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From the Desk of the Secretary-Treasurer

Moisés A. Arriaga, MD, MBA, FACS

A MESSAGE FROM THE PRESIDENT OF THE AMERICAN NEUROTOLOGY SOCIETY

Hilary A. Brodie, MD, PhD

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One of the most significant advances in neurotology over the past four decades has been the development of the cochlear implant. Over 200,000 patients have received cochlear implants worldwide and this number is growing rapidly. The magnitude of the impact of this technology is readily apparent and each year further developments continue to improve upon the efficacy of these devices. But where do we go from here? Some of the main limiting factors in cochlear implantation are the neural targets of the electrical stimulation. Recently, exciting findings are being reported in the prevention of peripheral nerve fiber regression and subsequent degeneration of spiral ganglion cells. The prevention of neural degeneration and advances in hair cell regeneration have the potential to dramatically impact the field of cochlear implantation. Dr. Yehoash Raphael, our William F. House Memorial Lecturer this year, is a leader in this field. He has made tremendous advances with his research and will be talking to our membership about tissue engineering strategies to protect and enhance the cochlea in implant recipients.

Over these same four decades, a system so much less complex, the Eustachian tube, has not met with the same rapidity of advancement in treatment. Eustachian tube dysfunction affects a large percentage of the population worldwide contributing to chronic otitis media with effusion, tympanic membrane atelectasis, and cholesteatoma formation. Dr. Dennis Poe has led the resurgence of interest in understanding and correcting Eustachian tube dysfunction. As our William E. Hitselberger Memorial Lecturer, Dr. Poe will discuss his innovative work in this field. Dr. Hitselberger passed away this year after a brilliant career. He was a bold, tireless, innovator in our field. Working hand in hand with Dr. William House, they brought otolaryngology and neurosurgery together for the development of our field. I am sure that he would be thrilled with the selection of Dr. Poe to speak with us regarding the area of innovative treatment for Eustachian tube dysfunction.

The meeting in Las Vegas is shaping up to be a great conference. We have an outstanding selection of talks scheduled and will also include two stimulating panels. The first panel, led by Dr. Jack Shohet, will educate us on the effects of the Affordable Care Act and, in particular, projected implications for neurotology. We all struggle with challenging cases from time to time, and have asked Dr. Douglas Backous, in our second panel, to collect some of these cases from our membership and have his panel of experts weigh in. This should be an interesting and enjoyable session.

I look forward to seeing all of you who will be able to attend and invite you to the President's reception that will be held on Friday evening, May 16th at 7:00 P.M.

Warm regards,

Hil

ANS EXECUTIVE COUNCIL 2013-2014

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Preparing for ICD-10CM

Lawrence M. Simon, MD, FAAP



In the eyes of many practitioners, October 1, 2014, looms ominously as a day of reckoning, and the preparation seems so daunting and overwhelming, that many of us have simply not done anything. Well, I would like offer hope and to remind you that, in the words of the ancient Persian proverb, “this, too, shall pass.”

The current ICD-9 code set includes approximately 14,000 codes that range from 3 to 5 alphanumeric characters. ICD-10CM features over 69,000 codes that can be up to 7 alphanumeric characters in length. The entire ICD-10CM code set is available online at www.cms.gov/ICD10/12_2010_ICD_10_CM.asp and implementation will allow assignment of more specific diagnoses for risk stratification, outcomes tracking, and quality reporting.

Otology/neurotology is one of the subspecialties of otolaryngology at highest risk for experiencing difficulties with ICD-10CM implementation, primarily because most otologic conditions are unilateral, and many of the same conditions can occur in different anatomic subsites within the ear. The major thrust of ICD-10CM is to increase specificity and granularity of documentation: laterality, specific anatomic location of problem, and associated co-morbid conditions that increase the risk of care. As a result, otology/neurotology has many single ICD-9 codes that map to multiple ICD-10 codes. For example, even acute otitis media will be broken into right, left, and bilateral. Below are some key steps to take to get your practice ready for conversion.

First, set out a clear timeline for your practice’s/institution’s conversion. In the words of Louis Pasteur, “Chance favors the prepared mind.” In this spirit, by now you should have identified the key members of your conversion team, and this team should be analyzing your IT system (billing/coding/electronic medical record (EMR)) and assessing your practice for high risk areas (areas with the highest financial impact if they are not ready.) For example, ensuring successful rollout in your outpatient clinic may be more important than your inpatient practice. Additionally, surgeons who perform more middle ear work may be at higher risk than those who perform skull base surgery. Lastly, now is the time to be working with your billing companies and clearing houses to identify a vendor and course to attend; to discuss readiness with private payors; and to identify the quality metrics and registries on which you wish to report. By early summer, your team should be communicating its plan to your staff and working to remediate templates. Also, inquire with payors to see if a practice go-live date can be scheduled during the summer to test your system and identify gaps. Test runs and deployment plans should be finalized during September, with plans in place for monitoring denials and DRG shifts related to complexity/specificity supported by the codes.

Second, start documenting at an ICD-10CM level now. The two key things to remember to document are: co-morbid conditions and specificity/granularity of history and physical exam. ICD-10CM will become one of the cornerstones of outcomes based payment as opposed to volume based payment. In order to obtain the most favorable payment rates, it will be important to communicate the severity of your patients’ illnesses. This information translates into risk, which will affect how your outcomes are judged. Co-morbid conditions such as hypertension, diabetes, and coronary artery disease significantly increase your risk exposure. Therefore, *coding* these conditions to communicate them to payors will be critical. Utilizing Problem Lists from EMRs can be helpful with such reporting, but be wary of simply copying and pasting.

Specificity and granularity (level of detail) of documentation is critical. Within otology/neurotology, there are many ICD-9 codes that will map or cross-walk to multiple ICD-10CM codes (a process referred to as 1:Many single.) For example, impacted cerumen (380.4) be expanded to 4 codes:

H61.20 IMPACTED CERUMEN UNSPECIFIED EAR

H61.21 IMPACTED CERUMEN RIGHT EAR

H61.22 IMPACTED CERUMEN LEFT EAR

H61.23 IMPACTED CERUMEN BILATERAL

As you can see, there are still some unspecified codes in ICD-10CM. However, their use is discouraged, and they will be associated with lower risk, and therefore lower reimbursement, care. As such, clinicians will want to use the most specific diagnostic code possible, and your documentation must support that code. Taking cerumen as an example, if a patient presented with right ear cerumen that required removal, and you wished to maximize your reimbursement, your history and examination would both need to specify right ear; the exam would also need to specify the nature of the impaction; and the CPT code would need to specify right ear as well. If any of these details did not line up, the entire claim could be rejected. Cerumen is certainly one of the most straightforward examples, and increasing complexity of disease will lead to increasing complexity of documentation.

(cont)

In order to help avoid any oversights, and to start developing documentation habits that will support specific and highly valued ICD-10CM codes, remember to document the following whenever possible/applicable:

- Laterality (right/left/bilateral)
- State acute, subacute, chronic, and recurrent
- Specify type of hearing loss in each ear if different (i.e. conductive right and sensorineural left)
- Document underlying disease (i.e. otitis media secondary to sinusitis)
- List the circumstances of the injury/condition (i.e. accidental tympanic membrane perforation by cotton swab, attack by turtle, wasp sting)
- Describe any tobacco exposure, or if there is none then specify so
- Classify cholesteatoma as attic, tympanum, mastoid, diffuse, and recurrent in post-mastoidectomy cavity
- Specify hearing loss as conductive, sensorineural, mixed (conductive and sensorineural, noise induced, ototoxic (specify agent), presbycusis, sudden idiopathic, and deaf nonspeaking.
- Specific codes also exist for abnormal auditory perception and psychogenic deafness.
- Specify tympanic membrane perforations as central, attic, marginal, or other

As a result of this increase in detail and granularity, ICD-10CM is going to bring about a paradigm shift in documentation. Currently, our thought process is to document a history and physical, and then choose the most appropriate diagnosis and code based on that h/p. However, in ICD-10CM, clinicians will need to migrate to a problem-based charting process where a specific diagnostic code (often computer assisted) is chosen, and the clinical documentation is then tailored to ensure that it supports that code.

In conclusion, successful adaptation to ICD-10CM will require that clinicians learn to document with greater specificity and granularity. Incorporating these practices now, along with developing a comprehensive roll-out strategy, will help facilitate a smooth transition. As part of this strategy, practices should plan for hiccups in cash flow, coding errors/rejected claims, temporary decreases in productivity, and increases in practice stress. To deal with these conditions, it might help to consider a financial line of credit and to set internal benchmarks to track your success and progress. Normalcy can be expected after about 4-6 months. The American Academy of Otolaryngology-Head and Neck Surgery Foundation has a number of resources that might be helpful and can be found online at <http://www.entnet.org/Practice/International-Classification-of-Diseases-ICD.cfm>. These include, among other things, a sample ICD-10CM superbill, ICD-10CM crosswalks for the 200 most commonly used ICD-9 codes in otolaryngology, two separate miniseminars on ICD-10CM from the Annual Meetings in 2012 and 2013, and several Academy *Bulletin* articles addressing ICD-10CM. The CMS also has a tool that can be accessed online called General Equivalence Mapping (GEM) to aid in matching ICD-9 codes to appropriate ICD-10CM codes. The GEM can be access online at <http://www.cms.gov/Medicare/Coding/ICD10/2013-ICD-10-CM-and-GEMs.html>.

IN MEMORIUM

Dr. William E. Hitselberger



We have lost a great man. William E. Hitselberger, MD died February 13, 2014 at the age of 83. Bill was born May 2, 1930 in Washington DC and is survived by his wonderful wife Sue, his eight children, Chris, Susie, Steve, Billy, Ann, Laurie, Jane, and Joe along with five grandchildren.

Bill graduated from the University of Wisconsin where he was a junior Phi Beta Kappa and completed his MD at Harvard Medical School in 1956. After his internship at the University of Minnesota he served as a Captain in the Medical Corps of the US Army Special Forces. Upon his return he completed a fellowship in neuropathology at the Mayo Clinic and then completed his neurosurgical training at Henry Ford Hospital in Detroit. He entered private practice in Los Angeles in 1963.

It was at this time that he and Bill House changed the face of acoustic tumor surgery. Dr Hitselberger, inspired by Dr Olivecrona, reduced the surgical mortality from near 50% to less than 5% and made functional cranial nerve preservation a standard. Bill was so dedicated to his patients. He changed the lives of over 6,000 acoustic neuroma patients. Bill was instrumental in the development of the auditory brainstem implant and devoted countless hours to its development. He was truly a silent warrior, fighting the fight for all of us in neurotology, instrumental in creating a supportive and collegial environment with Neurosurgery, touching the lives of hundreds of neurotologists, and all the while asking for very little.

Men like Bill come along all too infrequently. Let's celebrate his life in the work that we do. His presence will be missed. Bill's ashes will be placed with military honors at Arlington National Cemetery later this year.

Respectfully yours,
Rick A. Friedman, MD, PhD

**ANS & AOS COSM SCHEDULE
at-a-glance**

Friday, May 16

AOS Business meeting -12:30
AOS Scientific Session -1:00-5:00pm
Roman Ballroom I/III
(ANS/AOS Poster award winners announced at 5:00)

Combined Poster Reception -5:30-7:00pm
ANS/AOS/ASPO/ARS
Octavius Ballroom

ANS President's Reception -7:00-9:00pm
Pompeian Ballroom I/II

Saturday, May 17

ANS Business meeting -7:00
New member induction
ANS Scientific Session -7:30-Noon
Roman Ballroom I/III

AOS Business meeting -12:30pm
AOS Scientific Session -1:00-5:00pm
Roman Ballroom I/III

AOS President's Reception/Banquet -6:30-11:00pm
(advanced ticket purchase required)
Pompeian Ballroom I/IV

Sunday, May 18

ANS Business meeting-7:00am
ANS Scientific Session -7:30-Noon
Roman Ballroom I/III

**ANS BYLAWS - THE VOTES ARE IN
ALL REVISIONS APPROVED!**

On March 14, 2014, 420 eligible voting members were asked to review the bylaws and vote to approve or deny the revisions. Just over 25% of eligible voting members cast their vote and 107 ballots were tallied. A brief discussion of the results of the bylaws vote will be held on Saturday, May 17th during the ANS Business meeting. This will also be an opportunity to ask questions and/or share comments.



ANS 2014 FALL MEETING

For the last four years, we have been given no choice but to hold the ANS Fall meeting at the Convention Center associated with the AAO-HNS Annual Meeting & Expo.

In the last several months, the ANS leadership has discussed alternatives. After intense negotiation with the Academy, we are pleased to report we were given a choice of the AAO-HNS named headquarters hotel, the Hyatt Regency-Orlando or the Orange County Convention Center in 2014.

In response to a voluntary poll offered to attendees of the 2013 Fall meeting in Vancouver, we have elected to move our Fall meeting back to the headquarters hotel.

**The following schedule has been coordinated for the
2014 ANS Fall meeting in Orlando, FL**

at the

Hyatt Regency-Orlando

“Super Saturday”, September 20, 2014

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
 Anil K. Lalwani, MD-ANS President-elect

SAVE THE DATE

**General registration & housing for the AAO-HNS
Annual meeting, Sept 21-24, 2014 will open**

Monday, May 5, 2014

Keep in mind, in order to secure housing at the Hyatt Regency-Orlando, you MUST register for the AAO-HNS meeting FIRST. There are NO exceptions. There will be a significantly larger block of rooms available at the Hyatt this year; however, early registration is necessary in order to secure housing at the headquarters hotel. There will also be a greater number of hotels with large room blocks, within walking distance of the Hyatt and the Orange County Convention Center should you wish to stay elsewhere. If you are not attending the Academy meeting, but planning to attend the ANS Fall meeting, you will be responsible for securing your own housing and will not have access to the Academy housing link.

The Scientific Program is shaping up and sure to be comprised of stellar panels and renowned speakers. Look for additional information on the ANS website in the coming months.

(Please note: Abstracts are NOT ACCEPTED for the FALL meeting).

CALL FOR PAPERS

**AMERICAN NEUROTOLOGY
SOCIETY**

**50TH ANNUAL SPRING
MEETING**

**Sheraton Boston
Boston, MA
April 24-26, 2015**

**Deadline for abstract submission:
October 15, 2014**

**Awards Available
Nicholas Torok Vestibular Award
(\$1500)**

**Trainee Award
(\$1000)**

**Neurotology Fellow Award
(\$500)**