



# American Neurotology Society

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August 2011

## From the Desk of the Secretary-Treasurer

ANIL K. LALWANI, MD

### A MESSAGE FROM THE PRESIDENT OF THE AMERICAN NEUROTOLOGY SOCIETY - JEFFREY T. VRABEC, MD



**K**nowledge is dynamic. Twenty years in practice has reinforced in me the obligation to continually build on the foundations established in residency and fellowship training for optimal patient care. As new information becomes available, we must place it in context, sometimes forcing us to dismiss existing dogma. The challenge is to examine innovation, selecting ideas that represent advances from those that are just 'different' but do not improve outcome, cost, or efficiency.

Our fall program highlights some areas of evolving knowledge. Try to remember your practice a mere ten years ago. What would you have recommended for individuals with single sided deafness? Would you have correctly diagnosed an individual with third window symptoms? Who did you consider a candidate for cochlear implantation? The panels assembled promise to challenge you to examine your own knowledge in these areas, but only if you join us in San Francisco.

Make sure you get to town early to take advantage of the Saturday morning program. Through the efforts of the ANS, Facial Nerve Study Group, Radiosurgery Study Group, and William House Cochlear Implant Study Group, scheduling now allows attendance at all of these less formal meetings in the same conference room. The format of the study groups has not changed, preserving the collegial discussions these meetings have provided in the past. I want to acknowledge the efforts of the following individuals in making this morning program possible; Larry Lustig, John Leonetti, Ed Monsell, and Craig Buchman.

See you at the meeting.

Respectfully,  
Jeffrey T. Vrabec, MD

### *2011 ANNUAL FALL MEETING HIGHLIGHTS*

**T**he 46th Annual Fall Meeting of the American Neurotology Society will take place on Saturday, September 10, 2011 at the Moscone Center in San Francisco, CA. A full day of educational activities has been planned. The ANS is pleased to sponsor the 2nd Annual Facial Nerve Study Group once again. Please see the enclosed Programs for details.

The educational bonanza begins with the Facial Nerve Study Group, coordinated by Dr. John Leonetti, assisted by Drs. Lawrence Lustig & Sam Marzo. Abstracts were reviewed blinded to author and the top seven were selected for presentation beginning at 7:00am on Saturday, September 10th. Starting at 8:30am, Dr. Edwin Monsell has organized the Stereotactic Radiosurgery Study Group, followed by the ever-popular William House Cochlear Implant Study Group, led by Dr. Craig Buchman from 10:30am-12:30pm. All our welcome to attend!

There will be a short break for lunch at 12:30pm. The Scientific Program kicks off at 1:30pm. ANS President, Dr. Jeffrey Vrabec, selected Dr. George T. Hashisaki as the William Hitzelberger lecturer. Don't miss his presentation entitled, "Hearing Loss and Gamma Knife Radiosurgery".

Based on the feedback from the ANS CME evaluations and follow-up questionnaires, panels continue to rank as the most requested format of Continuing Medical Education. With that being said, *three* exceptional panels will be presented this year. The first panel brings together an outstanding, well-respected group of colleagues led by Drs. Sujana Chandrasekhar and William Slattery presenting "What's New in Single Sided Deafness". Drs. Craig Buchman and colleague, Nancy Young are joined by a group of experts to discuss "Challenges in Cochlear Implantation". Wrapping up the ANS Scientific Program, Dr. H. Alexander Arts, accompanied by an esteemed group of colleagues will moderate a panel on the 3rd Window, entitled, "Semicircular Canal Dehiscence: Difficult Diagnostic and Management Issues". All panels are sure to deliver up-to-date information and lively discussion with the audience.

**Guidelines Development Task Force (GDTF) Meeting  
Alexandria, Virginia, May 23, 2011**

The Guidelines Development Task Force of the AAO-HNS is a consortium of representatives from the various Otolaryngology subspecialties, AAO-HNS staff and methodology experts, as well as consumers, administrators, and nursing. The purpose of the group is to oversee the development of clinical practice guidelines of interest to Otolaryngologists and other clinicians. Dr. David Nielsen, CEO of the AAO-HNS, and Committee Chair, Dr. Rich Rosenfeld, highlighted the increasing importance of guideline development for “best practice” in Otolaryngology as well as to justify practices for third-party payers.

In conjunction with the increased numbers of guidelines worldwide, there has been a call to improve the quality of guidelines. In this regard, the recent publication from the Institute of Medicine (IOM) on Developing Trustworthy Clinical Practice Guidelines was reviewed in detail. The IOM committee charge is to undertake a study to focus on: “the best methods used in developing clinical practice guidelines in order to ensure that organizations developing such guidelines have information on approaches that are objective, scientifically valid, and consistent.” This is a preliminary work and is in circulation for comment. We can be proud of the fact that the AAO-HNS, and particularly Chair Rich Rosenfeld, has been a leader in guidelines development, and cited by the IOM in their standards development. For the most part, the AAO-HNS is either completely or mostly in compliance with the recommendations, and there was no area of non-compliance.

Two areas, however, were discussed by our GDTF group in detail. The first concerns the continually evolving area of Conflict of Interest (COI), which the IOM is suggesting to tighten even further. The IOM feels that COI is not only financial, but also intellectual, meaning that members who have experience, expertise, and publications in the area of interest may also have a bias toward certain treatments and evaluations. The AAO-HNS and the GDTF group will continue to explore selection criteria for membership on guideline panels to balance the concept of intellectual COI with the need for these experienced content experts. One idea proposed may even include dissenting opinions in future guideline action statements.

The second area concerns criteria for revision of guidelines, with the recommendation that guidelines should be reviewed, with revision as necessary, no longer than five years from publication. The group drafted methodology to accomplish this.

The final area of interest to Neurotology was a review of guidelines in development. Only one guideline was proposed at this meeting, from an independent practitioner, “Congenital Hearing Loss”, but was not accepted. One proposal, “Meniere’s Disease”, from the AAO-HNS Equilibrium Subcommittee, and also supported by ANS, that was originally scheduled for presentation at this meeting, will be presented at the next GDTF meeting in the fall. Of some potential concern to the ANS, relative to “near future” guidelines, is that due to the ANS and American Otology Society activity in suggesting guidelines, we are relatively overweight with Otology and Neurotology guidelines, compared to the rest of Otolaryngology. One of the current guidelines in progress, “Sudden Hearing Loss” (nominated by the ANS), is scheduled to be completed in summer, 2011, and another ANS nominated guideline, “Unilateral Facial Paralysis” is scheduled as the next guideline for development. Two guidelines, “Otitis Externa” and “Cerumen Management”, are the first AAO-HNS guidelines due for revision. Nonetheless, ANS members are encouraged to consider and submit to me, or the ANS, their suggestions for Otologic or Neurotologic guidelines. The group was concerned about the paucity of suggested guidelines from all subspecialties, and these can even be areas involving difficulties in reimbursement. The meeting was attended by ANS representative, David M. Barrs, MD, but also by other Neurotologists, Seth Schwartz, MD, who will be the incoming Chair of the GDTF, and Michael Seidman, MD, Chair of the Board of Governors, who survived an in-flight mechanical problem, to attend by way of a six-hour phone conference call!

Respectfully submitted,

David M. Barrs, MD

barrs.david@mayo.edu

**NEUROTOLOGY FELLOWSHIP UPDATE  
D. Bradley Welling, MD, PhD & Michael J. McKenna, MD**

There are currently 17 ACGME Accredited Neurotology Fellowships in the US. The programs include:

<u>PROGRAM</u>	<u>DIRECTOR</u>
1. Baylor	Jeffrey T. Vrabec, MD
2. Harvard/MEEI	Michael J. McKenna, MD
3. House Ear Clinic/USC	William H. Slattery, MD
4. Jackson Memorial Hospital/U of Miami	Simon I. Angeli, MD
5. Johns Hopkins University	John P. Carey, MD
6. New York University	J. Thomas Roland, MD
7. Ohio State University	D. Bradley Welling, MD, PhD
8. Providence Hospital/Michigan Ear Institute/ Wayne State University	Michael J. LaRouere, MD
9. Stanford University	Robert K. Jackler, MD
10. University of California San Diego	Jeffrey P. Harris, MD, PhD
11. University of Cincinnati	Ravi N. Samy, MD
12. University of Iowa	Bruce J. Gantz, MD
13. University of Michigan	H. Alexander Arts, MD
14. University of Minnesota	Samuel C. Levine, MD
15. University of Pittsburgh	Barry E. Hirsch, MD
16. University of Virginia	George T. Hashisaki, MD
17. Vanderbilt University	David S. Haynes, MD

**NEUROTOLOGY SUBSPECIALTY EXAM:** The last opportunity for certification for the subspecialty of Neurotology by the American Board of Otolaryngology for candidates in the Alternate Pathway (those who have *not completed* an ACGME Accredited Fellowship) will be **March 29, 2012**. If a candidate does not pass, up to *two* additional opportunities will be given, but no new applicants will be received after the March 29<sup>th</sup> test date. **APPLICATIONS ARE DUE BY SEPTEMBER 1ST, 2011. AFTER WHICH THE STANDARD PATHWAY WILL BE THE ONLY ROUTE TO NEUROTOLOGY SUBSPECIALTY CERTIFICATION.** For complete details, please visit the ABOTO website at [www.aboto.org/BOI.htm#neurodefine](http://www.aboto.org/BOI.htm#neurodefine)

**CASE LOG REPORTING FORMS:** Issues regarding lack of clarity in reporting of cases has prompted a recommendation from the ANS to the ACGME to change the case log reporting forms. While the changes have not been approved yet by the RRC, ANS is assiduously working towards its approval.

### Results of the 2011 ANS member Socio-Economic Survey

The ANS Socio-Economic Committee surveyed the ANS membership in June 2011. This effort was undertaken to allow the ANS Executive Council and the ANS Education Committee to better understand our basic demographics for the purposes of meeting, education and activity planning. A 16 question, multiple choice, 15-minute survey was emailed to Fellow, Associate, and active Senior members of the American Neurotology Society via Survey Monkey. In all, 474 members were queried and 73 completed all or most of the questions for an overall response rate of nearly 16 percent. Not as many responses as we hoped for, but a well-rounded sampling of the general membership.

Each of the 10 Federal regions was represented with 75% of the respondents falling between 41-60 years of age. Our results were disproportionately weighted toward university/ academican practice type (57.4%). Multi-specialty group (14.7%) and solo otology practice (11%) were the next most represented types in the survey.

Thirty-one percent did an ACGME fellowship and 61.8% have completed the Neurotology Board Exam through the American Board of Otolaryngology. Seventy-six percent of respondents' practice is limited to Otolaryngology/Neurotology and no general otolaryngology.

With regard to intradural procedures per year, 12% reported zero, 24% - 1-10, 31% - 11-30 and 23% stated they perform more than 30. Seventy-six percent partner with a neurosurgeon when doing intradural surgery. Thirteen percent of members completing the survey do not treat vestibular schwannomas while 28% treat up to 10, 44% between 11-30, and 15% treat greater than 30 tumors annually. Fifty percent reported actually administering radiosurgery with either a Gamma knife or a Cyberknife system.

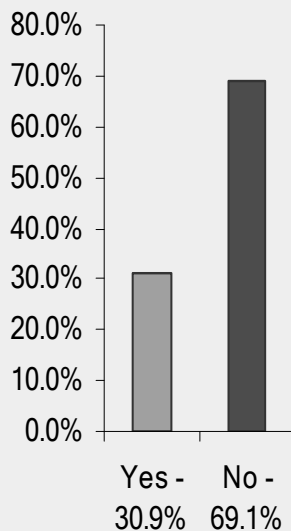
When asked how many cochlear implant surgeries per year, 10% reported zero, 11.7% - 1-10, 56% - 11-30 and 22% - greater than 30 cases. Treating vestibular disorders was up to one-third of the practice for 60% of respondents and up to half of the practice in 28%. The evaluation and treatment of chronic otitis media in patients represented up to one-third of the practice for 57% and half the patient pool in 28% of members responding. Hearing loss accounted for up to 30% of the patient pool in 43% and up to half in 35%.

Ninety-one percent of those completing the survey employ audiologists and 52% use practice extenders (ARNP or PA-C) in their offices.

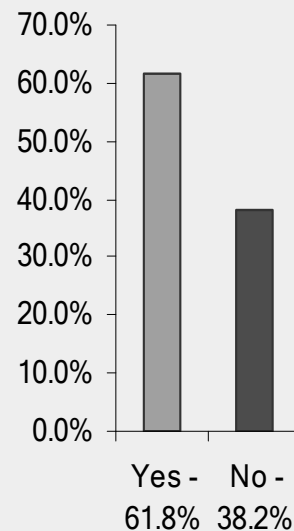
The results of this survey provides needed information for the various committees of the American Neurotology Society as we plan future meetings, education forums and legislative efforts. Our goal is to, to the best of our ability, represent the needs of the ANS membership. Feel free to contact me with any questions you have regarding the results of the survey.

Respectfully submitted,  
 Douglas D. Backous, MD  
 Chairman, Socioeconomic Committee  
[douglas.backous@swedish.org](mailto:douglas.backous@swedish.org)

**Did you do an ACGME approved Neurotology Fellowship?**



**Have you completed the Neurotology board examination?**



## Transtympanic Injection Coding Update 2011

By Kim Pollock, RN, MBA, CPC

Since our article appeared in the ANS Spring Newsletter, we've had several follow-up questions from ANS members about the coding for transtympanic injections. We'd like to share the questions and our responses with you.

**Q:** It was mentioned that CMS has assigned a 0-day global period for code 69801 (inner ear perfusion). Does this mean that if gentamicin or steroids are instilled into the ear on subsequent days, the full code (69801) can be billed each time?

**A:** Yes. You may bill individually for subsequent injections on a different day due to the 0-day global period. Prior to 2011, the global period was 90-days. The RVUs, and Medicare's corresponding allowable, was decreased to reflect the 0-day global period so you'll want to revisit your charge (billed fee) for the procedure. However, some practices are reporting that their Medicare carrier is denying the second and third injections as "global" to the first injection. You should appeal these denials citing Medicare's global period as noted with the arrow in the web link screen shot below (<http://www.cms.gov/apps/physician-fee-schedule>).

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OVERVIEW | **PHYSICIAN FEE SCHEDULE SEARCH** | DOCUMENTATION FILES

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### Physician Fee Schedule Search

Search Results [1 Record(s)]

Selected Criteria:

Year: 2011 HCPCS: 69801  
 Type of Info.: Payment Policy Indicators Modifier: Global (Diagnostic Service) OR Physicians Professional Service where Professional/Technical cor  
 HCPCS Criteria: Single HCPCS Code

Update Results

Print Results Download Results Email Results

For your convenience, search results can be printed, downloaded or emailed.

View Items Per Page: 10 Go

MODIFIER	PROC STAT	PCTC	GLOBAL	MULT SURG	BILT SURG	ASST SURG	CO SURG	TEAM SURG	PHYS SUPV	DIAG IMAGING FAMILY IND
A		0	0	2	1	0	0	0	09	99

**Q:** Do all insurances abide by this new global period?

**A:** Insurance companies should have changed their reimbursement policies to reflect the CPT and Medicare changes effective 1/1/11. You'll want to check with your payors to see if they follow Medicare's rules (most payors do).

**Q:** Regarding 69801, when our doctor does this in office, can we also bill for the drug injected into the ear separately?

**A:** Yes, you may bill a J code for the drug you used but only if you incurred the practice expense for obtaining that drug (usually place of service code 11, physician office). Those of you in a provider-based clinic, or hospital outpatient department, typically cannot bill for the drug because the facility incurred the expense for that medication.

**Q:** Can we also bill for placing the tympanostomy tube using CPT 69433

(Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia)?

**A:** No. CPT guidelines specifically state not to report 69801 in conjunction with 69420, 69421, 69433, or 69436 (e.g., myringotomy, tympanostomy tube placement code) when performed on the same ear.

Kim Pollock is a consultant with KarenZupko & Associates, Inc. ([www.karenzupko.com](http://www.karenzupko.com)) with 30 years experience in the health care industry and teaches the AAOHNS coding courses.

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**New address & fax**

**Mark your calendar**

The 47th Annual ANS Spring meeting will be held on April 21-22, 2012 at the Manchester Grand Hyatt in San Diego, CA. Deadline for Abstract submissions is October 15, 2011. Please visit the ANS website for complete instructions.  
[www.americanneurologysociety.com](http://www.americanneurologysociety.com)

#### AMERICAN NEUROLOGY SOCIETY 2011-2012 EXECUTIVE COUNCIL

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 Myles L. Pensak, MD  
 Sujana S. Chandrasekhar, MD  
 George T. Hashisaki, MD  
**Education Director**  
 Lawrence R. Lustig, MD

#### ~A FRIENDLY REMINDER~

**ANS MEMBERSHIP DUES INVOICES WILL BE MAILED DECEMBER 1, 2011.  
 PAYMENT MUST BE RECEIVED NO LATER THAN MARCH 31, 2012 . FAILURE  
 TO DO SO WILL RESULT IN IMMEDIATE O&N JOURNAL SUSPENSION.**