



“Toe” The Line

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Why is it important to know how to keep good records?

By David J. Freedman, D.P.M., FACFAS
Board Vice President

As a health care professional, it is critical to be able to convey to your peers and other health professionals detailed information about the care you have rendered at each patient visit. The mechanism for good communication is accomplished by writing thorough notes!

From audits conducted by the Board, it is evident that some podiatrists are not current with record keeping skill changes. The key to accomplish good record keeping is to reflect in each note the work done at each session with your patient. A typical problem is identified when the Board reviews patient records and discovers that very little is written or dictated to justify the level of services being billed. The Board considers such billing practices associated with improperly documented services as “upcoding, which is a violation of the Podiatry Act.

Some learning options available for standardized note keeping are highlighted below. Compliance with these suggestions affords the practitioner the best chance of passing an audit every time, whether it is a Board or Insurance audit. For example, the Medicare Carrier for Podiatry is Trailblazers. They publish on their web site a section called, “Provider Outreach and Education (Educational issues)”. On the right side of the web page is a section called: “Provider Education”. Under this heading, the following information is available: Educational Options, Web-based Training Center, Computer Based Training Modules (Accreditation CME/CEU credits), Computer Based Training Modules (General), Provider Outreach and Education Advisory Group (POE-AG), Ask The Contractor. An excellent module to click on is “Computer-based Training Modules”. When selecting headings or topics, recommended options include: E&M Advanced Coding, Consultation Or Not?, Subsequent Hospital Care Services, Subsequent Nursing Facility Services, Comprehensive E/M Coding and Documentation, and Initial Hospital Care.

A Board recommendation is that the best way to document your visits is the **SOAP** note format. For a **SUBJECTIVE (S)** note, the patient’s chief complaint should be recorded in the patient’s own words not the practitioner’s words. An example is explained through this scenario: a XX year old female presents today with a chief complaint of hallux valgus. The correct note should state: a XX year old female presents today with a chief complaint of a painful and reddened big toe, “you know on this side doctor”? The note should also relate a little of the patient’s HPI (History of present illness). For example, the patient states that the pain is sharp and that the condition has been there for 3 months, and that trying Advil and new shoes did not alleviate the problem and pain. Additionally, the patient denies any trauma. This scenario is only an example. It is recommended to try to get at least **4 HPI** in the **Subjective(S)** portion of the note.

Next is **ROS** (Review of Systems): it is recommended that the practitioner try to get two (2) areas covered when possible. These are pertinent systems to your chief complaint. For example, the patient should be asked if they get heartburn easily. You may need this information if you plan to prescribe a **NSAID**. You may also want to ask about musculoskeletal issues such as a limp, ankle pain, knee pain and/or hip pain. Additionally, you may want to consider addressing neurological concerns by asking if the patient suffers from burning, numbness or tingling.

The next area to address is pertinent **(+)** and **(-)** for **PMH** (Past medical history), **PSxH** (Past Surgical History), **PFH** (Past Family History) and **PSH** (Past Social History); thus the **SOAP** note should look

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RECORD KEEPING Continued from page 1



CMS PUBLICATION

The Centers for Medicare & Medicaid Services (CMS) published the "Evaluation & Management Services Guide," a Medicare Learning Network provider resource, on it's Web at:

http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf

This publication provides in-depth information on how to appropriately document and bill for evaluation and management (E/M) services provided to Medicare beneficiaries and details the importance and usefulness of concise legible and thorough medical records.

like this: **S: HPI: ROS: PFSH:**

Under "O" for Objective: the pertinent areas are examined to address the patient's foot, ankle and/or lower leg concerns. Typical areas include "*Cardiovascular*", such as Pedal Pulses, etc., "*Integument*", such as Inspection and Palpation of skin, "*Orthopedic*", such as pertinent examination items regarding joints, muscles and ligaments, deformities, etc., "*Neurological*", such as notation of reflexes and monofilament test when appropriate, and sensory testing. Orientation to person, place and time etc., and "*Constitutional*", where the BP, Pulse, Height and Weight are taken.

Under "A" for Assessment: provide your diagnoses. The most important finding should be listed first, and when possible, list other pertinent findings to your examination as well.

Under "P" Plan: start by listing what tests

or radiological studies you may be ordering. Include all recommendations as well as any counseling you provide to the patient. Follow this with what you may be dispensing and/or applying. State **when** and **why** the patient may be returning for a visit.

If you perform any procedures, you must separate them out. Due to the fact that every procedure has a little E&M built in, you need to show that your visit was separate. For example, if you were to perform a strapping, the note should state: "**Procedure-** Strapping with appropriate padding was applied to the right foot known as a low-dye strapping. The purpose is to control biomechanical imbalances and consider orthotics. Patient is to remove strapping after 2-5 days".

The purpose of this article was to highlight a few examples of acceptable standards in record keeping practices. Please take the time to do it correctly!

2007 BOARD MEETINGS

The Board of Podiatric Medical Examiners meets the second Thursday of each month at the Department of Health and Mental Hygiene, 4201 Patterson Avenue, Baltimore, Maryland 21215. The Open Session of the meeting begins at 1:00 p.m. and is open to the public. Please note that there is not a meeting scheduled in August and the September meeting is scheduled for the 1st Thursday of the month. For further information regarding these meetings, or to place an item on the public agenda, please contact the Board office at (410) 764-4785.

January 11

February 8

March 8

April 12

May 10

June 14

July 12

August - No Meeting

September 6: 1st Thursday

October 11

November 8

December 13



CHANGE OF ADDRESS

This is a reminder that it is most important that the Board has the correct address for all licensees. In accordance with §16-310 of the Annotated Code, "Each licensee shall notify the Board of any change of address". It is the podiatrist's responsibility to notify the Board of an address change. Board policy dictates that all change of address requests be in writing and signed by the person of interest. A \$100.00 fine for non-compliance will be issued to podiatrists who fail to notify the Board of an address change.

Public Disciplinary Actions

Final disciplinary actions are public documents. Copies may be obtained by providing a signed written request and submission of a twenty-five dollar processing fee. Disciplinary actions are also reported to the National Health Integrity Data Bank, the disciplinary data bank of the Federation of Podiatric Medical Boards, to Medicare, Medicaid and other entities.

Stuart Aiken, DPM - June 2006

Surrender of License in lieu of prosecution

Rick Van Bryson, DPM - Dec. 2006

Suspension of License for 1 year, stayed for 6 months. Probation 3 years

Lavergne Andre-Hayes, DPM - Jan. 2007

Suspension of License for 2 years, stayed for 1 year. Probation 3 years



MEDICAL RECORDS: FACTS AND FIGURES

Health care providers are required to disclose medical records within a reasonable time, but no more than 21 working days after the date a person in interest requests the disclosure. A health care provider that knowingly and willfully refuses to disclose medical records in violation of Health-General Article § 4-309 (a)(d) is liable for actual damages, is guilty of a misdemeanor, and on conviction is subject to a fine not exceeding \$1,000 for the first offense and not exceeding \$5,000 for each subsequent conviction for a violation of any provision of this subtitle.

The fees that may be charged for preparation and production of medical records may be adjusted annually for inflation using the Consumer Price Index on July 1 of each year. The FY 2007 adjusted rates for medical record copying are as follows: a preparation fee of no more than \$20.52 (Please note that preparation fees can be charged to hospitals and insurance companies, but not patients.), plus a fee of no more than 68 cents per

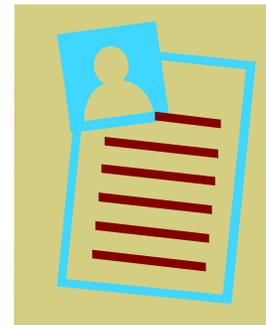
page copied, plus the actual cost of shipping and handling. Reasonable fees may be charged for duplicate x-rays.

Health care providers may not refuse to disclose a medical record on the request of a person in interest because of the failure of the person in interest to pay for health care rendered by the provider. Health care providers may require payment of the preparation, copying, shipping and handling fees and charges before turning the records over to a patient or other authorized individual. Health care providers are required to comply with subpoenas, and no fee may be charged to transfer the records of Medicaid recipients to another provider.

A health care provider or any other person, including an officer or employee of a governmental unit, who knowingly and willfully requests or obtains a medical record under false pretenses or through deception or knowingly and willfully discloses a medical record in violation of this subtitle is guilty of a misdemeanor and on conviction is subject to the following penalties: A fine not exceeding \$50,000, imprisonment for not more than 1

year, or both; If the offense is committed under false pretenses, a fine not exceeding \$100,000, imprisonment for not more than 5 years, or both; and if the offense is committed with intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm, a fine not exceeding \$250,000, imprisonment for not more than 10 years, or both. This subsection does not apply to an officer or employee of a governmental unit that is conducting a criminal investigation.

Being cooperative and timely when a patient requests their medical records avoids complaints to the Board.



Administrative Note

If you are recently married and either change your last name by replacement or by adding a hyphenated name, you **MUST** report this to the Board so that a new license can be issued reflecting the new name. Failure to do so can result in verification problems with your insurance payor and in record maintenance.

Please address all correspondence to the “**Board of Podiatry**”, DHMH.



Special Notice

The Maryland Board of Podiatric Medical Examiners Newsletter is considered an official method of notification to podiatrists. **These Newsletters may be used in administrative hearings as proof of notification.** Please read them carefully and keep them for future reference.

NATIONAL PROVIDER IDENTIFIER

From the Maryland HealthCare Commission:

As you may be aware, the Center for Medicare and Medicaid Services (CMS) has issued regulations that require medical providers to obtain and begin using a National Provider Identifier (NPI) by **May 23, 2007**. The implementation of the NPI will involve obtaining a new identification number, and may also negatively impact provider cash flow if not implemented properly.

The Maryland Health Care Commission (MHCC) has prepared a number of educational materials to help providers understand and make the necessary changes in their billing systems and office procedure to achieve a successful NPI implementation. These materials are available for download on the MHCC website at: <http://mhcc.maryland.gov/npi/index.htm>.

RENEWAL APPLICATION REVISED

Updates to the license renewal application have been completed. The Character and Fitness section has been expanded and a "Statement of Continuing Education Courses Completed for License Renewal" form has been added. You need only list the name of the course, the sponsor and location, the date completed, and the number of credit hours. Do not submit course completion certificates. Licensees selected for a continuing education audit will continue to receive separate notification. Please be reminded that a licensee must maintain accurate records of continuing education courses or programs for the preceding 5 years, and must make the records available to the Board or its representatives upon request. Only Board approved courses are accepted for CME credit. A list of Board approved sponsors is available on our website and if you have questions about whether a course will meet the continuing education requirements, please contact the Board prior to completing the course or program.

CORPORATE NAMES



Corporate names require approval from both the Board of Podiatric Medical Examiners and the Maryland Podiatric Medical Association.

The approval process requires submission of the application form, which is available to download from our website, and a \$50 fee. Once both approvals have been obtained, a certificate is mailed to the applicant. Corporate names that require approval include P.A., P.C. or Chartered in the name. Please be aware that Inc. is not a corporation for podiatrists only; LLC does not require Board approval.

Trade names, which do not require approval, must include the name of the podiatrist and comply with advertising regulations. Creating the impression of an advantage with terms such as number one or best in the business name violates the advertising regulations and as such, is prohibited.



NEW CPR Certification Requirement

The Board is preparing to implement mandatory Red Cross CPR certification requirements. The Board will require that all Maryland licensed Doctors of Podiatric Medicine maintain Red Cross CPR certification for the Professional Rescuer. Licensees will need to provide evidence of current Red Cross certification for initial licensure and renewals. For your convenience, this information is being provided now to facilitate the verification of your certification status and completion of courses, as appropriate. A maximum of 8 CME hours per renewal period in Category A will be allowed.

LIMITED LICENSE REQUIREMENT

A Limited License is required of all podiatric residents. A podiatrist that holds a full Active License and pursues additional training in a residency program is required to hold a Limited License in addition to their full Active License.

A Limited License is valid only for supervised training at an approved location as part of a residency program; this does not authorize the practice of podiatry outside of the residency program. Moonlighting, taking call, or providing any type of weekend, holiday or overnight coverage on a Limited License outside an approved residency program or an approved satellite facility is strictly prohibited. Violators may subject both the resident and the podiatrist (employer) to disciplinary action by the Board. Any questionable moonlighting activity should be reported to the Board.

INACTIVE LICENSE

The Board voted to promulgate regulations to increase the Inactive license fee from \$25.00 to \$50.00 annually. Verification letters stating the Inactive licensure status will be issued annually.

MANDATORY ANNUAL LICENSURE PAYMENTS

COMAR 10.40.03.02(B) requires the annual payment of licensure fees. Licensees that have not paid the mandatory annual payment (1st installment was past due December 1, 2006) are in violation of the regulations, may be subject to disciplinary action by the Board for non-compliance. Please be advised that the assessed \$100.00 late fee will be collected prior to the issuance of any renewed license. Printed renewed licenses are only issued biennially, in odd years, to coincide with your submission of CME credits.

Congratulations!

The Board of Podiatric Medical Examiners wishes to welcome the following podiatrists to their respective practices in the State of Maryland:

Alison Garten, D.P.M.

Stuart Goldman, D.P.M.

Carron Grant, D.P.M.

John Hawkins, D.P.M.

Aaron Lewis, D.P.M.

Leona Odemena, D.P.M.

Orna Rauchwerger, D.P.M.

Zakee Shabazz, D.P.M.

Adam Silverman, D.P.M.

Tasha Young, D.P.M.

CULTURAL COMPETENCY

Legislative Update

The beginning of the 2007 Legislative Session introduced HB 100 “Health Occupations – Cultural Competency Workgroup”. This bill provides for the development of requirements for individuals licensed by the Health Occupations Boards to receive instruction in cultural competency.



Foreign Language for Healthcare Providers Board approved CMEs

The Board approved the awarding of CME credits for language for healthcare provider courses. The course must be pre-approved by the Board and is eligible for 2:1 credits in Category B. For example, developing communication skills within the context of the healthcare field is the goal of the Spanish for Healthcare Professionals course offered by Montgomery College.

The Importance and Logistics of Cultural Competence in Continuing Medical Education

Cultural competency in health applies to all health care providers in every aspect of their work. It simply means that health care providers possess a set of behaviors, attitudes and policies that are tailored to address the linguistic and cultural needs of their patients. Understanding and respect of the cultural, religious and lived experience of others is key in every aspect of existence, but it is especially important in the health care arena. There is indisputable data that illustrates that increasing cultural competency of health care providers is associated with increased trust in the medical system, enhanced patient satisfaction, and greater adherence to treatment regimen. All Board pre-approved courses relating to Cultural Competency including foreign language for health care providers will be awarded CMEs in Category B up to a maximum of 15 credit hours.

Free Web Based Curriculum

In order to increase the cultural competency of health care providers, the United States Department of Health and Human Services, Office of Minority Health (OMH) developed and tested a curriculum on cultural competency training for health providers entitled “A Family Physician’s Practical Guide to Culturally Competent Care.” This free teaching module is based on the latest research in the area of cultural competence, and incorporates the CLAS (Culturally and Linguistically Appropriate Services) standards. To access the web-based model, the healthcare provider needs to log into the following site:

www.thinkculturalhealth.org/cccm/

As stated by OMH “Providers can take the first step to improve the quality of health care services given to diverse populations. By learning to be more aware of their own cultural beliefs and more responsive to those of their patients, providers can think in ways they might not have before. That can lead to self-awareness, and over time, changed beliefs and attitudes that will translate into better health care.”

The Maryland Board of Podiatric Medical Examiners attended an informational meeting which provided the following website for additional information:

www.hrsa.gov/culturalcompetence/

ADVERTISING REGULATIONS AND REMINDERS

The advertising of podiatric services in Maryland must comply with The Code of Maryland Regulations, Title 10 Subtitle 40, Chapter 6 §(3)(4)(5). The Board requires adherence to these advertising regulations and further advises that under COMAR 10.40.06.03 (D) states: A podiatrist shall be accountable under this regulation if the podiatrist uses an agent, partnership, professional association, or health maintenance organization to implement actions prohibited by this regulation.

The Board recommends podiatrists proof-read all advertising materials for possible errors prior to submission for publication to ensure that compliance with advertising regulations under the Podiatry Act is accomplished. The Board is providing the following helpful reminders to assist podiatrists in the reviewing and creation of compliant advertising:

The American Podiatric Medical Association Code of Ethics BE1.12 states: “The

podiatrist, in connection with his/her name, must use the title(s), degree(s), or designation (s) authorized by state law. The title “doctor” or any abbreviation cannot be used without the qualification “podiatrist”, “podiatric physician”, or “Doctor of Podiatric Medicine”, or other appropriate designation. The podiatrist who is certified by a specialty board may use the appropriate term in connection with his/her specialty”, however, the Board only recognizes certifications approved by the American Podiatric Medical Association (APMA). Recognized as the certifying board for the specialty areas of podiatric orthopedics and primary podiatric medicine is the: **American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM)**. Recognized as the certifying board for the specialty area of podiatric surgery is the: **American Board of Podiatric Surgery (ABPS)**. When advertising Board certification status, the name of the certifying Board must be clearly stated.

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Visit our Website!

www.mbpme.org

Obtain information about licensing, Continuing Medical Education credits, download forms and access valuable information from our newsletters.

MARYLAND BOARD OF PODIATRIC MEDICAL EXAMINERS

4201 Patterson Avenue
Baltimore, Maryland 21215

Toll Free No.: 1-866-253-8461
Phone: 410-764-4785
Fax: 410-358-3083

<http://www.mbpme.org>



ADVERTISING REGULATIONS AND REMINDERS

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Words such as "Board Certified" or "Certified" may not be used alone unless an asterisk (*) directs the reader's attention to the name of the Board. If two or more podiatrists are included in a single advertisement, their certification statuses must be clearly designated. Members of the American Board of Podiatric Surgery (ABPS) must comply with the ABPS advertising policies requiring that podiatrists designate their certification as follows: Diplomate, American Board of Podiatric Surgery, or Certified by the American Board of Podiatric Surgery. **Acronyms such as ABPS, ABAFS, DABPS, or DABAFS, are not to be used in any advertisements.** Standard abbreviations may be used if space is limited: Amer (American) BD (Board), Surg (Surgery), Amb (Ambulatory). The

word "Podiatric" shall not be abbreviated. Board Qualified status is NOT a membership category, and *may not* be used in any way on letterhead or in advertising of any kind. Diplomates of the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) must adhere to the following guidelines when advertising status (only the following statements of Diplomate status are acceptable): Diplomate, American Board of Podiatric Orthopedics and Primary Podiatric Medicine, Board Certified, American Board of Podiatric Orthopedics and Primary Podiatric Medicine, Certified American Board of Podiatric Orthopedics and Primary Podiatric Medicine. **Note:** The organization initials (ABPOPPM) may be substituted for the full name. **If you are uncertain of the correct advertising criteria, please contact the Board.**

SEEKING RESIDENT FOR PSR-24 Position MERCY MEDICAL CENTER, Baltimore, Maryland

Seeking Resident for paid PSR-24 position at Mercy Medical Center. Position available for a highly motivated individual with completed non-surgical residency or one desiring additional surgical training in well-established Podiatric Residency Program. Busy metropolitan hospital with high surgical numbers and inpatient care. Resident is integral member of multidisciplinary team. Begins mid June 2007. Includes competitive salary/benefits. Send inquiries to Ron Sherman, D.P.M at: rsher18@yahoo.com