American Neurotology Society

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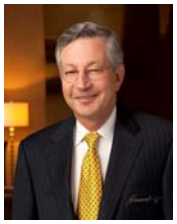
From the Desk of the Secretary-Treasurer

Anil K. Lalwani, MD

A MESSAGE FROM THE PRESIDENT OF THE AMERICAN NEUROTOLOGY SOCIETY
WHAT IS THE STANDARD OF CARE?
CLOUGH SHELTON, MD



Controversies abound in medicine and members of ANS are not immune from issues that appear to have more than one answer. An important question for our membership as the standard bearer for neurotology is "What is the standard of care?" If you have been deposed as an expert witness in a medical malpractice case, you have heard the definition. The standard of care is really a legal term not a medical one. It is not synonymous with standard medical practice. A common definition of standard of care is: "what a prudent physician would do in a similar situation". The standard of care is not expert care.

At the 2012 ANS Spring Meeting, Doug Backous conducted an excellent panel: "Advances in Intraoperative Neurophysiological Monitoring in Neurotology: Indications and Opportunities". The aspect of the panel that caused the greatest amount of discussion was the question of whether facial nerve monitoring should be the standard of care for tympanoplasty and mastoidectomy surgery. Some in the audience routinely monitor all of these cases while others did not. In fact, some members also monitored all of their stapedectomy cases. Others indicated that they monitor all cases, not because it is medically indicated but to insulate themselves from lawsuits. However, it was evident from the discussion that most people were talking about their practice preference rather than the standard of care. How should we determine the standard of care; should we take a vote? We are fortunate that the ANS provides a venue for discussion of these types of topics.

One ANS member stated that he does not routinely use facial monitoring for cochlear implants. It is my practice preference to use facial monitoring routinely for cochlear implants. However, since I believe this individual to be a prudent physician, if asked in the future, I would have to state that, in my opinion, facial nerve monitoring for routine cochlear implants is not the standard of care. It is above the standard of care.

Some have drawn a comparison between intraoperative oxygen saturation monitoring and intraoperative facial nerve monitoring. However, these examples are quite different. The physical findings from low oxygen saturation do not present until very late in the course of events. In contrast, the facial nerve is an anatomic structure that is usually clearly visible in routine ear surgery. In fact, identification of its course is paramount to the conduct of the operation and facial nerve monitoring is no substitute for technical expertise and a thorough knowledge of temporal bone anatomy.

While the routine use of facial nerve monitoring in these cases may not be the standard of care, many feel that it is useful in certain situations with vulnerable facial nerves, such as a patient with an anomalous facial nerve course or the patient who has had a prior facial paralysis from surgery. Always, the decision to use facial nerve monitoring is the prerogative of the surgeon. However, to date, there is very little high level evidence in the literature that facial nerve monitoring leads to better outcomes.

It is clear from the discussion during Doug's panel at our Spring Meeting, that facial nerve monitoring and the standard of care in otologic surgery is very controversial. In these types of situations, discussion and debate are very healthy and necessary. As a society and as a specialty, we wish to advance our field in order to obtain the best outcomes for our patients. However, in today's medical economic climate, we need to strive to obtain the best outcomes without performing unnecessary medical procedures or incurring unneeded costs. I am pleased that the ANS can provide a forum in which controversial topics can be discussed, and hopefully these discussions will ultimately lead to the advancement of our specialty.

I would like to thank you all for the privilege of serving as the President of the American Neurotology Society this past year. I look forward to seeing many of you in Orlando at the ANS Spring meeting. Please join my wife Kay and I at the ANS President's Reception on Friday evening, April 12th.

Warm regards,
Clough

OTOLOGY & NEUROTOLOGY JOURNAL EXCEEDS EXPECTATIONS

John K. Niparko, MD, Editor-in-Chief

With the participation of otologists and neurotologists internationally, the Journal *Otology & Neurotology* continues to experience a period of dynamic growth. In many ways the journal reflects the vitality, innovation and patient-focus that have enabled our subspecialty to thrive. I thank Dr. Anil Lalwani for his invitation to update members of the American Neurotology Society on the journal's status. With the support of the ANS as a foundational sponsor, *O&N*'s impact and worldwide distribution have shown a consistent year-to-year expansion since its inception, born of the vision and passion for communication of Dr. Michael Glasscock.

O&N's impact factor–a measure of 2- and 5-year citations of our published articles– continues to occupy a position in the top 20% of the more than 40 journals related otolaryngology. As a journal that is strongly focused and emphasizes related surgical innovations, such impact is unusually strong.

Novelty, objectivity and strong study designs all contribute to a high rate of citations. But it is only through peer review that quality is assured. *O&N*'s editorial mission is addressed by a large global contingent. Our Associate Editors work on the journal each and every week, and an Editorial Board is asked to contribute reviews monthly. An additional 400 of our colleagues have provided critical reviews this past year. I extend my congratulations to everyone who has contributed to *O&N*'s editorial mission. Your time, dedication and insight are the lifeline of *O&N*.

A slight reduction in print circulation of the journal—a sign of transition throughout the industry--has been accompanied by a rapid increase in electronic access to the journal. More than 185,000 requests for *O&N* articles were received via Ovid in 2012.

We have attempted to keep pace with the rapid expansion of digital media. O&N's website, *otology-neurotology.com*, now offers an expanded format for accessing the journal's content. If you have not done so already, I urge you to visit the site. There you'll find a platform of tools for enhancing virtually every aspect of *O&N*'s content. Article retrieval, file saving and sharing, article printing, .pdf creation, and image exports to .ppt are available with a simple click. Libraries of radiography and histopathology of relevance to otology and neurotology await you and your trainees at the site, as well. Global visits to *otology-neurotology.com* now exceed 600 visits per day.

In calendar 2013, *O&N* will publish 9 issues for the first time. This growth will accommodate heightened interest from contributing authors. In calendar 2012, more than 725 reports were submitted to *O&N*, 100 more than the year prior. More than two-thirds of our submissions now come from outside North America.

In 2012 we also added another participating society–the German Neurotological Society, ADANO. With this addition, the "earring" on *O&N*'s cover lengthens--another linked gem in a chain of societies that share in *O&N*'s mission globally.

In the coming year the journal will recognize those articles from residents and fellows with the highest numbers of citations. As citations provide an objective, peer-driven measure of impact, our goal is to recognize the quality work produced by our subspecialty's most important resource—our pipeline of talent.

In closing, I would like to recognize the immense dedication to the *O&N* journal shown by Ms. Marcia Serepy, our publisher liaison for the past two decades. Through corporate transitions and an ever-changing landscape of journal publications, Marcia was personally vested in our success at every turn. On behalf of the worldwide community of otologists and neurotologists, Marcia, we thank you for a job extremely well done and wish you every success your life's next chapters.

William F. House, D.D.S.,M.D.: In Memoriam To "The Father of Neurotology"

John T. McElveen, Jr., MD

William F. House, the "father of neurotology" and in many respects the "father of cochlear implant surgery" died on December 7th, 2012 at his home in Aurora, Oregon. Bill was born on December 1, 1923 in Kansas City Missouri and was the younger half-brother of Howard House. Despite his high school counselor's assessment that Bill was "not college material", Bill graduated from Whittier College and completed dental school at the University of California, Berkeley. After a brief stent in the Navy, Bill completed his medical studies at USC in 1953. In 1956, after completing an ENT residency at USC, he joined his brother, Howard House, in an otologic practice in Los Angeles.

Whereas, his older brother, Howard's focus was on the middle ear, Bill focused on the inner ear and skull base. Working with an engineer, Jack Urban, he is credited with developing a variety of instrumentation, including a suction irrigation system, the diamond otologic bur, the beam-splitter and observer tube, and a video documentation system. With the benefit of this instrumentation, the operating microscope and a talented neurosurgeon, William E. Hitselberger, Bill developed and refined a variety of approaches to the IAC and skull base. These approaches included the following; middle fossa approach, the translabyrinthine approach for CPA lesions, and the transcochlear approach with facial nerve mobilization.

Bill considered the cochlear implant and brainstem implant his greatest accomplishments. Despite relentless criticism from respected researchers and otologists, Bill pursued his "impossible dream" to insure that "….all may hear." He never applied for a patent, feeling that this technology belonged to all. He ultimately sacrificed his personal financial resources in an attempt to develop a low cost single channel device that would be available to individuals with limited financial means.

Bill once joked, "The pioneers take all the arrows." Bill House took more than his fair share of arrows for all of us. However, his sacrifice has allowed neurotologists throughout the world to provide their patients with innovative techniques and technology to treat pathologies involving the ear and skull base. Bill House is indeed a giant on whose shoulders we all stand. "The Father of Neurotology" will be sorely missed, but never forgotten. We owe William F. House, D.D.S., M.D. the greatest possible debt of gratitude for all that he has sacrificed and for all that he has accomplished. May each of us continue to honor him by providing the highest level of care in the treatment of our neurotologic and skull base patients.

ANS SPRING MEETING HIGHLIGHTS

Enclosed you will find the Program and Abstract book for the 48th Annual Spring Meeting of the ANS Highlights of the meeting include the William F. House lecture entitled, *"Current Clinical Trials for Neurofibromatosis Type 2"* presented by Dr. D. Bradley Welling; a panel of experts will address *"Management of Otologic and Neurotologic Emergencies"* led by Dr. Hilary A. Brodie; Dr. Robert K. Jackler put together a top-notch panel to discuss, *"The Changing Landscape of Acoustic Neuroma Management: What Would You Do if It Were Your Mother?"* and Dr. Karen Berliner, joined by Dr. William E. Hitselberger, will present the William E. Hitselberger lecture titled, *"The Controversial Beginnings of Neurotology: William F. House and His Struggles as a Medical Innovator"*.

In addition, there are a vast number of oral presentations exploring the latest research and findings. Be sure to visit the Exhibit Hall where you will find an outstanding display of ANS poster submissions. Posters will be available for viewing on Friday, April 12 through Saturday, April 13th. The Combined Poster Reception will be held Friday evening, April 12th from 5:30-7:00pm immediately followed by the ANS President's Reception from 7:00-9:00 pm.

A record number of ANS Candidates will be inducted at the ANS Business meeting on Friday, April 12, 2013 at 12:30. Please welcome the following new members to the Society.

Associate members:
Yuri Agrawal, MD
Simon I. Angeli, MD
Laura Brainard, MD
Guyan A. Channer, MD
D. Spencer Darley, MD
Richard K. Gurgel, MD
Selena E. Heman-Ackah, MD, PhD
Robert S. Hong, MD, PhD
Takeo Imai, MD, PhD
Remi Marianowski, MD, PhD
Andrew A. McCall, MD
Sarah E. Mowry, MD
Ryan G. Porter, MD
Alejandro Rivas, MD
Betty Tsai, MD
Yu-Lan Mary Ying, MD

Fellow members:
Marc D. Eisen, MD, PhD
Theodore P. Mason, MD

Upgraded to Fellow:
Abraham Jacob, MD
Brian J. McKinnon, MD
Brian A. Neff , MD
Frank M. Warren III, MD

CODING CORNER

by Kim Pollock, RN, MBA, CPC

Kim is a consultant and speaker with KarenZupko & Associates, Inc.

Question: What supplies can I bill for when I do a procedure in my office? For example, can I bill for a tympanostomy tube or an oto-wick?

Answer: The answer to your question is not very straightforward. The CPT manual says that "supplies and materials provided by the physician (e.g., sterile trays/drugs), over and above those usually included with the procedure(s) rendered are reported separately." CPT offers one code, 99070, to bill these "over and above" supplies.

So what supplies are "over and above those usually included" in the procedure? Let's take the example of placing a tympanostomy tube under local anesthesia in your office (CPT 69433). In order to place the tympanostomy tube, the tube is a necessary supply; not an "over and above" supply. CPT considers this supply inclusive to the procedure code billed.

Medicare refers physicians to the alphanumeric HCPCS II codes for "over and above" supplies. However, Medicare may not reimburse for these supplies even if a HCPCS II code exists. For example, A4550 is the code for a surgical tray yet Medicare considers this code bundled into any surgical CPT code billed. However, Medicare will reimburse Jxxxx codes for medications provided (e.g., J0696 for Rocephin / ceftriaxone sodium). There is no HCPCS II code for a tympanostomy tube.

Question: What code should I use for a translabyrinthine excision of an acoustic neuroma? I've talked to some of my colleagues and I hear people are using the skull base codes for this procedure.

Answer: The correct code for a translabyrinthine/transmastoid excision of an acoustic neuroma is 61526 (Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor). The CPT Assistant, Summer 1991 article details an operative note for this procedure and directs physicians to use 61526.

When two surgeons of different specialties, such as otolaryngology and neurosurgery, perform different parts of the procedure then each reports the code, 61526, with modifier 62 (co-surgery modifier). CPT 61526 includes the approach, decompression of the internal auditory canal, tumor removal, and closure.

If a separate fat graft is harvested from the abdomen to facilitate closure, then this may be reported using 20926 (Tissue grafts, other (eg, paratenon, fat, dermis).

Also, use of the operating microscope (CPT 69990) may also be reported if the documentation supports utilization of the microscope for microsurgical techniques. It is important that the documentation reflect microdissection or microsurgical techniques because use of the microscope for magnification or illumination is not acceptable for 69990.

The skull base codes were introduced to CPT in 1994 and are to be used for procedures that did not have existing CPT codes. As noted above, a code for the translabyrinthine excision of an acoustic neuroma was in place prior to 1994; therefore, it should not be used for this procedure.

ANS LAUNCHES RESEARCH FUND: WE NEED YOUR SUPPORT!

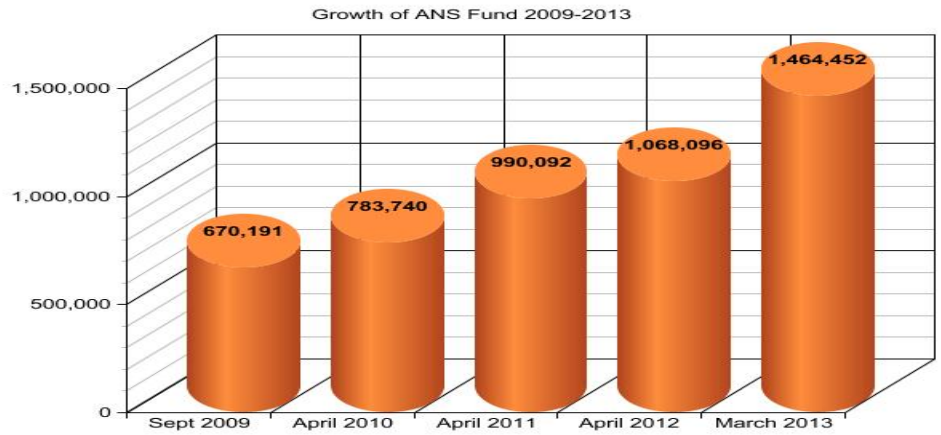
Promoting public health care in Neurotology through supporting research is a central mission of ANS. To further enhance the Society's effort in promoting research, the Executive Council passed a resolution to initiate fund raising efforts from ANS members. You may have noticed that along with the dues notice this year, there was an opportunity to make a tax deductible contribution to the ANS Research Fund. We hope to grow the Research Fund over next several years to support cutting edge research in Neurotology. Please take the opportunity to make ANS part of your charitable giving and expand the ability of ANS to support groundbreaking research.

TRANSITIONS

Anil K. Lalwani, MD

All journeys have a beginning and an end. I am wistful as my time as the Secretary/Treasurer of our esteemed society is coming to the end. ANS is an incredibly robust organization with an admirable mission, an engaged membership, lean administrative structure, and strong leadership. Over the past three years, I have worked with three fabulous Presidents - Doug Green, Jeff Vrabec (immediate past Secretary/Treasurer), and Clough Shelton — and ANS continues to prosper. Together, we have made significant progress in growing the endowment to nearly $1.5 million and have engaged a professional management firm to invest these funds. (see graph)

This biannual Newsletter has been expanded in content with introduction of new features and color. Membership continues to grow and our scientific meetings are robust. Our success is as much due to our strong leadership and active membership as to the capable administration of ANS by Kristen Bordignon. Finally, the future is secure as the baton is being passed on to the capable hands of Moises Arriaga under whose leadership ANS will experience even greater success.



Just a friendly reminder…
Membership dues are to be paid no later than March 31, 2013. Failure to remit will result in O&N suspension.

If you haven't already done so, please mail payment to:

Kristen Bordignon
Administrator
ANS Administrative Office
1980 Warson Rd.
Springfield, IL 62704

Mark your calendar

The following schedule has been coordinated for the 2013 ANS Fall meeting in Vancouver, BC on "Super Saturday", September 28, 2013
(Times may be subject to slight change)

7:00-8:00am **Facial Nerve Study Group**
John P. Leonetti, MD

8:10-9:50am **Stereotactic Radiosurgery Study Group**
Edwin M. Monsell, MD, PhD

10:00-12:00pm **Wm House Cochlear Implant Study Group**
Craig A. Buchman, MD

12:00-12:30pm **Lunch Break**

12:30-1:00pm **ANS Business Meeting**

1:00-5:00 pm **ANS Scientific Program**
Hilary A. Brodie, MD, PhD- ANS President-elect