is against the law to pay money or give gifts to people for the purpose of referring or transporting patients to your practice.

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QUESTIONS ABOUT JOINING?

E-MAIL OUR TREASURER, DR. ERIKA SCHWARTZ: ermschwartz@comcast.net
OR VISIT OUR WEBSITE: AAWPINC.COM

Letters to the editor, please e-mail
Dr. Sheryl Strich: aawp@cox.net

Our Mission Statement

The American Association for Women Podiatrists, Inc. (AAWP), a related organization of the **APMA**, provides leadership in the advancement of the educational, political, financial, social, and emotional well-being of our members.

We work in cooperation with other practitioners, the colleges, businesses, groups and other individuals. In support of this mission, we are committed to:

1. Serving as the national source for women's podiatric education and information; and.
2. Serving as a communication link and a support network for our membership to allow them to address unique needs and issues



A GOOD FRIEND TO AAWP

- Every time you use WCPL for your specimens, AAWP is given a donation of \$5.00 to our scholarship fund
- WCPL cares about the quality of the reports it provides to you and your patients.
- They contribute an average of \$900.00 a quarter

Media Training

Many AAWP members have participated in media training with the APMA. Please contact Erin Wendel of the PR department at APMA : elwendel@apma.org if you are interested.

Upcoming Meetings

- **Midwestern**, March 27-30 at the Hyatt Regency in Chicago
- **The Women's Caucus**, April 5th during the APMA House of Delegates meeting at the JW Marriott in Washington, DC
- **The Western**, June 19-22, at the Disneyland Hotel in Anaheim
- **AAWP Annual Meeting** to be held in Honolulu during the APMA National Scientific Meeting July 24-27.

AAWP received a request from a second year resident in New York: She is taking golf lessons so that she can join her male residents when they play with their attendings (at an exclusive club that the men in our profession as well as other professionals participate in). She cannot afford a set of golf clubs on a resident's salary and wants to know if there are any organizations that donate golf clubs to women. If anyone can help her, please contact: lidadf10029@yahoo.com

Members in the News

We want to hear from you re: any practice changes, awards or community involvement, etc. Please submit information to the editor:

Sheryl Strich, DPM
aawp@cox.net

Address Changes

To update us on address changes, please contact our treasurer:

Erika Schwartz, DPM
ermschwartz@comcast.net

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