



Back to Health Month Includes Reggie Jackson, Luncheon

**By Stanley A. Herring, MD
Back to Health Month Chairman**

Because of its success last year, The North American Spine Society (NASS) will again sponsor its annual Back to Health Month in April 2001. This national campaign is designed to increase awareness of back pain and its impact on society. The program will educate individuals about ways they can maintain the health of their spine. With the help of Robert Watkins, MD, NASS was able to secure baseball's Reggie Jackson as its Back to Health Month honorary spokesperson.

Jackson will appear in a NASS video news release (VNR) that will be shot in March at spring training and will be featured in major television markets. Jackson was selected as the national spokesperson due to his national prominence, and because he suffered a fragmented disc after helping move something for a person who had a recent hip surgery. After surgery he had extensive rehabilitation. Through his experience he learned about the importance of back care that can help people avoid injury.

Power Hitter

Jackson was one of baseball's premier power hitters, blasting 563 home runs during his career. An exciting clutch player and an intimidating cleanup hitter, he had a .490 slugging percentage.

In 1973, when he was playing for Oakland, he was chosen as the American League's Most Valuable Player, the Major League Player of the Year and

the World Series' Most Valuable Player.

Jackson was tagged as "Mr. October" for his 1977 World Series heroics with the New York Yankees, after he hit three home runs from three consecutive pitches. He then was presented with his second World Series' Most Valuable Player honor.

In 1993, he was elected to the National Baseball Hall of Fame receiving 93.62% of the ballots cast.

Congressional Luncheon

Jackson will attend the NASS Congressional Luncheon on Tuesday, April 24, in Washington D.C., as part of Back to Health Month. This meeting is designed to promote back care and will give NASS members the opportunity to discuss health care legislation and research opportunities with legislators. Any NASS member wishing to attend may call NASS toll-free at (877) SpineDr.

NASS Volunteers

A number of NASS members have volunteered to serve as official regional spokespersons for Back to Health Month. They include: Volker K.H. Sonntag, MD; Jean-Jacques Abitbol, MD; Paul A. Anderson, MD; Gunnar Andersson, MD; Eugene J. Carragee, MD; Christopher J. DeWald, MD; Curtis A. Dickman, MD; John E. Easa, MD; Thomas J. Errico, MD; Richard G. Fessler, MD, PhD; Steven Robert Garfin, MD; Michael C. Geraci Jr., MD; Richard D. Guyer, MD; Scott Haldeman, MD; Harry Herkowitz, MD; Stephen Hochschuler, MD; Neil

Kahanovitz, MD; Casey K. Lee, MD; Tom G. Mayer, MD; Joel Press, MD; Jeffrey A. Saal, MD; Jerome Schofferman, MD; Harry L. Shufflebarger, MD; Robert G. Watkins, MD; and Stuart M. Weinstein, MD.

Back to Health Month also includes media kits with general information about NASS, press materials and patient education fact sheets.

Members are encouraged to promote Back to Health Month in their own offices and communities, and should have received a letter with helpful tips for special event ideas. This mailing also includes a "letter to the editor" for local newspapers that members can customize for their individual practices. Promotional kits are available from NASS for \$100, and include 25 logo coffee mugs, balloons, a copy of the VNR, 5 posters with Reggie Jackson and 8 different patient education fact sheet packets on back care topics. An order form is included in this issue of *SpineLine*.

Fact Sheet Topics

Fact sheet topics include Seven Back Pain Warning Signs; Back Pain Risk Scale; Know Your Back; 10 Tips for a Healthy Back; Exercises for a Healthy Back; and Back Quiz for Women. New fact sheets this year are Back Pain During Pregnancy and Strength Training for the Elderly.


Fact sheets come in packages of 25 per each topic. They are \$10 a packet for members and \$15 for nonmembers, plus \$5 for shipping. To order, fill out the order form inserted in this issue of *SpineLine*, or

contact Dana Rennie, customer service representative by phone at (708) 588-8088 or via e-mail at rennie@spine.org.

Patients may order individual copies of fact sheets by sending a stamped self-addressed, #10 business-size envelope to the North American Spine Society, 22 Calendar Court, 2nd Floor, La Grange, IL 60525, putting the name of the fact sheet they wish to receive on the outside of the envelope. Each request must be limited to 4 facts sheets per order.

Back to Health Month fits into NASS' overall mission, part of which is to improve the quality of scientific knowledge and the continued pursuit of high standards of excellence in patient care, as well as in clinical practice among professionals in the field of spine disorders.

To obtain further information on Back to Health Month contact Sue Patterson, NASS Publications/Media Manager, at (708) 588-8066, or toll-free at (877) SpineDr.



The North American Spine Society gratefully acknowledges DePuy AcroMed for its exclusive sponsorship of Back to Health Month 2001.



Annual Meeting Plans Include Physicians and Staff

By Curtis A. Dickman, MD
Annual Meeting Committee Chair

Mark your calendars now to join over 2,400 attendees in visiting the jewel of the Pacific Northwest – Seattle, The Emerald City – for the North American Spine Society's 16th Annual Meeting, October 31 through November 3, 2001.

The Annual Meeting is not only for orthopaedic surgeons, neurosurgeons and physiatrists who comprise most of NASS' membership. Neurologists, radiologists, physical therapists, rheumatologists, anesthesiologists, osteopathic physicians, chiropractors, nurse practitioners, nurses, administrators, psychologists, and other related healthcare professionals also are welcome to attend and learn.

In addition to general sessions, symposia, pre-courses, poster presentations, guest speakers and Special Interest Groups, a larger technical exhibit hall will host a multitude of exhibitors who offer the latest equipment and services for the healthcare professional. You can benefit from present current research and data, discussion of new scientific developments. The meeting also fosters research and training in the field of spinal disorders, and expansion of the spine care community through networking opportunities.

The Annual Meeting is designated by NASS as an educational activity with Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spends in the educational activity. Additional credit is earned by attending the pre-meeting courses. NASS is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Coding Update 2002 program has prior approval by the American Academy of Professional Coders (AAPC) to grant continuing education hours for this pre-meeting course. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

Continuing education units are currently being applied for nurses, nurse practitioners, and physical therapists. Complete accreditation information will be included in the program brochures.

Look for Preliminary Programs to be mailed in June 2001.

Help Us Find Our Lost Members

In our database, several NASS members have surfaced with incorrect mailing addresses. If you have any information about the following members, please send the correct information to our offices at NASS, 22 Calendar Court, 2nd Floor, LaGrange, IL 62525.

They are: James R. Brandon, MD; Harry Crock, MD; Jee Soo Jang, MD, PhD; David P. Kraker, MD; D. Kailai Rajan, MCh; Samuel Thampi, MD; and Mehmet Zileli, MD.



NASS Encourages Physical Therapists, RNs, PAs to Become Affiliate Members

By Elizabeth F. Yurth, MD
Membership Review Committee Chair

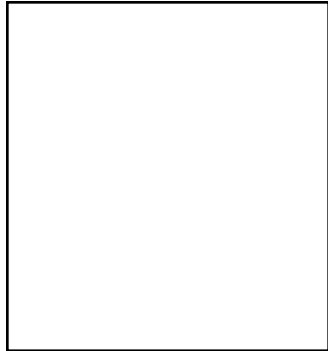
In February, NASS sent a recruitment mailing out to the members of the American Physical Therapy Association, Spinal Cord Injury Nurses Association and physician's assistants. This mailing included an application, cover letter and brochure.

During SIG Focus Group meetings held at the October 2000 Annual Meeting, support staff of our physicians mentioned their desire to be included in the meetings so they can better assist their physicians and practices. Our Affiliate Membership category meets this need and is open to any allied healthcare professional with an active interest in spine care, including nurses, physical therapists, chiropractors, non-Board-certified physicians, and biomedical device engineers and other researchers who work for manufacturers.

By becoming Affiliate Members, your staff will enjoy the many benefits of NASS, including:

- A significant registration discount to the comprehensive Annual Meeting, as well as other NASS-sponsored ACCME-accredited Continuing Medical Education programs.
- A subscription to *SpineLine*, our bimonthly magazine updating members on the sociopolitical and scientific activities of the society and its members.
- A subscription to our new peer-reviewed publication, *The Spine Journal*, which provides a multidisciplinary perspective and clinical focus unique to the field of spine.
- *Contemporary Concepts* on topics such as "Radiographic Assessment for Patients with Low Back Pain," "Lumbar Discography," "Epidural Steroid Injections" and "Arthroscopic Microdiscectomy."
- Opportunities to take part in a task force or committee studying critical issues and current practices to make recommendations and issue guidelines that will impact the future of spine care.
- A full range of research grants and fellowship programs, and awards for outstanding unpublished scientific papers and poster presentations.

We hope you will encourage your support staff to join NASS today! If you would like more information or membership applications, please contact Vicky Rappatta, Membership Manager, by phone at



Volker Sonntag, MD, makes donation of \$20,000 to SRF

**By Casey K. Lee, MD
Chair, NASS Research Fund Management Committee and
NASS Past President**

I am delighted to announce the first Founder's Level contribution to the NASS Spine Research Foundation. NASS President Volker K.H. Sonntag, MD, and his wife, Lynne, have committed \$20,000 to assist in ending the future of spine related research.

I am deeply grateful for this expression of confidence in NASS' research efforts. I am hopeful that other NASS members will follow their generous and steadfast leadership.

The need for funding for research has never been greater. It is only through the continued growth of our knowledge of the spine and its disorders that we can improve patient care. Volker and Lynne recognize this essential truth and have graciously accepted the respon-

sibility to do their part to ensure that funding will always be available for the highest quality spine related research.

NASS' approach to supporting research is unique in the industry. The research funded through the NASS Annual Research Fund (and eventually with the interest income from the Spine Research Foundation) is anatomically based, rather than specialty-based, providing for the most comprehensive and encompassing understanding of the etiology of spine disorders and their most effective treatments. This translates directly to better care for our patients.

Volker and Lynne have set the pace for the second half of the Spine Research Foundation campaign. Each member of the NASS Board of Directors has pledged his financial support over the next 3 years to assist the Spine Research Foundation in meeting its initial goal of \$2 million by 2002. My wife, Connie, and I are currently working with our personal financial advisor to determine the largest possible gift that we are able to contribute at this time.

I urge you to consider your ability to make a meaningful contribution to the Spine Research Foundation and the future of spine care. Please do your part to help NASS reach this essential goal.

NASS Representatives Meet With Key Legislators

On Tuesday, March 6, NASS members Volker K. H. Sonntag, MD; David Wong, MD; Joel Press, MD; Thomas J. Errico, MD; Neil Kahanovitz, MD; and Phillip L. Schneider, MD, met with key legislators about the needs of spine care providers and NASS to help provide effective and efficient spine care. Legislative Day was separated this year from the Back to Health Month Congressional Luncheon this year, to allow for more one-on-one discussions.

Spine Research Foundation Donors*

Spine Research Foundation Individual Contributions Silver Level (\$1,000 to \$2,499)
Thomas J. Errico, MD
Charles B. Goodwin, MD
Michel Andre Kildare, MD
Robert F. McClain, MD
Bert E. Schell, MD, and
Barbara J. Deal

Bronze Level (gifts up to \$999)
Howard S. An, MD
E.J. Norby, MD
Bernard A. Pfeifer, MD
Edward Donald Simmons, MD
Miyuki Takeda, MD
Sidney L. Wallace, MD
Thomas R. Walsh, MD

Corporate Contributions Century Club Level (\$1,000 to \$9,999)

Blackstone Medical, Inc
November 15, 2000 to February 21, 2000

Partners in Spine (contributions through OREF) Corporate
De Puy Acromed \$50,000

Annual Research Fund Contributors Individual
Thomas G. Andreshak, MD
James B. Boscardin, MD
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Timothy L. Keenen, MD
Norman B. Livermore III, MD
Marc I. Malberg, MD
Richard J. Nasca, MD
John G. Peters, MD
William O. Samuelson, MD
Jorge E. Tijmes, MD
Thomas R. Walsh, MD
William C. Watters, MD
J. Nathan Wilson, MD

Calendar of 2001 Spine-Related Meetings, Courses

American Orthopaedic Society of Sports Medicine
27th Annual Meeting
Keystone, CO
June 28-July 1, 2001

American Academy of Physical Medicine and Rehabilitation
63rd Annual Assembly
New Orleans, LA
September 13-16, 2001

Orthopaedic Trauma Association
17th Annual Meeting
San Diego, CA
October 18-20, 2001

North American Spine Society Annual Meeting
Seattle, WA
October 31-November 3, 2001

American Orthopaedic Society
10th Annual Meeting
Washington, DC
November 9-10, 2001

Radiological Society of North America
87th Scientific Assembly and Annual Meeting
Chicago, IL
November 25-30, 2001



Regulations on Medical Records Privacy Released

Before leaving the White House in January, the Clinton administration released new regulations on privacy of medical records. The rules will take full effect in 2 years.

The final standards are more far-reaching than the proposed rule and could affect most physicians, patients, hospitals, pharmacies and health insurers. Not only will the privacy regulations create the first federal fines and prison time for violators, but the rules cover both electronic and paper records as well as oral communications by health care providers and health plans. Oral communications include telephone conversations and consultations.

Under the rule, health care providers must ensure the integrity and confidentiality of health information and use and disclose information only as authorized. Health information used for public health, health oversight, research, coroners and medical examiners, and government health data systems are permitted by regulation without consent. Doctors, hospitals and insurers also will be allowed to disclose medical records to law enforcement officials, however, only if there is a warrant, a subpoena or other written legal order. Doctors must ensure compliance with

those with whom they do business. Physicians will be responsible for ensuring that there are no violations by other parties, including accountants, lawyers and billing companies.

Civil infractions will result in fines of \$25,000; criminal violations will result in a \$50,000 fine and a one-year jail sentence. Violations done for commercial advantage or personal gain will face a fine of \$250,000 and 10 years imprisonment. Doctors, hospitals and insurers must give patients a clear written notice of their rights, explaining how medical information will be stored, used and disclosed. Each patient will have a right to obtain a "disclosure history" listing entities that received information unrelated to treatment or payment. Personal medical information may not be disclosed for purposes unrelated to health care unless the patient explicitly gives permission. The new rule permits consumers to inspect and copy their personal health information in their medical records and request corrections of inaccurate information.

New rules do not permit patients to sue for damages, but health care providers may find themselves open to suits under state law for breach of

AMA Disagrees With Rule Change

American Medical Association President Randolph D. Smoak Jr., MD, disagrees with the Health Care Financing Administration's decision to allow anesthesia to be administered during surgery without physician supervision.

"This misguided govern-

ment action ignores the substantial difference in training and qualifications between a nurse anesthetist and a physician. A physician has at least 7 years of medical education, including hands-on residency experience in a hospital. In contrast, about one-third of

New Patient Education Materials Available from NASS

By John Hugus, MD
Chair, NASS Public Education Committee

Over the past several years, in response to results of a survey completed by NASS members indicating the need for spine-related patient education materials, the Public Education Committee has been developing patient brochures and handouts.

Based on the response so far, we are meeting your needs. The first brochure, "Herniated Lumbar Disc," was released in July 2000 and has sold more than 30,000 copies. "Spondylolisthesis" was produced in late 2000 and more than 10,000 copies have already been sold. A new brochure offering instructions for use and precautions about taking "NSAIDs (Nonsteroidal Anti-inflammatory Drugs)" is now available, and brochures on "Spinal Fusion Surgery," "Herniated Cervical Disc" and "Lumbar Spinal Stenosis" will be available by late Spring. (Orders taken now will be delivered within three months. Please see the enclosed order form in this issue of *Spine-Line*.)

nurse anesthetists do not even have a bachelor's degree," said Dr. Smoak. He added that decisions made during surgery can mean the difference between life and death, and all patients deserve to have an experienced physician on hand in case of a dire anesthesia emergency.



Provider Education Project Focus Group Findings Revealed

The Provider Education Project, a key component of the Health Care Financing Administration's (HCFA) efforts under the Medicare Integrity Program (MIP), has recently completed focus groups with practitioners and providers who provide care to Medicare beneficiaries, and personnel who bill for those services. The findings from 17 focus groups in five cities with 111 participants, along with a national survey slated for early 2001, will allow HCFA to design a comprehensive education plan that will deliver clear, consistent information about submitting Medicare claims.

The overall purpose of the focus group study was to gather information about education that practitioners, providers, and their billing professionals would find helpful when submitting Medicare claims. The focus groups also discussed the best ways to deliver that education to them. Participants in the groups included Medicare billing organizations and Medicare providers, including administrators from Part A skilled nursing facilities; home health agencies; hospital-based emergency departments, outpatient clinics and ambulatory surgical centers; and Part B practitioners.

Questions for the focus groups were formulated with the input from the Provider Education project's Technical Working Group (TWG), composed of representatives from 20 medical and professional associations.

When asked to identify the types of resources they currently use to code and submit

claims, the participants reported that there are a number of sources available to them. Throughout the country, participants emphasized the need for information to be organized so it would make authoritative information easily accessible.

When asked about the percentage of Medicare claims returned to practitioners' offices for corrections, the majority of participants reported that between 1 and 5 percent of submitted claims were denied or rejected. Although a low percentage of claims were returned, participants said problems could be time-consuming to resolve.

Most participants said they wanted better access to claims coding and filing procedures specific to medical specialties. They reported that HCFA and its Fiscal Intermediaries and Carriers already provide general information for new practitioners, providers and billing professionals, but that specialty-specific information for more complex situations would be helpful. The Fiscal Intermediaries and Carriers are private companies that contract with HCFA to process Medicare claims.

Fiscal Intermediaries and Carriers were cited as a primary source for claims coding and submission information. Focus group participants suggested ways the Fiscal Intermediaries and Carriers could improve their educational efforts.

Practitioners, providers and billing professionals indicated that they generally received feedback about the accuracy of submitted claims on a claim-by-claim basis. They

expressed interest in receiving reports from HCFA on their claims accuracy. Such reports, they said, would help them to review trends over time and enhance their continuous quality improvement efforts.

Participants were asked about what effective training techniques HCFA could provide. While many indicated that high-technology options, such as Web-based training, e-mail information, and listservs (software that manages distribution lists for e-mail) would be very helpful if they are easy to navigate and use, other participants preferred traditional training methods such as seminars, meetings, and mailed bulletins. Some of these practitioners and providers do not have access to the Web. Others said they preferred seminars and meetings because they provided opportunities to interact with instructors and their peers.

Overall, Medicare practitioners and professional billers expressed the need for accurate, consistent, timely, specialty-specific information as well as feedback in order to code and submit claims correctly the first time. Based on the feedback from the focus group participants, delivery of training will need to be a mix of traditional and technology-enhanced techniques. Throughout the country, participants said training is not so much a matter of delivery (how they are trained), but whether or not the information they receive through training is accurate.

Stark II Update Issued in Federal Register

As of January 4, 2001, the Department of Health and Human Services issued the final rule for Medicare and Medicaid Programs; Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships (Stark II regulations). This is only Phase I of the final rule and Phase II is expected shortly.

The final rule may be obtained via the Health Care Financing Administration (HCFA) Web site: www.hcfa.gov/regs/regsnofices.htm or call the order desk at (202) 512-1800 to purchase a copy for \$8.

The effective date is January 4, 2002 except for section 424.22d which will be effective Feb. 5, 2001. Interested parties are invited to provide a comment within the 90-day comment period that has been issued with a deadline of April 4, 2001.

APTA Pleased With Congressional Act

The American Physical Therapy Association is pleased with the Medicare, Medicaid and SCHIP Benefits Improvement Protection Act approved by Congress, claiming it is "a recognition of physical therapists as 'qualified practitioners' in fabricating custom orthotics and prosthetics under Medicare, exempting them from the certification process." The Act includes a 1-year extension of the Part B Medicare moratorium on the \$1,500 cap on physical therapy services through 2002.



Regional Coding Seminars Necessary for Physicians and Staff

By Tom Faciszewski, MD
 Director, Council on Socioeconomic Affairs

The upcoming 2-day Coding Update 2001 Seminar in Boston on April 6 and 7 still has a few openings.

Course participants will: gain a basic understanding of the coding process and importance of correct coding on practice reimbursement; learn to recognize the difference between Evaluation & Management and Procedure Codes; gain awareness of modifier and add-on code usage; learn how to integrate new spine injection and procedure codes to be introduced in 2001; learn to code spine procedures correctly based on documentation and AMA coding rules; and differentiate between HCFA's and third-party reimbursement rules.

In addition to myself, instructors for the course include Francis P. Lagattuta, MD; Bernard Pfeifer, MD; Gregory J. Przybylski, MD, PhD; and Michael W. Wolff, MD.

Up to 13.0 hours in Category 1 credit toward the AMA Physician's Recognition Award is available, as well as 13.0 continuing education hours approved by the American Academy of Professional Coders.

To register, please contact: Donna Bergstrom, NASS Registrar, 22 Calendar Court, Suite 200, LaGrange, IL 60525; toll-free, (877) SpineDr; e-mail, bergstrom@spine.org.

FDA Approves Scaffold

The FDA has given market approval of a "scaffold" for repairing bone defects in the spine, limbs and pelvis.

In an interview with Reuters, Scott Boden, MD, said this type of product can be used to reduce the amount of a

patient's own bone needed for a procedure, and in general, these types of scaffolds have had limited value for posterolateral lumbar fusions.

He said the best option for spine fusion is to use the patient's own bone transplanted

from their pelvis, but because failure rate can be as high as 45%, there is an aggressive search for alternatives to the patient's own bone. The product, Vitoss, is manufactured by Orthovita and is on the European market.

Additional Procedure Paragraph Can Help Get Full Reimbursement for Physician Work

By Steve Heim, Chairman
 Operative Coding Committee

It has come to the attention of the Operative Coding Committee, through the review of members coding questions and answers, that several of the billing and coding errors could be alleviated by one single action—adding a procedure paragraph in AMA CPT Terminology to the operative note.

The procedure paragraph performs 3 important functions:

- Concisely states the actual physician work performed.
- Allows physicians and coders to accurately bill for physician work after procedure is performed.
- Supports and defends the submitted bill in conjunction with the procedure summary.

The procedure paragraph should contain the following:

- Actual physician work performed utilizing AMA CPT terminology.
- Listing of spinal region, segments and/or levels on which the physician work is performed. Specific levels (L1-L3 or L1, L2, L3) are preferred by coders over 3-level or 2-level descriptions. If you chose to use 2- or 3-level descriptions, be aware of the appropriate counting of interspace versus segment

coding requirements.

- List if procedure is performed bilaterally or unilaterally as appropriate.

It is beneficial to add, when appropriate, if decompression of the nerve root was performed or additional terminology to assist in the appropriate code selection. This documentation is also important when utilizing additional technology as appropriate, such as an operating microscope.

A standard operative note template is found below.

"NASS strongly believes a physician performing a procedure of services must be involved in the practice or

facility coding process. It is imperative not only to ensure correct coding and appropriated reimbursement but to ensure compliance with increasing fraud and abuse mandates by the United States Office of Inspector General. The added indications paragraph assists in this effort.

You can obtain additional guidance on suggested operative note contents in the *2001 Common Coding Scenarios for Comprehensive Spine Care*. To order a copy or request information about Coding Update Regional Seminars, call NASS at (708)588-8080.

Standard Operative Note Template

Patient Name: _____	Date: _____
Surgeons (Co-Surgeons): _____	
Assistant: _____	
Preoperative Diagnosis: _____	
Postoperative Diagnosis: _____	
Procedure: _____	
Anesthesia: _____	
Estimated Blood Loss: _____	
Indications for Surgery: _____	
Surgical Findings: _____	
Summary of Procedure: _____	
Physician Signature: _____	