



Florida

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PRESIDENT'S MESSAGE

Message from the President

by Ross C. Wheeler, MD, FSP President

We have been working hard for the past few months increasing and updating the FSP's infrastructure. I hope that within the next few weeks we will launch the new FSP website. One of my goals with the website was to give pathologists throughout the State resources that would help them make informed decisions concerning billing, hospital/HMO contracts, regulatory issues and other legal issues that may arise. The member's resource area of the new website has links to lawyers well known for their understanding of Florida pathology issues. Many of these lawyers attend our meetings and I encourage you to start a dialogue with these knowledgeable and helpful people.

If you are considering changing your billing practices, the new website will also put many of the well-known companies at your fingertips. Company links will be part of the website and will allow you to gather more information about each company. I also encourage you to talk to other pathologists in your area or at the next FSP meeting for recommendations if you are considering changing you billing and contracting practices.

Lastly, the old FSP Constitution and Bylaws had not been updated for many years. We are in the process of completing the final revisions of the new combined FSP Constitution and Bylaws that will be available for your review on the website well before the Winter

meeting.

The old saying that "the only thing constant is change" is especially true for pathology and medicine. As we move more toward socialized medicine in the next months and years, we will have many challenges as doctors. It will be important to have a seat at the table to help non-medical persons make decisions about how to keep and maintain high quality low cost care. I hope all of you will continue to support the FSP and other medical organizations so good decisions will be made concerning health care in our communities and State.

I sincerely hope each and every one of you has safe and happy holidays!!



EXECUTIVE DIRECTOR'S MESSAGE

From the Executive Director: Coming Changes in the Society

by Barbara FitzGerald Beatty, Executive Director

I felt the fresh, cool fall air as I was driving into work this morning and it alerted me to the fact that change is in the air and the Florida Society of Pathologists (FSP) is approaching another outstanding year with some great changes! 2010 promises growth for the Society. 2009 was a very active period for the Society – showing growth in many areas including the annual CME meeting, legislative accomplishments, membership and

enhanced relationships with the College of American Pathologists and a number of professional organizations. We have a lot of work facing FSP this year and the legislative session promises to be an active one. Our leadership and lobbyist are already monitoring the committee meetings and communicating the views of the Florida pathologist on issues of concern and interest. Remember, FSP is made up of people dedicated to improving the delivery of

pathological services in the state and the only way to keep raising the bar on that goal is to participate: attending our educational offerings, advocating in the legislature through our lobbyist, Amy Young, recruiting your peers for FSP Membership and communicating with your leadership. FSP is the VOICE for our members in the State and the Nation.

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LEGISLATIVE UPDATE



Where Did the Time Go?

by Amy J. Young, FSP Legislative Consultant

This year marks my 25th Anniversary representing the Florida Society of Pathologists. (Maybe you are NOT wondering, but I feel compelled to share that I am BARELY hanging on to my 40s!!).

I was hired by this Society in 1984...I was a lobbyist with a state-wide law firm at the time. Dr. Wayne Schrader and Dr. Glenn Hooper were President and President-elect at the time. I was recently asked, on this SILVER anniversary, to put together some history of our evolution. Memory lane is a long and winding, but very happy, road for me.

However, recreating some of our history is especially difficult since most of our early past is not stored on Microsoft documents (but in deteriorating banker's boxes in the archives of my offices as well as my deteriorating BRAIN).

Nevertheless, it has been quite a journey. Many of you who have served as Past Presidents and officers of this Society can probably fill in so many "holes" in historical events. I know that Dr. Mario Gonzalez (FSP President, 1994, 1996, 1997, 2005 AND 2006), who was our Legislative Chair for almost twenty years, has many tall tales to tell for all the years he worked with me in Tallahassee as my accomplice! Now Dr. Luis Rey (FSP President, 2007 and 2008) has filled those shoes and spends countless hours with Dr. Mike Abels (FSP Reimbursement Committee Chairman) and FSP President Dr. Ross Wheeler weeding through legislation filed each year that impacts your bottom line and the way you manage your daily practices

Dr. Tom Wood (FSP President, 1977), Dr. Chuck Manning and Dr. Jerry Harris (FSP President, 1990) have also been our resident Tallahassee experts who have come to our aid with their eloquent testimony in committee. Now we

are grateful to have Dr. Margaret Neal who is assisting us with our efforts in Tallahassee.

So, as best as I can, here is my VERY abbreviated attempt to share the political progression of FSP as well as some of our most significant past legislative successes.

FSP Political Action: We have come a long way since we first established the FSP Political Action Committee (FSP-PAC) in 1984. For the last several decades, we have had the opportunity to contribute to several hundred candidates who believe in the FSP mission. During the last several election cycles, we have had a 95% success rate with state House and Senate races as well as Gubernatorial and Cabinet campaigns.

In addition to the FSP PAC contributions, we created a FSP Leadership Fund in 2005 under Dr. Gonzalez' reign as President; under this model, we ask FSP members to pledge a total of \$1,000 per year for additional personal contributions to candidates. These pledges are collected after an educational presentation to full membership on the importance of legislative and political activity during the Annual Business Meeting held each year at the FSP Convention in February. When the FSP PAC Board approves support for a particular candidate, we not only have the ability to contribute a \$500 check, we can now collect additional checks from members of our "FSP Leadership Club" in order to contribute multiple checks at once to a particularly loyal incumbent/candidate. We then strive to have officers and our lobbyist attend a social event with the candidate to discuss our issues and

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show our support.

Legislative Successes: We have had some interesting, even fierce battles over the past few years that have saved the practice of pathology. During the last eight Legislative Sessions, we have defeated numerous amendments and legislation filed which would have required the reimbursement for pathology services to be limited to a percentage of the Medicare rate. This was an obvious attempt to eliminate reimbursement of the professional component of pathology services.

Over these many years we have also had extraordinary successes, including the defeat of legislation which would have “sunsetting” (or, eliminated) the Clinical Laboratory Act. This was a battle to keep the exemplary standards for our clinical laboratories in place. We have also fought for many years to keep clinical laboratory directors as MDs or PhDs. We have had podiatrists, chiropractors and even lab technicians proposing legislation that would have allowed them to practice as clinical laboratory directors. We have also defeated attempts to allow optometrists and midwives to supervise testing in clinical laboratories.

We also passed legislation authorizing rulemaking authority regarding mark-ups of laboratory charges as follows:

59A-7.037 Rebates Prohibited - Penalties. (1) No owner, director, administrator, physician, surgeon, consultant, employee, organization, agency, representative, or person either directly or indirectly, shall pay or receive any commission, bonus, kickback, rebate or gratuity or engage in any split fee arrangement in any form whatsoever for the referral of a patient. Any violation of Rule 59A-7.037, F.A.C., by a clinical laboratory or administrator, physician, surgeon, consultant, employee, organization, agency, representative, or person acting on behalf of the clinical laboratory will result in action by the agency under Section 483.221, F.S., up to and including revocation of the license of the clinical laboratory. In the case of any party or individual not licensed by the agency acting in violation of this Rule, a fine not exceeding \$1,000 shall be levied and, as applicable, the agency shall recommend that disciplinary action be taken (2) No licensed practitioner of the healing arts or licensed facility is permitted to add to the price charged by any laboratory except for a service or handling charge representing a cost actually incurred as an item of expense. However, the licensed practitioner or licensed facility is entitled to fair compensation for all professional services rendered. The amount of the service or handling charge, if any, shall be set forth clearly in the bill to the patient. (3) Each licensed laboratory shall develop a fee schedule for laboratory services which shall be available to the patient, the authorized person requesting the test or agency upon request and shall be subject to subsection 59A-7.037(2), F.A.C.

Specific Authority 483.051 FS. Law Implemented 483.221, 483.245 FS. History—New 11-20-94, Amended 12-27-95. We have also had many wars over professional component billing at the legislative level as well as in the Courts. Legislatively, we were able to redefine the definition of “comprehensive health care services” to include “technical and professional clinical laboratory services” in Chapter 641, the Florida Statutes that govern HMOs.

Also in our success column, is the amendment of Chapter 483 to define a “clinical laboratory examination” as a procedure which includes “oversight or interpretation”. These were “backdoor” approaches to change Florida law to recognize the importance and significance of professional component billing. Both of these statutory changes have been instrumental in our judicial successes.

This will again be a controversial Legislative Session and we are preparing our defensive strategy for another tough battle against the insurance industry.

Other legislative accomplishments made possible by your FSP dues:

- Passed legislation in the HMO statute to mandate payment of the professional component of pathology;
- Passed legislation to require prompt payment from an HMO for services rendered by pathologists
- Defeated legislation which would have assessed clinical laboratories a fee based on the number of specimens received and reviewed annually;
- Defeated attempts by the Governor and the Florida Legislature to adjust Medicare rates for pathology services across the board to an RBRVS methodology;
- Passed legislation mandating that clinical laboratory directors be MDs or PhDs holding a doctoral degree in chemistry, physical or biological science;
- Defeated attempts by the trial lawyers to remove the ability of a pathologist to self-insure for professional liability coverage;
- Passed legislation to repeal mandatory billing of the \$2 co-payment of Medicaid patients;

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Pathology Residency: Today and Tomorrow

by Lizette Vila, M.D.

It's an exciting time to be a pathologist-in-training! Having recently attended the Residents Forum at the College of American Pathologists' 2009 Annual Meeting in Washington, D.C., I had the opportunity to meet with residents from across the nation and discuss issues pertaining to our training today and future practice. A popular theme was the exciting role and unique opportunities residents and practicing pathologists have today in being a part of the "Transformation of the specialty of pathology." Today more than ever, we are called on as pathologists to be integral members of the patient care team, by serving not only as diagnosticians and consultants, but also as educators and leaders in the movement towards personalized medicine. Increasingly, we are seeing the emergence of new molecular therapies which are targeted towards the individual, rather than the disease as a whole (for instance, use of EGFR-inhibitor therapy in patients with advanced colorectal cancer who lack activating mutations of the K-ras gene). For residents, this will require us to have a good understanding of molecular biomarkers and diagnostics, and may require us to pursue additional molecular training. It is pivotal that we stay informed of emerging technologies and molecular therapies, as these will directly impact patient care.

Another concern facing residents is the job market outlook for emerging pathologists. One common misperception among pathology residents is that there are too many pathologists-in-training and not enough jobs. This has led many residents to pursue fellowship training, and in some cases, even two or more fellowships, in an effort to be more competitive in the marketplace and have greater job flexibility. Results of a recent survey conducted by the CAP Resident Forum Executive Committee (soon to be published) indicated that the job prospects are good for trainees and recent graduates in practice, with a great majority being offered a job, and sometimes multiple offers, in the geographic location of their choice.

Lastly, there is a move on a national level to standardize the fellowship application process. Many programs are beginning to accept the standardized fellowship application form and adopt the proposed fellowship application timeline; however, this has not been universally accepted. It is the hope that implementing such a standardized approach could help facilitate the fellowship application process and alleviate much of the stress many residents face today in applying for a fellowship position.

As resident liaison to the Florida Society of Pathology, I invite you to join fellow residents at the annual FSP meeting and discuss issues facing trainees today. It is a wonderful opportunity to meet with residents and practicing pathologists, network, and attend excellent educational courses. Not yet a member of the FSP? Go to www.flpath.org to download an application today. Membership to the society is free for residents. Hope to see you in February!



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Where Did the Time Go?

- Defeated legislation which would have required patients to be advised in writing of the qualification and precise functions of pathologists involved in each medical procedure.

On this, my Silver Anniversary, I want to take this opportunity to thank all of the FSP Presidents I was fortunate enough to serve under since 1984 and to thank every FSP member for their continued support of our Society and our essential PAC.

1984.....	Wayne H. Schrader, M.D.
1985.....	Glenn S. Hooper, M.D.
1986.....	Gerald E. Byrne, Jr., M.D.
1987.....	Frank C. Coleman, M.D.
1988.....	Stephen E. Vernon, M.D.
1989.....	Wallace M. Graves, Jr., M.D.
1990.....	Jerry L. Harris, M.D.
1991.....	Francisco Civantos, M.D.
1992.....	Charles M. Karpas, M.D.
1993.....	Richard A. Essman, M.D.
1994.....	Mario S. Gonzalez, M.D.
1995.....	Louis S. McCann, Jr., M.D.
1996.....	Mario S. Gonzalez, M.D.
1997.....	Mario S. Gonzalez, M.D.
1998.....	Louis S. McCann, Jr., M.D.
1999.....	Louis S. McCann, Jr. M.D.
2000.....	H. David Greider, M.D.
2001.....	H. David Greider, M.D.
2002.....	Steven E. Levine, M.D.
2003.....	Steven E. Levine, M.D.
2004.....	Edward Wilkinson, M.D.
2005.....	Mario Gonzalez, M.D.
2006.....	Mario Gonzalez, M.D.
2007.....	Luis Rey-Martinez, M.D.
2008.....	Luis Rey-Martinez, M.D.
2009.....	Ross C. Wheeler, M.D.

Pathologists Pressured to Contract with Payors

by Steven R. Weinstein, Esq., and Robert C. Leitner, Esq., K&L Gates, Miami, FL

It is well known that health insurers and HMOs strive to have under contract all hospital-based physicians who serve the hospitals with which the insurers and HMOs have contracted. And pathologists are accustomed to seeing a provision in their hospital contracts that requires them to contract with those same insurers and HMOs. When a hospital-based physician group does not participate in a payor's network, a myriad of potentially problematic issues arise from a payor's perspective. There is the issue of the rate of reimbursement the payor must pay the pathologist pay for a covered service. And there is an issue of balance billing. The potential for litigation, as opposed to contractually mandated arbitration, is yet another reason why payors want all hospital-based physicians under contract.

To try to achieve their goal of having all hospital-based physicians under contract, many of the largest health insurers and HMOs have added language to their hospital contracts designed to incentivize the hospitals to encourage their hospital-

based physicians to participate in their networks. In hospital/payor contracts, it is now standard to see provisions allowing the payor to impose significant financial penalties on the facility, or compensate the hospital less than the optimum per diem rate, when fewer than all of the hospital-based physicians are under contract. Another recent development and equally troubling is a provision that allows the payor and independent counsel to review the agreement between the hospital and the hospital-based group "to ensure Facility is fully invoking all the relevant terms and conditions of such agreement to require or promote Facility-based physician group's participation status with [payor]."

There are several things a group can do in anticipation of the pressure it may face to contract with a payor. First, a hospital-based physician group may want to ensure that its agreement with the facility includes a confidentiality and non-disclosure provision to restrict the hospital from sharing the terms of the agreement with any payor. Second, the provision

in the contract between the hospital and the hospital-based group pertaining to managed care contracting should be carefully drafted. Finally, a good relationship with the facility administration coupled with open lines of communication can prove invaluable when the payor puts pressure on the hospital to compel the hospital-based group to contract. It is crucial for the pathology group and the hospital to keep their respective interests aligned.

If and when a group begins getting pressured to contract, it should immediately consult with counsel to evaluate the matter.

Steven R. Weinstein is a litigation partner with the international law firm of K&L Gates LLP. He specializes in health care litigation and regularly represents physicians in HMO claim disputes and other health related matters. His e-mail address is steven.weinstein@klgates.com.

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Medical Directors: Are You Covered?

by Kim Brill, Vice President, PMIS, Broker/Consultant to FSP

"My malpractice policy covers me for my duties as a medical director, right?" This is a question we hear quite frequently. The answer depends on specific policy language, which varies from carrier to carrier.

Physician professional liability policies cover losses that arise from the "rendering or failure to render medical care". To the extent that your work is clinical in nature and is being done for a specific patient, coverage is provided.

But, what about your educational and administrative responsibilities?

If you are insured under a group

policy, the medical director work you do on behalf of the entity buying the policy may be covered, but not the work done as a medical director for an outside entity, such as a hospital.

In most such cases, the medical director is protected by the hospitals or laboratory's insurance. It is essential that you verify that such coverage exists before assuming any responsibilities. Even so, it is prudent to consult your attorney to about the language in your contract, which should put the duty to provide coverage on their shoulders. That way, if they change or lose their in-

surance and you are not longer protected, you will have some contractual recourse.

In the few cases where no coverage exists, the medical director can buy individual coverage through his agent. So make sure that you discuss this with your professional liability agent. Please feel free to consult me on this or any other concern that you have.





From the Executive Director

Changes in Education: What a great meeting in 2009 at the Contemporary Resort in Walt Disney World, Florida. I was privileged to watch the incredible interaction among Florida Pathologists and those national non-members in attendance as well. We have already reported on the great evaluations. Many of you stopped me to let me know that you had enjoyed the sessions, the networking and, of course, Disney! The annual 2010 Anatomic Pathology Conference CME Meeting will continue to address the continuing medical education needs of pathologists, not only in the State of Florida, but for our colleagues across the Nation, who understand the value of combining a family vacation with the educational lectures in the warmth of Florida's February climate. We have to date 20 non-member out-of-state registrations, and we are still early in the registration cycle! Have you looked at the presentations scheduled for February 2010? The 2010 FSP Conference will feature John R. Goldblum, M.D., Chairman, Department of Anatomic Pathology, Cleveland Clinic Professor of Pathology, Cleveland Clinic Lerner College of Medicine; Stuart J. Schnitt, M.D., Director, Division of Anatomic Pathology, Beth Israel Deaconess Medical Center, Professor of Pathology, Harvard Medical School and Robert H. Young, M.D., Robert E. Scully Professor of Pathology, Massachusetts General Hospital, Harvard Medical School.

Our annual Legislative Update and Insurance overview, the various social networking functions, and the ability to visit with our vendors showcasing the latest in technology and services, will complete the program! There will be an early bird registration fee – you should have already received the Conference mailer – and watch for e-flashes from the Society with updated Conference information and the ability to register on-line. Conference registration will be available at www.flpath.org. Join your peers for an educational, yet fun,

meeting set in the heart of Walt Disney World! Thanks to the CME Committee Chair, Sherry Woodhouse, M.D., for arranging an outstanding program. I know you will not be disappointed. I look forward to seeing you there.

But, wait. I indicated that change was in the air. The leadership has made a determination to reinstate the summer FSP meetings and we will do so starting in summer 2010 with a meeting now being planned for late June in South Florida. Two great educational opportunities will be available in 2010 to meet the growing education interests of our members and FSP member peers across the nation. Our student poster presentations will be back recognizing excellence in our teaching programs, and greater networking opportunities are being considered.

Changes in Membership: FSP membership continues to increase, albeit not at an accelerated rate, but the FSP membership benefits continue to grow. The Board of Directors understands the value that a strong and increasing membership base will have on FSP's mission to enhance the highest quality patient care. FSP is actively reaching out to the student population — the professions future — letting them know of the tremendous opportunity that membership provides to network with their graduate peers. Our 2009 Board Student Representative Liaison, Lizette Vila, M.D., at the University of Florida, is making a great effort to reach out to all the teaching programs – letting them know of the need to be a part of our growing society, now, while in residency programs, and upon graduation should they remain in the Sunshine State! Thanks Dr. Vila.

Changes in Communication: But I purposely keep the best change for last. FSP's website, www.flpath.org, is in the process of being redesigned to be a useable resource for our membership. Watch for it to launch in early 2010. With the enhancements to our interactive website www.flpath.org, including the frequently updated "What's New" section, periodic email blasts and the quarterly *Florida Pathology Today*, members can easily stay up-to-date on current society and professional events throughout the year. Communication is critical to the continued success of our organization and the leadership looks forward to hearing from you. They encourage all members to let them know the direction(s) in which you feel the Society should be headed. Stagnation is not a word heard at FSP BOD meetings. Instead, "growth," "movement," "awareness," and "flexibility" remain their key directives.

The FSP Executive Office can be reached at 407-774-7880 or by e-mail at info@flpath.org or bbeatty@kmgnet.com. If you have any questions regarding membership, the annual conference or on any of the pending or future annual meetings, I will be glad to assist you. Of course I will be pleased to provide you with the appropriate name(s) of our volunteer Society leadership working in the area of your interest.

Have a great Holiday Season and I look forward to working with each of you throughout the year and seeing you, in person, at the February 12 - 14, 2010, FSP Annual Conference at the Grand Floridian Resort in Walt Disney World.

WWW.FLPATH.ORG

HAVE YOU BEEN THERE LATELY?



Have you accessed the Members Only section of the Florida Society of Pathologists website lately? To request your code, please contact the FSP office or send an email to info@flpath.org.

The website www.flpath.org has plenty of information available only to members. For example: *Florida Pathology Today* newsletters are posted as soon as they go to press; the Legislative button has articles available only to members; and members may update their contact information directly through the website through the Members Only button.



Recertification in Pathology — Now is the Time!

by Stephen E. Vernon, M.D., Chair of the Florida Delegation, CAP House of Delegates

As most of you know, certifications from the American Board of Pathology (ABP) issued from June 2006 onward will be time limited. Diplomates will be required to re-certify every 10 years as specified by the American Board of Medical Specialties, of which the American Board of Pathology is a member. This Maintenance of Certification (MOC) is intended to track physicians learning throughout his or her career and tracks four specific requirements, namely 1) Professional standing, 2) Lifelong learning and self-assessment, 3) Cognitive expertise, and 4) Evaluation of performance in practice. It is a continuous process beginning immediately after certification, with periodic required reporting culminating in an examination which may be taken as early as eight years after certification. Since we are early in the process, the precise details on the examination process and content are not yet available. Details about MOC can be obtained at the ABP web

site <http://www.abpath.org/MOCIndex.htm>.

Pathologists who were certified before 2006 may want to become recertified via the ABP Voluntary Recertification Program. This is a process for recertification that, according to the ABP website “enables its diplomates to demonstrate continued competency in the practice of pathology”. The process involves filling out a comprehensive description of the pathologists’s practice, including credentials, practice activities, continuing medical education, licensure status, physical and mental health, and practice setting. As of this writing, if the candidate’s record is acceptable to the Board, the applicant may recertify without taking an examination, or if an examination is requested it is available in the ABP Examination Center in Tampa, FL. For more information on recertification visit the ABP web site at <http://www.abpath.org/VolRecert.htm>.

Interest in voluntary recertification is increasing, in part because discussions at the level of the Federation of State Medical Boards (FSMB) have included specialty recertification as means of assuring the public that licensees are indeed qualified. Some states already require specialty recertification in their relicensure procedure. This has also been discussed by the Florida Board of Medical Quality Assurance (FBMQA), our relicensure agency, and will receive additional attention in future sessions.

The College of American Pathologists is working closely together with the ABP to assist pathologists in navigating the MOC requirements, and CAP has also endorsed Voluntary Certification as a means of demonstrating continued competence. Applications for Voluntary Recertification are accepted through July 1 each year. I strongly recommend that all practicing pathologists consider recertification by the ABP.



Easily Identify When Lab DOS Rules Apply to You

Hint: Global billing implicates pathology services. Can you ignore Medicare’s laboratory date-of-service (DOS) policy if you bill for the professional component (PC) of physician pathology services? Not always. It’s true that the DOS policy applies to clinical lab test and the technical component (TC) of physician pathology services, but read on and you’ll see that sometimes you have to follow the rules even if you’re billing for the PC.

Let the Medicare fee schedules guide you to an easy way to remember which codes are subject to the guidelines: Tests paid under the clinical laboratory fee schedule

(CLFS); Pathology services listed with modifier TC (Technical Component) on the Medicare Physician Fee Schedule (MPFS) – but only when you’re billing the TC. Pathologists beware: Now that the lab DOS policy applied to TC of pathology (as of January, 2009) you can expect an impact on billing for a wide scope of tests such as the following: Surgical pathology tissue exams (88302-88309); Non-gynecological cytopathology (88104-88112, 88160-88162, and 88172-88173); Adjunct services, such as special stains (+883130 - +88314); Immunohistochemistry (88342, 88360-88361); In situ hybridization (ISH) (88365 – 88368).

See How Global Billing Changes Everything: If the rule applies to clinical lab tests and the TC of pathology physician services, how can it impact your pathologist PC services? Global billing. “Each line item takes one DOS, so billing globally (TC and PC together) means you must follow the TC DOS rule.” explains Pamela Biffle, CPC, CPC-I, CCS-P, ACS-DE, principal for the PB Healthcare Consulting and Education in Fort Worth, Texas.

Distinguish Global Billing: The MPFS lists some codes with modifiers TC and 26 (Professional component). “If you report one

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Message from the FMA President

by James B. Dolan, M.D., FMA President

At the July meeting of the House of Delegates of the Florida Medical Association, physicians from all over Florida resoundingly expressed their offense over the following disrespectful remarks made by President Obama at a recent press conference.

“Right now doctors a lot of times are forced to make decisions based on the fee payment schedule that’s out there.

“So if they’re looking – and you come in and you’ve got a bad sore throat, or your child has a bad sore throat or has repeated sore throats, the doctor may look at the reimbursement system and say to himself, you know what, I make a lot more money if I take this kid’s tonsils out. Now that may be the right thing to do, but I’d rather have that doctor making those decisions just based on whether you really need your kid’s tonsils out or whether it might make more sense just to change – maybe they have allergies, maybe they have something else that would make a difference.”

In response, they asked me to send a letter to the President, assuring him that for the physicians in Florida, patients come first. As stated in the American Medical Association’s Principles of Medical Ethics, “a physician shall, while caring for a patient, regard responsibility to the patient as paramount.” This is a principle that we in Florida will continue to adhere to. The letter to President Obama was co-signed by 27 County Medical Societies and 29 specialty societies and also sent out to the media.

Our patients in Florida and across the nation deserve an accurate and far more sensitive depiction of their caring physicians by the President of the United States, whose statements impact the opinions and impressions of millions of Americans and the future of our health care system.

Despite this, we still look forward to working with the President and our Florida Congressional Delegation

to develop and implement effective health system reform that adheres to the principles of the Florida Medical Association and benefits the patients our physician members serve with respect and integrity, these unfortunate remarks notwithstanding.

Last night, I joined several members of your Board of Governors in meeting with Congressman Allen Boyd to express our concerns over HR 3200. Congressman Boyd is a member of the very influential Blue Dog Democrats caucus. Together we shared with Congressman Boyd five important elements that we think are necessary for effective health care reform.

The Key to Medicare Financing - National health care reform must include replacing the Sustainable Growth Rate (SGR) with a Medicare physician payment system that automatically keeps pace with the cost of running a practice, and is backed by a fair, stable funding formula. If the SGR is not replaced, and the physician payment reduction of 20% scheduled for 2010 are allowed to occur, it will have a devastating impact on access to care. This will result in physicians being forced to restrict the number of Medicare patients they can see due to inadequate payment. In Florida, this access to care problem will be even more dramatic because our state has a disproportionately large Medicare population.

Cost Containment & System Reform Measures That Preserve the Patient-Physician Relationship - The FMA opposes health system reform measures that do not preserve the integrity of the physician-patient relationship and the individual freedoms of both patients and physicians in our health care system. Any delivery system reform proposals, such as Accountable Care Organizations and Medical Home models, should be first tested in pilot programs before being imposed across the entire country. The FMA is

particularly concerned with provisions in H.R. 3200 that

would allow nurse practitioners to direct “Medical Homes.” This inappropriate scope of practice expansion would in effect make nurses the equivalent of Primary Care Physicians.

Necessary Medical Liability Reform - H.R. 3200 fails to include an essential cost containment element – medical liability reform. Numerous studies have demonstrated that effective medical liability reform will significantly lower health care costs by reducing the cost of defensive medicine and eliminating unnecessary litigation from the system. By failing to include such reforms, the FMA feels that H.R. 3200 falls far short of genuine reform and will not achieve the cost-savings needed to make health care more affordable in our country.

The Impact of the Public Option - The FMA is seriously concerned that the public health insurance option, as outlined in H.R. 3200, will lead to a single-payer, government-run health care system, which is not in the best interest of our country. Under the proposed public health insurance option, the government is empowered to implement rules that would restrict patients’ freedom to choose their physician and limit timely access to quality specialty care. We believe this is an expansion of government into medical decision-making and an intrusion in the doctor/patient relationship. Additionally, we fear the result would be the unsustainable government price-setting scheme we now see for Medicare.

See Message from FMA President on page 10





Message from the FMA President

No Restrictions on Physician Ownership - The limitations on physician ownership of hospitals and health care facilities included in H.R. 3200 would prove counterproductive to the bill's intent to reduce costs and make health care more efficient and effective. Studies of physician-owned hospitals and ambulatory surgery centers have documented high levels of quality care and patient satisfaction; fewer complications, such as infections and hip fractures; and greater net community benefits. The FMA strongly supports responsible physician investment in technology, facilities, services, and equipment. The focus should be not on who owns the medical facility — a physician, a nonprofit entity, or a for-profit company — but on the quality of the facility and appropriateness of patient care.

You can find a formatted version of these five important talking points here.

I am pleased to report Congressman Boyd was very receptive to our concerns and promised to work with us to achieve reform consistent with the principles above. I would like to encourage you, your spouses and patients to print the FMA's Talking Points on HR 3200 and meet with your congressional member in the coming weeks. They will be in their home district on break until returning the Washington after Labor Day. It is critical that you speak to them now before HR 3200 is advanced further. Many will hold Town Hall meetings. Be sure physicians are in attendance at these events so medicine's voice is heard.

While the future of health care weighs heavily on the minds and hearts of all of the physicians of Florida, I happy to report there is a very bright spot on the horizon. This week I had the pleasure of meeting some of the most promising minds in medicine – the first class of medical student's at the University of Central Florida's College of Medicine. I was first introduced to them at the White

Coat Ceremony on Monday and again at their orientation yesterday, and I can assure you that these students are eager and poised to make an incredible impact on the future of medicine in the years ahead. Nick Rohrhoff, the Chair of the FMA Medical Student Section and I spoke to them about the benefits of FMA membership. I'm happy to report that five of the 41 students joined the FMA and one has already volunteered to spearhead the formation of the UCF-FMA chapter

I also met with the Bangladesh Medical Association of America on Saturday and I am proud to report they have not only heard of my intentions to introduce an subcommittee of the FMA Membership Committee to focus on Cultural and Ethnic Medical Societies as reported in my Presidential Address, but they are also receptive. As you know, this is a very special group of friends that I would like to invite further into the House of Medicine. I know that together our voices will be stronger as we advocate to advocate for the physicians and patients of our

great state.

Today, I am meeting with the Florida College of Emergency Physicians as the last stop of this week's travels, having spent six hours in the pilot's seat yesterday to make my stops in Orlando, Tallahassee, and now here in Naples. Unfortunately, press deadlines preclude me from reporting on the FCEP talks, so I'll do that next week.

Yes, as you can see, my first two weeks as your President are shaping up to be a busy and productive time. The momentum I feel as we move forward in these challenging and historical times is unmatched and the support you have afforded me over these short two weeks has only strengthened my resolve to do all that I can to Help You Practice Medicine. I look forward to reporting to you on the victories that lie ahead. Together, we will make a difference.



Easily Identify When Lab DOS Rules Apply to You

of those codes without a modifier, you're billing for both the technical and professional component," Biffle says. That's global billing.

DOS Precludes Global Billing for This Case: What if you're an independent lab that bills for the PC and TC of pathology services, but you performed the components on two different dates of service? "Global billing is not appropriate for this instance," according to CMS. Do this: If you have different dates of service for the TC and PC of a pathology service that your independent lab reports, bill

separate line items using modifiers TC and 26. CMS modified the DOS policy to include direction about cases of TC/PC with different dates of service, effective August 24th. You can read the transmittal at www.cms.hhs.gov/MLNMattersArticles/downloads/MM6457.pdf.

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