President’s Perspective

For almost 50 years, we have excelled as the only organization focused on the interests of foot and ankle orthopaedic surgeons. From a small club of surgeons formed in a New York City hotel room, we’ve expanded to a membership of more than 2,200 that spans every US state and 53 countries.

We’ve grown. We’ve changed. And the environment we live in has grown and changed. These are all good reasons to update the way we present AOFAS to our members and the public.

After more than a year of planning and development, we are pleased to introduce a new brand for AOFAS. We believe the new image will convey the prestige of our specialty and the unique expertise we provide to our patients and colleagues. Read the insert with your In~Stride to learn more about the new AOFAS brand.

We’ve grown. We’ve changed. And the environment we live in has grown and changed. These are all good reasons to update the way we present AOFAS to our members and the public.

Our Society has become what it is today because of our members. That’s why listening to our members is and always will be a priority for our leadership.

Our last survey of the AOFAS membership was in October 2013. If you read the responses, you’ll see some requests that may have aged:

- More downloadable PowerPoint presentations
- Free webinars
- Help preparing for ICD-10
- Increase cadaver labs

But other comments from the survey remain relevant today:

- More business-related meetings
- Develop a patient registry
- Better advocacy
- More online education

Because the interests and challenges that face us today have evolved from

continued on page 2
2013, we have launched a new Member Needs Survey. Though it will require a few minutes of your time, the results of the survey are vitally important to map our Society’s path for the next few years. Each survey will be studied carefully. Every comment will be heard and considered. We want to know what we do well and where we can improve. We want to make sure that AOFAS is providing the resources you need to pursue your interests and to support your practice. Please take the time to answer this important survey.

One of the primary responsibilities of the AOFAS Board of Directors is to set the direction for our Society through strategic planning. This is an important process through which we define our goals, develop strategy, and allocate our resources. It’s a way of connecting the “ends” (goals) with our “means” (resources). It’s also a time to prioritize our many goals.

For this process to be successful, it’s critical we accurately understand our membership. To that end, we have been working over the last few months to gather feedback from different groups of members. We convened a meeting of our committee chairs last fall. After listening to their objectives, we developed a more efficient way to communicate among committees, staff, and the Board. We also polled our recent Fellowship graduates to better understand the experience of early-career foot and ankle orthopaedic surgeons.

We will provide an open forum for members to voice their interests and concerns at our next Board of Directors Meeting, held in New Orleans during the AAOS Annual Meeting. A large portion of this Board meeting will be open to Active Members who wish to learn more about the governance process and get involved with the Society. In attendance will be the full AOFAS and Foundation Boards as well as our committee chairs. Though it will be a working meeting, we will be taking time to hear everyone’s views. Please join us.

Along with the upcoming Member Needs Survey, this Open Board Meeting will offer a sense of where we need to focus our efforts in the future. My hope is to have a succinct written Strategic Plan available to all our members at AOFAS Annual Meeting 2018 in Boston.

Respectfully,
Thomas H. Lee, MD

Join us at the AOFAS Open Board Meeting
Friday, March 9, 2018 • 3:30 – 4:30 pm
New Orleans Downtown Marriott at the Convention Center
River Bend 2 Room

We want to hear from you!
AOFAS recently sent all members a Member Needs Survey via email. Please help shape the future of AOFAS by completing the survey and sharing your honest feedback with us. The survey will close on Tuesday, March 6.

All individual responses will be anonymous and strictly confidential. If you did not receive an email with the survey link, please contact the AOFAS Executive Office by email at aofasinfo@aofas.org or by phone at 800-235-4855 or +1-847-698-4654 (outside US).

Thank you in advance for your time and input!
FAO Review Article Series coming soon

Foot & Ankle Orthopaedics® (FAO) turned one year old in September 2017. To start our second year of publication, we are introducing a series of invited review articles from leaders in foot and ankle orthopaedics that will cover the fundamentals of foot and ankle surgery. These reviews are aimed at residents and fellows to provide a strong introduction to the concepts and treatment of various conditions. More experienced practitioners will find them to be valuable as well for a quick, comprehensive review of important and timely topics.

“These reviews will be important tools for both board exam review and resident and fellow education, as well as for keeping up to date with the latest and greatest treatments,” said Daniel C. Farber, MD, FAO Review Articles assistant editor.

The first review articles in the series will be published in early 2018 and will feature topics such as hallux rigidus, neuroma treatment, and current trends in pain management and opioid prescribing. A total of 20 review articles will be released in 2018.

“These important review articles cover a wide breadth of orthopaedic knowledge, including core topics and new hot topics in foot and ankle surgery,” added FAO Editor-in-Chief L. Daniel Latt, MD, PhD.

Once published online at FAO, these articles will be freely available to all AOFAS members, and to the entire world. This broad access will help educate the global orthopaedic community of residents, fellows, and practicing surgeons while highlighting the work of many of the top foot and ankle orthopaedic specialists.

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Pre-meeting Course
The educational program opens on Wednesday with the Pre-meeting Course chaired by Dr. Smith. Topics covered during this focused day of learning include Sports Medicine, Arthroscopy, Technology Updates in Orthobiologics, and Surgical Innovations. The program will feature lectures, panel discussions, point/counterpoint debates, case presentations, and a special PED Talk titled “Misery Loves Company: Disaster Medicine.”

Dr. Smith noted, “You can look forward to state-of-the-art talks on topics that challenge our daily practices as well as an innovative afternoon that offers an insider’s look at the future of foot and ankle treatment.”

Scientific Program
Running Thursday through Saturday morning, the Scientific Program includes symposia, scientific paper sessions, posters/ePosters, and invited guest lectures on a variety of topics.

Thursday’s keynote presentation features patients whose lives were forever changed by the 2013 Boston Marathon bombing, along with the surgeons who treated them. This year’s program also includes “Fireside Chats” on the changes in foot and ankle surgery between well-known mentors and the surgeons they inspired.

The meeting concludes on Saturday with concurrent sessions, including a clinical practice session developed in collaboration with the American Physical Therapy Association, a resident education session, and a practice management session.

“We have a diverse membership and the education at our Annual Meeting should reflect that,” Dr. Lin said.

“Concurrent sessions allow attendees to explore the topics that most interest them in a smaller group setting.”

More than 700 abstracts were submitted for consideration for this year’s Annual Meeting, a significant increase from previous years. To recognize the outstanding work that could not be accommodated in the final program, the Program Committee is bringing back last year’s popular “Posters with the Presidents” tour. During dedicated time in the Exhibit Hall, attendees will enjoy refreshments as they view poster presentations of highly rated abstracts with AOFAS past presidents.
Social events
Annual Meeting social events provide opportunities to meet and connect with colleagues and discuss the issues of the day. Make sure to include these events in your schedule.

Welcome Reception
Wednesday, July 11, 4:30 – 6:30 pm
AOFAS Exhibit Hall
Hynes Convention Center
Open to all registered meeting attendees and registered spouses and guests, this event is the first opportunity to meet up with colleagues, make new friends, and explore the Exhibit Hall. Walk through the aisles of new and returning exhibiting company booths, make appointments for later discussion, and enjoy beverages and light appetizers before you head out to dinner on your own. Minimum age in the Exhibit Hall is 16.

Annual Gala Event
Friday, July 13, 6:30 – 10:00 pm
Boston’s Museum of Science
One of the largest institutions of its kind in the world, the Museum of Science in Boston is the most popular cultural attraction in New England. Mark your calendars now! You will not want to miss the chance to explore the museum with your friends and guests.

The Gala will take place in the expansive Blue Wing, which houses the majority of the science center’s exhibits. In addition to perusing the Blue Wing’s three levels of galleries, Gala attendees will enjoy lively networking with friends and colleagues, food and drink, and dancing to the beat of a live band.

This ticketed event is open to all Annual Meeting and industry attendees and their spouses and guests. More event and fee information will be posted to www.aofas.org/annualmeeting.

Housing
Annual Meeting housing will open mid-March. Meeting attendees will be invited to book at the Sheraton Boston Hotel, which is within walking distance of the Hynes Convention Center.

The AOFAS encourages you to make your hotel reservations through the dedicated link on the AOFAS website. Beware of hotel “poachers” that may send you notice of lower-cost hotel options or claim to be the Annual Meeting housing provider. Should you receive a solicitation that you believe to be fraudulent, please contact the AOFAS Executive Office at 800-235-4855 or +1-847-698-4654 (outside US).

Discover Boston
With its mix of historic and modern attractions, Boston is the perfect setting for this year’s Annual Meeting. The Hynes Convention Center and Sheraton Boston Hotel are in the heart of the city’s charming Back Bay neighborhood, within walking distance of incredible restaurants, nightlife, and landmarks like Copley Square and the Boston Public Library. Local Hosts Daniel Guss, MD, MBA, and Jeremy T. Smith, MD, will offer their recommendations for experiencing the best of Boston.

Annual Meeting registration and housing will open mid-March. For updates, visit www.aofas.org/annualmeeting.

AOFAS welcomes China as Guest Nation
As part of the Society’s commitment to fostering a global community of foot and ankle orthopaedic surgeons, AOFAS has invited China to serve as the inaugural Guest Nation at AOFAS Annual Meeting 2018. More information to come.
FAI CME Examinations celebrate five-year anniversary

The Foot & Ankle International® (FAI) CME committee will launch the 2017 FAI CME Exam, the fifth installment of the annual FAI CME Exam, at AOFAS Specialty Day 2018 in New Orleans.

Since the launch of the 2013 Exam, AOFAS members and FAI subscribers have depended on the exams for an important part of their CME profile. Each exam satisfies 10.0 AMA PRA Category 1 Credits™. Physicians who complete the full 10 hours may also claim 10.0 scored and recorded credit hours for the American Board of Orthopaedic Surgery (ABOS) MOC SAE. With the two most recent exams always available, AOFAS members can use FAI to earn the full 20 hours of MOC SAE credit required by ABOS.

“The FAI/ CME exams have always been written by and for AOFAS members,” said Patrick B. Ebeling, MD, FAI CME Committee chair. “Even if you do not need scored and recorded credits for this cycle, the exam is a great way to review the literature published in FAI during the previous year.”

Each exam has 100 multiple-choice questions testing general foot and ankle knowledge. The questions are inspired by, and have a link to, a specific reference article from FAI. Participants can take an exam in multiple sittings, using mobile devices or computers. Unlimited retakes are allowed, with a score of 70 percent or higher required to obtain credit. The CME certificate is available immediately upon achieving a passing score. The FAI/ CME Committee prepares the exam questions from a volume year of the journal and each exam is reviewed and approved by the ABOS.

“We are proud to highlight the exceptional work being published in our journal and provide a valuable service to our membership,” said Christopher D. Kreulen, MD, MS, FAI CME Committee vice chair. “We strive to continue to improve your knowledge with each new exam.”

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Dues-paying AOFAS members receive the monthly print edition of the journal plus online access to current and past issues.

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In November, AOFAS President Thomas H. Lee, MD, and a group of nine AOFAS members traveled to China where they participated in the Chinese Orthopaedic Association (COA) Annual Meeting. The trip was coordinated with Chinese Orthopaedic Foot & Ankle Society Members Drs. Guangrong Yu, Xin Ma, and Zhongming Shi of Shanghai, Hai-lin Xu of Beijing, and Jin-Song Hong of Guangzhou to help foster a relationship between the two foot and ankle societies. Our Chinese hosts could not have been more generous or gracious in their hospitality.

Dr. Lee and I, along with AOFAS Members Samuel B. Adams Jr., MD, Rebecca A. Cerrato, MD, M. Truitt Cooper, MD, A. Holly Johnson, MD, John Y. Kwon, MD, W. Bret Smith, DO, Alan Y. Yan, MD, and Richard A. Zell, MD, began the week with the first-ever “Sino-American Foot Ankle Elite Forum” in Guangzhou.

During this daylong conference, the AOFAS group participated alongside Chinese foot and ankle surgeons in a case-based forum discussing triumphs and complications alike. Throughout the day there were 18 case presentations, each generating a great deal of discussion. What became clear is that the Chinese surgeons experience many of the same challenges we do: Achilles wound complications, pilon fracture malunion, and massive osteochondral defects of the talus, to name a few.

From Guangzhou, the group moved south to the city of Zhuhai for the annual COA meeting. This gathering of some 22,000 orthopaedic surgeons was similar in structure to our AAOS Annual Meeting. Each AOFAS member on the trip presented two talks during the foot and ankle education sessions that were scattered over the four-day conference. Topics ranging from calcaneus fractures to DVT prophylaxis were well received by the Chinese surgeons.

The visit to China offered an opportunity to create relationships and friendships with the foot and ankle orthopaedic surgeons who are responsible for a population of about 1.4 billion people. Dr. Alan Yan, a US fellowship-trained foot and ankle surgeon who immigrated to the United States in his early 20s, was instrumental in organizing the visit.

"Chinese surgeons are hungry for the specialty knowledge and training that we have to offer," Dr. Yan said.

In addition to education, the Chinese group hopes to create opportunities for collaborative research. Dr. Xu suggested that his hospital in Beijing has access to a massive database of patient information (for example, about 5,000 CT scans of ankle fractures). His hope is that our groups can work together to answer the many questions that remain in foot and ankle surgery.

China will serve as the Guest Nation at the AOFAS Annual Meeting 2018 in Boston. The Chinese are enthusiastic about their participation and suggested that more than 100 Chinese foot and ankle surgeons are eager to join the AOFAS as new international members.

With this increased energy and interest in furthering foot and ankle education and research, we hope that our visit will serve as a stepping stone to a long-standing, mutually beneficial relationship between COA and AOFAS.
The 2018 Orthopaedic Foot & Ankle Fellowship Match cycle for 2019-2020 positions is fully underway. This year, there are more than 90 applicants (at press time) for the 78 positions being offered by 48 participating programs. These numbers are comparable to last year’s match, in which 90 applicants vied for 74 positions from 45 programs.

Although some programs are no longer accepting applications, many will continue to receive them until Monday, March 5, 2018. The interview period remains open through Friday, March 23. The match results will be available to applicants and programs on Tuesday, April 3.

The AOFAS-sponsored Orthopaedic Foot & Ankle Fellowship Match is designed to be a transparent, unbiased process in which applicants are matched to foot and ankle fellowship programs on a competitive basis. AOFAS is committed to a fair and effective process for both the programs and the applicants.

San Francisco Match (SF Match), a fellowship matching service, processes the applications, receives the rank lists, and administers the match. AOFAS manages program participation, coordinates communication, and provides assistance as needed.

The AOFAS Fellowship Match Committee, chaired by James R. Holmes, MD, oversees and audits the match to ensure its continued integrity.

For more information, visit www.aofas.org/fellowshipmatch or www.sfmatch.com. Questions about the Orthopaedic Foot & Ankle Fellowship Match can be directed to the AOFAS Executive Office at 800-235-4855 or +1-847-698-4654 (outside US).

**Key deadlines**

- **March 23, 2018:** Last date programs may conduct interviews
- **March 26 (noon, PT):** Rank lists due to SF Match
- **April 2:** AOFAS notifies unmatched applicants and programs that they will participate in a post-match scramble and receive interview guidelines
- **April 3:** Match Day; results available by logging into SF Match account
- **April 3 – April 16:** Post-match scramble for unmatched applicants and programs with unfilled positions to interview
- **April 16 (11:00 am, PT):** Programs can offer unfilled positions to unmatched applicants
- **April 20:** Post-match vacancies listed on SF Match and AOFAS websites

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www.aofas.org/webinars

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Most of you don’t know this, but in addition to serving as president of the Orthopaedic Foot & Ankle Foundation Board of Directors and as chair of Campaign 50, I also serve as vice chair of the Board of Trustees at my undergraduate alma mater, Northwestern College in Orange City, Iowa. And, I serve as chair of Northwestern College’s $30 million capital campaign, Discover Faith & Science. Some might call me — indeed some HAVE called me — a glutton for punishment. They say it’s a thankless task to “ask other people for money.”

Let me try to explain. Campaign 50 has a $3 million goal, so Northwestern College’s campaign is 10 times the size. But each institution has had, for different reasons, an equally profound and meaningful impact on my life. When I “ask people for money,” I don’t feel as though I’m really asking for money. I’m asking for them to help a vison come to life, to be a part of something bigger than themselves, and yes, to give back to an entity, be it Northwestern College or AOFAS, because of the profound impact it had on their personal or professional life.

There’s an old fundraising rule that says, “people give to people.” They give to the person who asks them. Often, a contribution is made because of how one person feels about another. Northwestern College or AOFAS may almost be incidental. The corollary to this axiom is “people give for people” — not for endowments, buildings, or better seating at a football game.

With each campaign I’m involved with, I’m not asking for anything for myself. What is important about the new science building at Northwestern College is not the $30 million. What is important is what will happen inside that new building — the interactions among the students and faculty.

Similarly, what is important about Campaign 50 is not the $3 million. What is important is the young researcher who will get her first $5,000 grant. Or, the patients who will benefit from the data collection and analysis that the Orthopaedic Foot & Ankle Outcomes Research Network (OFAR) will deliver. Or, the poverty-stricken people in Vietnam who will receive life-changing operations performed for free by our surgeons. Or, the Traveling Fellow who will learn from top foot and ankle orthopaedic surgeons in some of the most prestigious hospitals and medical centers in the US.

It’s about people, and how those people are profoundly and positively impacted for the rest of their lives by our collective philanthropy.

As I do in every column, I thank those of you who have given to Campaign 50. If you have not given, I urge you to join me and make a gift or multi-year commitment. While biblical in origin, John F. Kennedy observed, “For of those to whom much is given, much is required.”

We have been given much, certainly much more than the majority of the people on this planet. Now is the time to share what the profession has given to us.

Thank you for your generosity.
The Orthopaedic Foot & Ankle Foundation and AOFAS thank the following individuals for their charitable contributions to Campaign 50, which support the three pillars of The Foundation’s mission: research, educational outreach, and humanitarian service.

This Honor Roll of Donors reflects Campaign 50 outright gifts and documented multi-year commitments made between January 1, 2014, and December 31, 2017, and donations made to the Orthopaedic Research and Education Foundation with a designated gift to The Foundation as of December 31, 2017.

Any payments for pre-existing, multi-year pledges made prior to Campaign 50 that were not completed by December 31, 2013, are applied as outright gifts to Campaign 50.

Thank You, Donors!

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We have made every effort to ensure accuracy. Please accept our apologies if your name has been listed incorrectly or omitted. Contact AOFAS Director of Development Mike Bates, CFRE, at 847-430-5074 or mbates@aofas.org.
AOFAS expands online patient outreach

The AOFAS consumer campaign encourages the public to **look for the “O”** — orthopaedic — when seeking a foot and ankle healthcare provider. As part of the campaign, AOFAS has expanded its online outreach to patients. With consumers increasingly turning to the internet for information about their health and healthcare providers, it is important for foot and ankle orthopaedic surgeons to have a strong online presence.

AOFAS runs advertisements on Google that appear when consumers enter search terms like “foot problem” or “ankle pain,” and recently began advertising on Facebook as well. These ads direct patients to myFootCareMD.com, the campaign website that highlights the specialized expertise of foot and ankle orthopaedic surgeons and links to the AOFAS “Find a Surgeon” member search.

Through our online and other campaign efforts, AOFAS is educating patients about foot and ankle orthopaedic surgeons and connecting them with AOFAS-member physicians. See below for a snapshot of the results of our outreach in November and December 2017.

In addition, AOFAS has developed patient materials you can use in your practice and your community. Learn more and download materials, including brochures, infographics, and fact sheets, at [www.aofas.org/toolkit](http://www.aofas.org/toolkit) (member login required).

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**Look for the “O” Consumer Campaign November/December By the Numbers**

- **2,561** clicks on AOFAS Google ads
- **2,706** visitors to the consumer campaign microsite, myFootCareMD.com
- **259** downloads of Look for the “O” campaign materials
- **95** new followers on the AOFAS Twitter page
- **248** new follows and page “likes” on the public Facebook page
- **755** visits to the “Find a Surgeon” search from myFootCareMD.com
- **2,561** clicks on AOFAS Google ads
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**IN-STRIDE • WINTER 2018**

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The coding principles for foot and ankle trauma can be, at times, as complex as the injuries that foot and ankle surgeons treat. This article will highlight and clarify the confusion associated with coding for certain traumatic injuries to the ankle and foot.

**Ankle fractures (extra-articular, non-pilon variants)**

The following codes are commonly utilized for malleolar fractures. It is imperative to document the fracture pattern and the associated injuries.

- **27766** (Work RVU 7.89): open treatment of medial malleolus fracture including internal fixation when performed
- **27769** (Work RVU 10.14): open treatment of posterior malleolus fracture including internal fixation when performed
- **27792** (Work RVU 8.75): open treatment of distal fibular fracture (lateral malleolus) including internal fixation when performed
- **27814** (Work RVU 10.62): open treatment of bimalleolar ankle fracture (e.g., lateral and medial malleoli, or lateral and posterior malleoli, medial and posterior malleoli)
- **27822** (Work RVU 11.21): open treatment of trimalleolar ankle, including internal fixation, when performed, medial and/or lateral malleolus, without fixation of posterior lip
- **27823** (Work RVU 13.16): open treatment of trimalleolar ankle, including internal fixation, when performed, medial and/or lateral malleolus, with fixation of posterior lip

It should be noted that the patterns of injury don’t allow for one single code. In that instance, documentation is critical when describing the steps to fix the fracture and the approaches used. In general, when different approaches are utilized, it allows for greater flexibility in application of codes.

**Pilon fractures**

Pilon fractures present a unique approach to coding as they often require staged procedures. Use a combination of internal and external fixation codes and modifiers.

- **27784** (Work RVU 9.67): open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed

Due to the complex nature of these injuries, a combination of coding may be utilized. For example, an individual may present with a comminuted intra-articular distal tibia fracture and fibula fracture with soft tissue swelling that precludes immediate fixation. If one were to stage repair with external fixation, with or without repair of the fibula, one would use a 51 modifier, indicating multiple procedures.

When pilon fractures are treated in a staged fashion, it will require the use of a modifier 58 at the next setting of repair. Proper coding should be accompanied by the appropriate documentation, indicating the plan for staged reconstruction.

**Case examples:**

1. **Distal tibial intra-articular fracture, associated fibula fracture, staged repair.** As this would be done in a staged fashion, the following codes would be appropriate:
   - 27825 for closed treatment of weight bearing articular portion of distal tibia (e.g., pilon or tibial plafond) with skeletal traction
   - 20690 or 20692 for application of external fixation
   - 27784 for fixation of fibula shaft fracture

   Use a 51 modifier for each subsequent code after the index procedure.

2. **Staged reconstruction of pilon fracture, with internal fixation of tibia, with removal of external fixator.** The code for tibial fixation would be 27827 and removal of the external fixator would be 20694. These codes would be accompanied by modifier 58 (staged procedure).

**Distal tibiofibular syndesmosis injuries**

Injuries to the distal tibiofibular syndesmosis would be coded as follows:

- **27829** (Work RVU 8.8): open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed
There are instances when disruption is associated with malleolar fractures. Treatment for these injuries can be coded with 27829 and, when fixation of the injury requires repair of an associated fibular fracture through a separate incision, 27792 or 27784. When a separate incision is utilized, one should add a 51 modifier or, with certain payors, a 59 modifier (distinct procedural service).

**Case examples:**

1. **An isolated syndesmotic injury without fibular fracture.** This would be an injury such as a Maisonneuve injury where fixation of the fibula wouldn’t necessarily be indicated. The appropriate code would be 27829.

2. **Syndesmotic injury with fibular fracture.** In this instance, two separate incisions may be necessary to address the injury complex. Use code 27829, which would describe the reduction of the syndesmosis, and code 27784 for fixation of the associated fibular fracture. A modifier 51 (multiple procedures) would be added.

**Tarsometatarsal injuries**

These injuries are often complex and involve a spectrum of bone and soft tissue injury that makes treatment options challenging and the appropriate coding for said procedures confusing. Options for treatment include closed reduction and temporary percutaneous fixation, open reduction and internal fixation, and primary fusion.

- **28606 (Work RVU 5.09):** Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
- **28615 (Work RVU 10.7):** open treatment of tarsometatarsal joint dislocation, includes internal fixation when performed
- **28485 (Work RVU 7.44):** open treatment of metatarsal fracture, includes internal fixation, when performed, each
- **28730 (Work RVU 10.7):** arthrodesis, midtarsal or tarsometatarsal, multiple or transverse
- **28740 (Work RVU 9.29):** arthrodesis, midtarsal or tarsometatarsal, single joint

Tarsometatarsal injuries may be treated with open reduction and internal fixation in some combination. In this scenario one can use code 28615 with 28485 when the dislocations are associated with metatarsal fractures. Similarly, the use of percutaneous fixation 28606 can be utilized for each involved metatarsal fracture or dislocation. For a temporizing measure, one can use a 58 modifier at the time of definitive fixation.

The role for primary fusion has been documented in the literature; however, the appropriate code for fusion would be the arthrodesis code (28730, 28740). The simultaneous use of the ORIF code (28615) would not be appropriate in this scenario as the reduction is performed as part of the arthrodesis procedure.

**Case examples:**

1. **Fracture/dislocation of the tarsometatarsal joint complex.** This example would be an injury of the tarsometatarsal joint complex with associated metatarsal fracture. Coding for this pattern would be 28615 (open treatment of injury tarsometatarsal dislocation) and 28485 (open treatment of metatarsal fracture). Modifier 59 would be utilized as a distinct procedural service.

2. **Fracture/dislocation of the tarsometatarsal complex repaired with primary fusion.** These injuries would have significant ligamentous instability and/or extensive articular comminution. When treating these injuries with primary fusion, the arthrodesis code 28740 or 28730 would be utilized. Code 28615 would not be utilized as reduction of the dislocation would be a part of the arthrodesis procedure.

The importance of documentation of these injuries and their repair cannot be over emphasized. In addition, it is imperative that you work closely with your office staff and coding personnel to ensure accuracy and efficiency in submitting the appropriate documentation and codes.
The 2017 Interim Meeting of the American Medical Association (AMA) House of Delegates was held in Honolulu, Hawaii, on November 11-13, 2017. The interim meeting focuses on issues important to AOFAS members and their patients including Legislation, Medical Service, Medical Practice, Insurance, Education, Science, and Public Health, a few of which will be highlighted below.

**Scope of practice**
Scope of practice issues were at the forefront as delegates discussed the development of a national strategy for addressing non-physician independent practice.

The House of Delegates unanimously supported resolutions opposing independent practice for physician assistants, including those with Doctor of Medical Science degrees, and opposing further independent practice by advanced practice registered nurses (APRN) via the APRN multistate licensing compact that would override pre-existing state law.

**Resolutions to protect physicians and patients**
Last year the AMA successfully led efforts to block the Anthem-Cigna and Aetna-Humana insurance mergers that would have decreased competition, reduced patient access to care, and decreased physician reimbursement by more than $500 million annually.

The House of Delegates unanimously approved resolutions with respect to health insurance company purchase by pharmacy chains, elimination of consultation codes by private payers, and Anthem’s recent unilateral decision to reduce payment for appropriately billed Evaluation and Management codes using the 25 modifier by 50 percent. Anthem subsequently decided to decrease payment by 25 percent and delay implementation two months, which the AMA continues to advocate against.

In addition, there were resolutions on Maintenance of Certification and Licensure, reversing the nation’s opioid epidemic, protection of physician freedom of speech, physician burnout and wellness challenges, and Graduate Medical Education. Further modifications were proposed to the Medicare Access and CHIP Reauthorization Act (MACRA) to make physician requirements for Quality Payment Program (Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs)) more appropriate and less onerous, particularly for smaller practices. There also were updates on the AMA’s legislative and regulatory lobbying successes in the states and Washington, D.C., as well as the AMA Litigation Center’s efforts to protect and advocate for physicians in the courts.

**Join the AMA**
If these issues are important to you and your patients, please consider joining the AMA. In conjunction with the AAOS, AMA provides the resources, expertise, and contacts to help the AOFAS advocate for its members and our patients.

If you need more information about what the AMA is doing on your behalf and how you can help them help you and your patients, please feel free to contact me at aronowmike@gmail.com or go to www.ama-assn.org. Annual dues for residents and fellows are only $45. Dues for practicing physicians are $420 per year, and lower for physicians who are in their first or and second years of practice, in the military, or retired.
MEMBERSHIP MATTERS

AOFAS recognizes new and elevating members

The Board of Directors approved 33 new members between October and December 2017.
We welcome them to the membership and thank them for their commitment to the Society and specialty.

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AOFAS welcomed 135 new members in 2017, bringing the total membership to 2,237.

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Congratulations to the AOFAS members who have advanced to the next level of membership.

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Thank you to our newest Emeritus Members for their years of dedication and contributions to AOFAS.

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MEMBERSHIP MATTERS

Renew your AOFAS membership

Thank you to those of you who have renewed your membership for 2018 — your continued support of the AOFAS is greatly appreciated! If you have not yet paid your 2018 dues, please make sure to do so as soon as possible to avoid a lapse in your member benefits. There are three convenient ways to pay:

Online – Access your 2018 invoice at online.aofas.org/myinvoices (login required). Add the unpaid invoice to your shopping cart and submit payment via the Society’s secure online system.

Phone – Call the AOFAS Executive Office at 800-235-4855 or +1-847-698-4654 (outside US), Monday through Friday, 8:30 am – 5:00 pm CT, with your credit card information.

Mail – Send your check (US funds), made payable to AOFAS, to 9400 West Higgins Rd., Suite 220, Rosemont, IL 60018-4975. Please include your name in the memo line to ensure proper processing to your member record. You will receive a dues payment receipt for your records via email.

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IN MEMORIAM

Henry R. Cowell, MD, PhD. Emeritus Member, past AOFAS president, and one of the major forces in the development of orthopaedic surgery during the 20th century, passed away September 2, 2017, in Nantucket, Massachusetts.

Dr. Cowell, known to his friends as “Harry,” was born in Philadelphia, Pennsylvania, on January 7, 1933. After completing his undergraduate studies at Swarthmore College, Dr. Cowell earned his Doctor of Medicine degree and completed an orthopaedic residency at the University of Pennsylvania Perelman School of Medicine. During the Vietnam conflict, Dr. Cowell served in the Navy, stationed at the US Naval Hospital Great Lakes in North Chicago.

Following his release from the US Navy, Dr. Cowell and his family moved to Wilmington, Delaware. He took a position at the Veterans Affairs Administration Center as chief of orthopaedics and joined the staff of the Alfred I. duPont Institute as surgeon-in-chief and medical director. There, Dr. Cowell developed a special interest in birth defects in children. He entered the University of Delaware graduate program and earned a PhD in genetics. He continued his interest in children’s congenital birth defects throughout his career, studying the treatment of lower extremity, foot and ankle, and spinal deformity.

Dr. Cowell was a founding member of the American Orthopaedic Foot Society (renamed American Orthopaedic Foot & Ankle Society in 1983). He served as the Society’s 10th president from 1978 to 1979. During his presidency, Dr. Cowell guided the Society in establishing its official journal, Foot and Ankle (now Foot & Ankle International).

Dr. Cowell also was a founding member of the Eastern Orthopaedic Association and served as the association’s 25th president from 1993 to 1994.

In 1985, Dr. Cowell assumed the role of editor-in-chief for The Journal of Bone & Joint Surgery following the retirement of Dr. Paul Curtis. During his 14-year tenure with JBJS, publication of the journal increased to 12 issues per year, a journal website was created, and the editorial staff expanded to include subspecialists. Dr. Cowell hosted “Editor Workshops” around the country, mentoring deputy and associate editors and promoting discussions of manuscript submissions.

During his career, Dr. Cowell served as a lecturer in orthopaedic surgery at Boston Children’s Hospital and Massachusetts General Hospital, and also held faculty positions at the University of Pennsylvania, Johns Hopkins Medical School, and Harvard Medical School. An author of more than 100 publications, he traveled extensively, lecturing nationally and internationally.

Dr. Cowell was honored and revered by his friends, students, and associates. He loved spending time with his wife, Ann, and his family. He will be remembered as an outstanding teacher, researcher, surgeon, and a great contributor to orthopaedic surgery.