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Changes to AAOS Complete Global Service Data for Orthopaedic Surgery

The AAOS Coding, Coverage and Reimbursement Committee recently completed the 2010 AAOS Complete Global Service Data for Orthopaedic Surgery Guide (GSD) an update to the 2009 edition.

For those unfamiliar with the GSD guide, it has individual entries for virtually every integumentary, musculoskeletal, and nervous system CPT code. It then instructs users on what procedures are considered included, or bundled, and what procedures are considered excluded, or unbundled.

Previous editions of the GSD guide had very slight variations in different sections, the result of annually adding entries for CPT codes that were new for a particular year. These variations led to some confusion, especially when otherwise nearly identical codes would have different inclusions and/or exclusions.

Previous GSD editions also relied on a template that listed the same 10 or 11 inclusions and 3 exclusions for every CPT code listed in the guide. However, some of these “generic” inclusions or exclusions were clearly irrelevant for some codes, the best example being CPT codes for closed fracture treatment. In previous GSD entries an entry for a closed fracture treatment would have 11 generic inclusions, when only four of these generic inclusions were truly applicable to

closed fracture treatment because the other seven generic inclusions referred to suture removal, closure or other steps that would never be taken when the skin is not incised as in closed treatment of fractures or injection procedures.

Another reason for the changes is that many Government and commercial payors utilize the GSD guide in formulating their policies on what is and what is not deemed to be bundled into a particular service. Thus, it was imperative to make certain the GSD was completely accurate so that providers can be confident they have the same standards as the payors they bill have. Payors are also becoming increasingly aggressive in seeking justification from providers for the services the provider bills. An updated GSD will provide users, when combined with documentation from the CPT Professional addition, with a definitive explanation for their billing if and when a payor seeks further explanation.

The biggest change is the elimination of the generic templates so that every entry in the new guide is tailored to the specific CPT code and does not contain any extraneous or potentially contradictory inclusions or exclusions. Having inclusions and exclusions tailored to a specific procedure and nothing additional helps make the book much more logical. In place of the

generic inclusions and exclusions will be inclusions and exclusions based on the work done in performing the specific procedure.

The guide also sought to standardize language throughout the guide. This may seem relatively unimportant to the naked eye, but payors rely on a standard language when it comes to determining payment policies and something as minor as the difference between saying “removal of loose or foreign body greater than 5 mm and/or through a separate fascial incision” and “removal of loose or foreign body greater than 5 mm or through a separate fascial incision” can change how a payor interprets an individual claim. This effort at standardization is also consistent with efforts by the American Medical Association (AMA) to standardize wording throughout the master Current Procedure Terminology (CPT) guide.

You can find out more information and samples from the AAOS Complete Global Service Data for Orthopaedic Surgery, as well as AAOS Code-X which includes all GSD materials, at <http://www4.aaos.org/productpage.cfm?code=05116>.

If you have any questions about the GSD changes please feel free to contact Matthew Twetten, AAOS Senior Health Policy Analyst at 847-384-4338, twetten@aaos.org.

Media Training for Orthopaedic Surgeons

Lights, Camera, Action! Friday, March 12

<http://www3.aaos.org/education/anmeet/amnt2010/icl/media.cfm>

Make the most of every media encounter. Understand how the news media works and learn the keys to a successful interview. The Beginners sessions are limited to 25 participants each, while the Advanced sessions are limited to 10 participants each. All four sessions – two in the morning and two in the afternoon – are offered complimentary on a first-come, first-served

basis to Active Fellows.

Please note, to participate in the Advanced sessions, you must have completed a Beginners media training **AND** completed a minimum of five interviews with the press. Learn how to:

- Communicate your objectives
- Create clear and unambiguous key messages
- Take control of an interview
- Create sound bites
- Bridge from an irrelevant question to your message

- Speak in English, not “doctor-ese”
- Use appropriate gestures and body language

Be an effective spokesperson for your practice, for your specialty, and for the American Academy of Orthopaedic Surgeons. For more details, go to www.aaos.org/am2010. If you have questions, contact Lauren Pearson, Media Relations Specialist, pearson@aaos.org.

Practice Management Update

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Question of the Month: How to evaluate and select a consultant

You may be grappling with a difficult situation. You may not know where to begin or how to identify potential solutions. Or, maybe you have a very specific question that requires background and knowledge that you just don't have. A consultant may be able to help. If you've never hired and worked with a consultant, then you may not be sure how the relationship should work. In many ways working with a consultant requires the same good human resource and managerial skills that are used with regular employees. To ensure a successful project you must first accept responsibility for managing the consultant. The process entails selecting a qualified individual or group, a series of discussions that results in confirmation of their relationship with you, what work will be performed, timeframes and various other project specifications. We've identified 12 questions you should ask to start off this relationship on the right foot.

1. What experience/educational background do they have?
2. What kind of projects do they work on? What has been the specific focus of the last four or five projects they have tackled?
3. Who is has primary responsibility for a project?
4. What are the qualifications of the other team members?

Visit the AAOS Practice Management Center (www.aaos.org/pracman) to read the full list of questions and answers. You will also find the following resources:

- The 8 Steps to Hiring a Consultant
- The 12 Questions to ask a Consultant
- Identifying Consultant Prospects Grid
- Sample Consultant Interview Questions
- Sample Request for Information (RFI)
- Sample Request for Proposal (RFP)

Advocacy Resources for State Societies

Legislative Strategy Development: State legislative strategy development based on best practices, opposition tactics and the state society's unique strengths is provided to state orthopaedic societies confronting legislative issues.

State Legislative Tracking: State legislative and regulatory tracking is conducted at the national level to monitor trends and identify bills and proposed regulations of interest to individual states.

Legislative Alerts: Periodic alerts concerning bills and regulations requiring a response from the orthopaedic community are sent to state societies as necessary.

Weekly Bill Status Reports: Customized weekly bill status reports are available to each state orthopaedic society informing state society leaders of legislative action in their state.

State Legislative Updates: A summary of action on state legislation affecting orthopaedic surgeons

across the country is sent to state orthopaedic societies and published in AAOS Now on a quarterly basis.

Advocacy Resource Development: Legislative materials including fact sheets, position statements, talking points, visual aides and other useful information are developed on an ongoing basis and made available through the AAOS website. Upon request, materials may be produced and tailored to meet the specific needs of individual states.

Legislative and Regulatory Research: Research assistance such as data collection and case study development on legislative and regulatory issues is available to state orthopaedic societies.

Lobbying Assistance: The AAOS is available to advise states on the hiring, management and evaluation of state society lobbyists.

Grassroots Development: Assistance in developing strategies to mobilize state society members

for advocacy efforts is offered to state society leaders.

Model Legislation: Model legislation is sent to state orthopaedic societies prior to the start of each legislative session to facilitate proactive advocacy efforts.

Coalition Building: Assistance in developing contacts and forging legislative coalitions with other state health care groups is provided to state societies seeking to broaden their government relations programs.

Financial Assistance: Financial assistance to state societies engaged in advocacy efforts is available through the State Orthopaedic Society Health Policy Action Fund. The AAOS also assists state societies in identifying external sources of financial support.

For more information please contact Kevin Jones at jonesk@aaos.org.