2011 ANNUAL SPRING MEETING

The 46th Annual Spring Meeting of the American Neurotology Society will begin on Saturday, April 30th concluding Sunday, May 1, 2011 at the Sheraton Chicago Hotel & Towers in conjunction with COSM. Please see the enclosed Program and Abstract book for the complete scientific program.

The ANS President's Reception will take place on Friday evening, April 29, 2011 aboard "The Summer of George" from 6:15-8:45 pm. Don't forget to mark your calendar for a fabulous evening with your colleagues. ANS members may sign up for the Reception when registering for COSM.

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The Scientific program kicks off Saturday afternoon with the Neurotology Fellow Award. Two recipients were chosen for this prestigious award. Dr. Matthew L. Bush, Fellow at The Ohio State University, will present "Treatment of Vestibular Schwannoma Cells with ErbB Inhibitors". Dr. Felipe Santos, Fellow at House Ear Clinic will present "Clinical and Histopathological Features of Intralabyrinthine Schwannomas". Each recipient will be awarded $500 and a commemorative plaque.

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The William F. House lecturer, Dr. Debara L. Tucci will address global hearing, followed by a discussion with the audience and an update on the Coalition for Global Hearing Health from Dr. James E. Saunders.

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ANS MEMBERSHIP

Nineteen ANS membership applications for Associate, Fellow and Upgrade to Fellow were processed for the year 2011. The Membership and Credentials Committee, comprised of Chairman, Dr. Robert Muckle, along with Drs. Sanjay Bhansali, Nancy Young, Michael Hoffer and Allan Rubin reviewed the applications in detail. The Committee approved and recommended all the Candidates. The ANS Executive Council unanimously approved the following slate of Candidates for 2011 ballot. Instructions for voting online via SurveyMonkey® were e-mailed to approximately 340 ANS Fellows and Senior Fellows. Ballots were tallied and mailed to approximately 340 ANS Fellows voting online via SurveyMonkey® were e-mailed to approximately 340 ANS Fellows and Senior Fellows.

There are currently 546 ANS members.

Twelve new Associate and five new Fellow members will be inducted for membership at the annual Spring Business meeting on April 30, 2011. Two Associate members will be upgraded to Fellows.

From the Desk of the Secretary-Treasurer

Anil K. Lalwani, MD

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A MESSAGE FROM THE PRESIDENT OF THE AMERICAN NEUROTOLOGY SOCIETY - J. Douglas Green, Jr., MD

I want to take this opportunity to thank each of you for your contributions to the American Neurotology Society. As a small subspecialty society, we need each of you to support the ANS. Many of you contribute through service on the various ANS committees and the ANS Executive Council. Others support our educational efforts by presenting research and cutting edge reviews on topics relevant to Neurotology. We learn from one another in many ways and must continue to do so. William F. House, MD stated that the greatest gift we can give to those who taught us about Neurotology, is to pass on what we have learned to others.

In our changing health care environment, now, more than ever, we need one another. The deck seems to be stacked against us with declining reimbursement, battles with third party payers, meaningful use requirements for electronic medical records, accountability care organizations and a general lack of understanding for what we do as neurotologists. Together with the American Academy of Otolaryngology-Head and Neck Surgery, the ANS is your voice in advocacy for Neurotology. The importance of our efforts is seen in the changing CPT coding for transtympanic injections, comprehensive audiology, rotary chair testing and videonystagmography. We hope to better understand the needs of our neurotology colleagues and will be sending out a questionnaire via SurveyMonkey to determine the concerns of our membership. Please take the time to complete the questionnaire since your responses will help us determine the priorities and future direction of our society.

My wife, Kelley, and I would like to invite each of you to join us for the ANS President’s Reception in Chicago on Friday, April 29th, prior to the ANS Annual Spring Meeting. The reception will be held on board the “Summer of George”, a cruise vessel docked on the Chicago River only a short walk from the Sheraton Chicago Hotel and Towers. Please make arrangements to arrive early on Friday, as the reception will begin at 6:30 p.m. The ship will leave the dock at 7:30 p.m. for a one hour cruise down the Chicago River. This year’s program for the ANS Annual Spring Meeting is outstanding. In addition to the research presentations research presentations customary to the spring meeting, panels will be held highlighting “Challenging Diagnostic Dizzy Dilemmas - Clinical Exam and Lab Testing Pearls” and “Advances in Molecular Diagnostics and Therapeutics in Otology”. Dr. Debara Tucci will deliver the William F. House Lecture on the topic of “Developing Effective Strategies to Minimize Global Hearing Impairment”. All of us will enjoy Deb’s lecture, particularly those who are active in medical missions. The lecture is in keeping with the theme of Bill House’s life “so all may hear”.

The rich heritage we share as Neurotologists is unique and inspiring. The future of our specialty is bright and will depend on the efforts of all of us. Thanks again for your support in developing our specialty during these challenging times!

Respectfully yours,

J. Douglas Green, Jr., MD

The following questions were asked of attendees via a follow-up survey of the ANS Fall meeting, held September 25, 2010 in Boston MA.

![Graph](image-url)

For future meetings what do you feel would be of value to you in your practice of Neurotology? What type of sessions would you like?

- Panels with discussion
- Basic Science lectures
- Audience-Response Technology
- Experts in the Field of Neurotology
- Didactic papers
- Other

If the following were offered, would you attend a full morning of ANS sponsored study groups, prior to the ANS Annual Fall Scientific Program, including the House Cochlear Implant Study Group, the Stereotactic Radiosurgery Study Group, and the Facial Nerve Study Group?

- Yes, I would definitely attend
- Yes, I would probably attend
- Yes, but only if CME Credit is offered for all activities
- No, I would not attend the study groups, and only plan on attending the ANS scientific meeting

Comments from respondents of the ANS Follow-up Questionnaire for the ANS 2010 Fall meeting, Boston, MA:

- Great idea!
- Coordinating these groups so they do not conflict would be most helpful.
- This would be the best academic day of the year.
- These study groups are very useful and provide practical information.
- I have interest in all these areas and integrating them into a morning session would be ideal.
- This would be a blockbuster, CME credits would be icing on the cake!
- There are too many competing meetings, this would solve the problem.
Continuing Medical Education Committee Report

The ANS CME committee continues to strive to provide our membership with educational programs that are informative and innovative while meeting continuing medical education guidelines. As many of you have already experienced, ACCME guidelines for meetings and presentation content is an ever-shifting target. To address these new demands, we have been working hard to conform to these new guidelines while trying to make the experience seamless as possible for all involved. To highlight some of these changes:

1. All presentations submitted for the Fall and Spring meetings are now reviewed by two CME committee members, both prior to the meeting and during the presentation itself, to ensure all ACCME guidelines are met.
2. We have greatly facilitated post-meeting surveys using the online service SurveyMonkey®.
3. We have joined forces with the American Otological Society to combine our CME efforts under the auspice of The AOS/ANS Joint Council; this not only reduces the work related to ACCME Reaccreditation, but also significantly reduces our cost to provide you with CME credit.

We are also very excited to tell you about the new format for upcoming Fall meeting program. With the plethora of excellent study groups, often at overlapping times, it becomes difficult to choose which meeting to attend. We have thus coordinated the meeting times of the Stereotactic Radiosurgery Study Group, the House Cochlear Implant Study Group, the Facial Nerve Study Group and the ANS Fall Program, all meeting in the same room, immediately following each other. While CME credit is still only offered for the ANS Fall scientific program, the leaders of each group are considering CME for all these activities as we move forward. We believe this will greatly enhance the educational experience on Saturday before the Academy meeting officially begins.

We look forward to seeing you at the upcoming Spring and Fall meetings, and if you have any ideas on how to improve the CME experience, please do not hesitate to contact me.

Respectfully submitted,
Lawrence R. Lustig, MD
ANS CME Director

Guideline Development Task Force update

The American Neurotology Society was recently represented in two activities of the guideline Development Task Force (GDTF), sponsored by the American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNS). The charge of the GDTF is to formulate evidence-based guidelines for clinical care issues important to the broad field of Otalaryngology. The GDTF therefore has representatives from all subspecialties in Otalaryngology, and a number of administrative and elected officials of the AAO-HNS. The GDTF met on November 22, 2010 at AAO-HNS headquarters in Alexandria, Virginia, and the ANS was represented by David M. Barrs, MD. The committee selects future topics for guideline or consensus statements. Previous completed otologic guidelines are “Acute Otitis Media”, “Benign Paroxysmal Positional Vertigo”, and “Impacted Cerumen”. While the committee did not select our current suggested topic, “Guidelines for imaging in asymmetric sensorineural hearing loss”, it did select two other topics for development that are of interest to otology: “Tympanostomy Tubes in Children” and “Tinnitus”. Other ANS members present, representing other entities, included Sujana Chandrasekhar, Michael Ruckenstein, and Michael Hoffer. The ANS members all sat together in a strong otology voting block, appropriately named by Sujaan as the “Cool Kids”.

The ANS has two other suggested topics actively in GDTF development: “Unilateral Facial Palsy”, which is slated to begin in the summer of 2012, and “Sudden Hearing Loss (SHL)”, which is in process currently. The SHL guideline is being developed by a multidisciplinary group primarily with otolaryngologists, but also other disciplines including neurology, emergency medicine, family practice, nursing, as well as consumer advocates. The panel has had two teleconferences and had the first of two face-to-face meetings at AAO-HNS headquarters January 21 and 22, 2011, with the ANS represented by David M. Barrs and James E. Saunders, and again with other ANS members representing other organizations: Sujana Chandrasekhar and Debora Tucci. The panel has the second Face-to-face meeting scheduled for March 20-21 in Alexandria to review and assemble the preliminary guideline. Publication is targeted for the end of 2011.

Respectfully submitted,
David M. Barrs, MD
ANS CME Director - GDTF

SSAC update

The Sub Specialty Advisory Council (SSAC) of the American Academy of Otolaryngology-Head and Neck Surgery is composed of representatives from each subspecialty. The Council serves as an important voice for the interests and future direction of the ANS. Resultant ANS-AAO/HNS collaborations have included co-sponsored mini-seminars during the annual Academy meeting. The first mini-seminar arising from this collaboration was entitled: “What’s New in Implantable Hearing Aids”. Although the Wednesday placement of this seminar was not ideal, the program still drew over 150 attendees.

In addition, the SSAC has negotiated for several direct assignments to key AAO-HNS committees. The ANS President, Dr. J. Douglas Green Jr. selected the following individuals to represent the ANS:

- Calhoun D. Cunningham III, MD - Otology and Neurotology Education Committee
- Moises A. Arriaga, MD - CPT and Relative Value Committee

Initiatives in development include ways to streamline abstract submission to both the AAO-HNS and ANS.

Respectfully submitted,
Samuel H. Selesnick, MD
ANS SSAC Representative

ANS Fellowship Committee

The Fellowship Committee of the American Neurotology Society (ANS) offers thanks to Dr. Steve Telian who has chaired the committee for the last five years and is now rotating off. Under Steve’s leadership, the committee has worked with the RRC to establish guidelines for programmatic review of ACGME accredited fellowships, including minimal caseloads necessary for maintenance of accreditation. These are broad guidelines that take into consideration the wide variations in institutional practice styles and surgical volumes. The committee has worked to establish a standardized method for the reporting of surgical cases by fellows using an online CPT based system that reports the approach, definitive resection and reconstruction. This system is similar to that which is currently in use by ACGME accredited otolaryngology programs for use by ACGME reviewers. This work is nearly complete. The committee has successfully balanced the discrepancy between available fellowship positions of even and odd years thus affording a more equal opportunity for graduating residents.

Moving forward, the committee will work to involve neurotology fellows in ANS activities including active participation in meetings and governance activities. We will continue to work with the RRC to define evolving guidelines for training. We will make an effort to assess available career opportunities for graduating fellows and the potential need or lack thereof of for additional fellowship positions.

Respectfully submitted,
Michael J. McKenna, MD
Fellowship Committee Chair

Socio-economic Committee

The Socio-economic Committee of the ANS will be organizing a questionnaire to look at demographic issues within our field. Topics will include the basics such as solo practice, group practice (otolaryngology, multispecialty, neurotology), academic practice, etc. Questions about acoustic neuroma surgery, cochlear implants including how many the average Neurotologist perform in a year. How much of a typical Neurotology practice is devoted to vestibular patients? Hearing loss? Chronic ear problems? The basic question is “What do we need to know to better serve our members?” This would include education, advocacy, coding information, and scope of practice.

Committee members are hard at work putting together this survey, please take the time to complete it as we will be feeding the results back to the membership once the data is reviewed. The goal is to better define our direction for pursuing key issues to the society.

Respectfully submitted,
Douglas D. Backous, MD, FACS
Socio-Economic Committee chair
Otology Coding Update 2011
By Kim Pollock, RN, MBA, CPC

Stereotactic Navigation
Add-on CPT code 61795 (Stereotactic computer assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)) was deleted in 2011. This code was replaced with the following three add-on CPT codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>61781</td>
<td>Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure).</td>
</tr>
<tr>
<td>61782</td>
<td>Cranial, extradural (List separately in addition to code for primary procedure).</td>
</tr>
<tr>
<td>61783</td>
<td>Spinal (List separately in addition to code for primary procedure).</td>
</tr>
</tbody>
</table>

Certainly, CPT 61781 and 61782 are most pertinent to otologists. CPT instructions state not to report 61781 and 61782 together. Remember to document, in the operative report, your pre-incision work of loading scans, registering coordinates and planning the procedure as well as using the navigation during the case.

Transtympanic Injection
CPT 69801 (Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal) was revised in 2011 and now states: Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal.

Key points about this code include:
- CMS has now assigned a 0-day postoperative global period for 69801; therefore, subsequent injections or office visits may be separately reported.
- The myringotomy and/or tube performed on the same ear is included in 69801 and not separately billed, and Medication injected may be separately reported using a HCPCS II code (e.g., J1580 for Gentamicin).

Canthohelical Repositioning Procedure
CPT, in 2009, introduced a new code for this procedure, 95992 Canthohelical repositioning procedure (e.g., Epley maneuver, Semont maneuver, per day). At that time, Medicare considered the service to be bundled into an Evaluation and Management (E&M) code and not separately paid. The American Academy of Otolaryngology-Head and Neck Surgery (AAOHNs) repeatedly advocated with CMS to reimburse 95992. Effective 1/1/11, CMS considers 95992 to be an “active” and payable CPT code and has assigned 1.25 total relative value units (RVUs) to the code.

It is important for otologists to stay current on coding and practice management issues so that revenue is optimized and revenue cycle processes are streamlined.

Kim Pollock is a consultant with KarenZapko & Associates, Inc. www.karenzapko.com and teaches the AAOHN’s coding courses. She has 30 years experience in the health care industry including ten years as an otology nurse and administrator of the Dept of Otolaryngology at UT Southwestern Medical Center.

ABO Neurotology Subcertification Update
Robert H. Miller, MD, MBA, Executive Director
American Board of Otolaryngology

The American Board of Otolaryngology (ABOto) created a pathway to subcertification in Neurotology to recognize the expertise and extra training these diplomates possess. For the purposes of subcertification, a neurotologist is defined as an otolaryngologist-head and neck surgeon who provides comprehensive medical and surgical care of patients with diseases and disorders that affect the temporal bone, lateral skull base and related structures of the head and neck.

A neurotologist has command of the core knowledge and understanding of:
- the basic medical sciences relevant to the temporal bone, lateral skull base and related structures; the communication sciences, including knowledge of audiology, endocrinology and neurology as they relate to the temporal bone, lateral skull base and related structures.
- advanced diagnostic expertise and advanced medical and surgical management skills for the care of diseases and disorders of the petrous apex, intratemporal fossa, internal auditory canals, cranial nerves and lateral skull base (including the occipital bone, sphenoid bone, temporal bone, mesial aspect of the dura and intradural management), in conjunction with neurological surgery.

The ABOto subcertified its first Neurotology diplomates in 2004. Since then, 223 otolaryngologists have been subcertified in Neurotology. The standard pathway for eligibility is the completion of an ACGME approved Neurotology fellowship of which there are currently sixteen.

The alternate (practice) pathway for eligibility to take the examination will close with the 2012 exam. However, candidates who have met the eligibility criteria for the 2012 exam will be allowed to take the exam in succeeding years if they are not successful in 2012. Diplomates who have been certified or subcertified since 2002 receive a ten year time-limited certificate and are required to participate in the ABOto Maintenance of Certification Program in order to maintain their certificate.

The next Neurotology exam will be given April 18, 2011. The 2012 exam will be given on April 2, 2012; the deadline for the application for the 2012 has not been set yet. Anyone interested in the 2012 exam should contact the office of the American Board of Otolaryngology to let them know (5615 Kirby Drive, Suite 600, Houston, Texas 77005; Phone: 713-850-0399; Fax: 713-850-1104). ABOO keeps a list of individuals interested in the Neurotology exam and will communicate with potential applicants directly. Interested parties should also check the ABOto website (http://www.aboto.org/) periodically for information about the exam.

Mark your calendar

The 46th Annual ANS Fall meeting will be held on Saturday, September 10, 2011 at the Moscone Center in San Francisco, CA. A full day of instructional programs and education is in the works. Visit the ANS website for details.