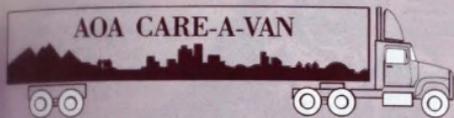




TCOM Graduates 89
see page12



A Gift of Service to the Nation
see page 6



**DSWOP
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In Dallas**

see page 5

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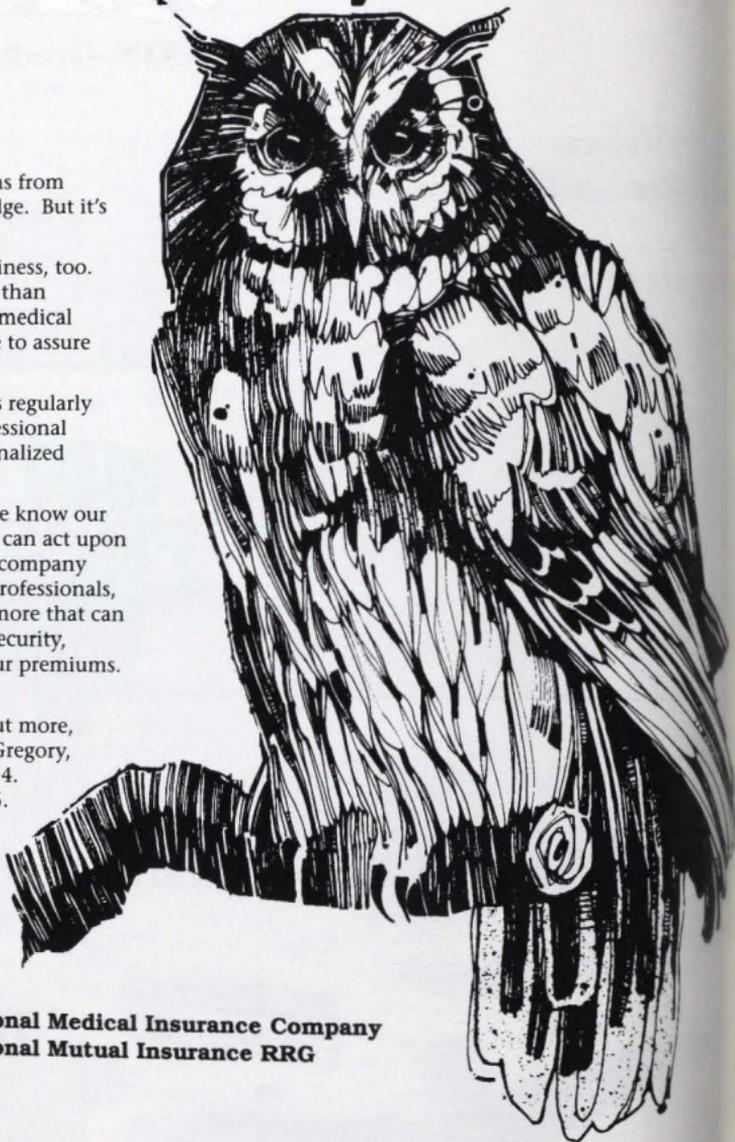
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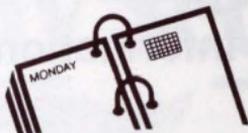
Texas DO

Texas Osteopathic
Medical Association

July 1991

FEATURES

	Page
DSWOP Helps Fight Crime in Dallas <i>Dallas Police Department is gearing up to begin a mobile "storefront" operation thanks to the donation of a recreational vehicle valued at \$53,000 from DSWOP.</i>	5
Texas to Help in AOA Care-A-Van Project <i>AOA celebrates 100th Anniversary of Osteopathic Medicine and to underscore its commitment to the principles of osteopathic medicine, it is dispatching Care-A-Vans to provide basic healthcare screening to the medically underserved in all states.</i>	6
In Memoriam <i>Nicholas G. Palmarozzi, D.O.</i>	10
TCOM Awards Degrees to 89 <i>The 89-member Class of 1991 brings to 1,270 the number of osteopathic physicians who have graduated from TCOM.</i>	12
Thirty-Fourth Annual Convention and 18th Mid-Year Clinical Seminar <i>Texas Society ACGP offers 31 CME Hours, Category 1-A first weekend in August</i>	17
TOMA H & I Committee Addresses Common Problem Areas <i>Dr. Smola explains common problem areas between insurance companies and physicians regarding treatment and payment.</i>	18
DEPARTMENTS	
Calendar of Events	4
CHAMPUS News	20
Texas Ticker Tape	22
Medicare/Medicaid News	26
Blood Bank Briefs for Physicians	28
Practice Locations in Texas	31



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JULY 17-21

House of Delegates' Meeting
American Osteopathic Association
Cleveland, Ohio
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800/621-1773

AUGUST 1-4

34th Annual Convention & 18th Mid-year Clinical Seminar
Texas Society ACGP
Hilton Hotel, Arlington
CME: 28 Category 1-A
Contact: T. R. Sharp, D.O., FACGP
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Mesquite, 75150
214/279-2453

1-4

Third Annual Convention & Scientific Seminar
Alaska Osteopathic Medical Association
Hilton Hotel
Anchorage, Alaska
CME: 25 Category 1-A
Contact: AKOMA
907/694-4333

14-18

"Primary Care Splash Course"
6th Annual Convention
Arkansas Osteopathic Medical
Association
Riverfront Hilton Inn
North Little Rock, Arkansas
Hours: 25 CME Credits
Contact: AOMA
501/882-7540

SEPTEMBER 7

Board of Trustees' Meeting
Texas Osteopathic Medical
Association
TOMA Headquarter's Building
Fort Worth
Contact: TOMA
817/336-0549

25-28

Annual Clinical Refresher Course
Chicago College of Osteopathic
Medicine
Hyatt Regency, Chicago, Illinois
CME: 21-27 Category 1-A
Contact: Evie Niemann
708/515-6123

NOVEMBER 3-7

AOA Annual Convention
New Orleans, Louisiana
Contact: AOA
800/621-1773

DECEMBER 6

Board of Trustees' Meeting
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Association
Sheraton CentrePark Hotel
Arlington
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7-8

TOMA Mid-Year Meeting & Legislative Seminar
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DSWOP HELPS FIGHT CRIME IN DALLAS

The Dallas Police Department is gearing up to begin a mobile "storefront" operation thanks to the donation of a recreational vehicle valued at \$53,000 from the Dallas Southwest Osteopathic Physicians, Inc. (DSWOP).

Dr. J. L. LaManna, the group's chairman of the board, presented the keys to the vehicle to Bill Rathburn, Dallas Police Chief, during a presentation at the Southwest Field Operations Bureau in the Oak Cliff section of Dallas on June 12, 1991. Accompanying Dr. LaManna were Donald Vedral, D.O., 1991-92 president of TOMA and Don Hicks, executive director of DSWOP. Accompanying Chief Rathburn were Executive Assistant Chief Willard Rollins, Assistant Chief Robert L. Jackson and Deputy Chief Terrell Bolton, who first approached the doctors with this innovative and unique concept for fighting crime.

Representing the osteopathic physicians, Dr. J. L. LaManna said, "We are pleased to play such an important role in such an important project. We have high expectations for the success of this program and we hope the success is experienced by all segments of Dallas... We hope this project will be a catalyst that will make the streets of Dallas safe again for our senior citizens... We also want to challenge others to come forward and provide other mobile storefronts for the rest of Dallas."

The mobile storefront is a new approach for the Dallas Police Department aimed at identifying and eradicating neighborhood crime problems. The effort allows the department to attack targeted areas by moving officers into a neighborhood to address issues that impact the quality of life. The vehicle will be equipped with a mobile digital computer terminal, a mobile phone, a portable mobile phone, a line computer and printer, a police radio, a shotgun, hand-held walkie-talkies and bicycles. When individual missions are accomplished, the officers will drive off to another troubled area in Dallas and start over.

"This (mobile storefront) is a fresh approach for combating the tremendous challenges facing our city," Chief Bill Rathburn said. "Officers will have a unique opportunity to impact crime trends in many different neighborhoods. We appreciate the confidence that the Dallas Southwest Osteopathic Physicians, Inc. has shown in the Dallas Police Department by providing the vehicle which makes this project possible. Dallas citizens and the Dallas Police Department owe a debt of gratitude

to this fine organization which once again has come to the aid of law enforcement and the community."

The mobile storefront is just one of 227 community projects which have been funded by the osteopathic group over the past seven years. During that time more than \$3,500,000 has been contributed to projects of non-profit agencies, parks, libraries, police and fire departments and schools. Virtually, every facet of community life has been touched by their grants.

Members of the board of trustees besides Dr. LaManna are: A. G. Bascone, D.O., vice-chairman; R. B. Helfrey, D.O., secretary-treasurer; R. M. Carmichael, D.O.; G. B. Clark, D.O.; H. Kahn, D.O.; J. L. LaManna III, D.O.; L. C. Woody, D.O. and A. R. Young, D.O. ■

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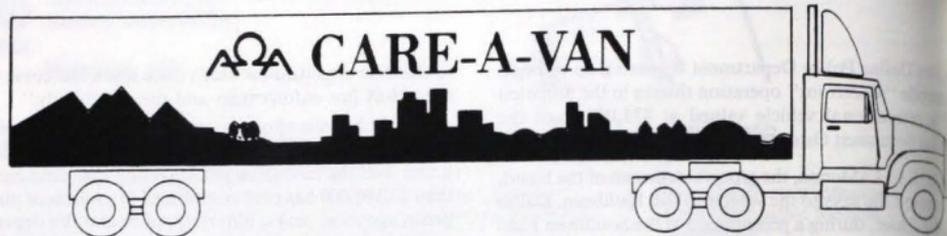
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Texas to Help In AOA Care-A-Van Project



To celebrate the 100th Anniversary of Osteopathic Medicine and to underscore its commitment to the principles of osteopathic medicine, the American Osteopathic Association (AOA) is dispatching mobile medical vans, dubbed Care-A-Vans, to provide basic healthcare screening in areas of the country that are desperately lacking medical attention.

The vans will spend approximately 10-14 days in each state and will be staffed by volunteer osteopathic physicians, medical students, interns, auxiliary, nurses and other volunteers. They will screen for height, weight,

hearing, blood pressure, structural evaluation, pulmonary function, vision, cholesterol and nutrition.

This commitment of time and resources fits with osteopathic physicians' focus on treating the whole person. In fact, while osteopathic physicians comprise only five percent of all physicians, they make up 15 percent of all doctors in towns with fewer than 10,000 people.

At a time when access to healthcare for some Americans is restricted by socioeconomic factors, the Care-A-Vans will provide healthcare screening to those

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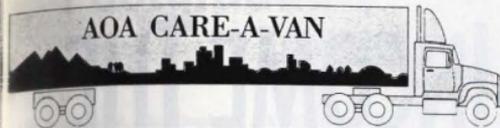
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AOA CARE-A-VAN



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who most need it. Additionally, the volunteers will be collecting information for the Department of Health and Human Services on health status of individuals in the area and demographics on all screened patients. A more comprehensive picture of the medically underserved population will emerge when all the results are compiled.

The osteopathic medical profession sees the Care-A-Vans as one way to search for answers to the problems of the medically underserved. During its 100th anniversary, the osteopathic profession hopes that it is the goal of all Americans to ensure that every citizen receives adequate healthcare, delivered by a trained medical professional in a compassionate and trusting manner.

The two medical Care-A-Vans made their first scheduled stop in Tulsa, Oklahoma on June 6 where the College of Osteopathic Medicine of Oklahoma State University designed and constructed the interior of the Care-A-Vans. After the Oklahoma stops, one van proceeded to Kirksville College of Osteopathic Medicine in Missouri, where osteopathic medicine began in 1892.

The official kick-off will occur in July in Cleveland, Ohio at the AOA's House of Delegates' meeting and the Care-A-Van will finish their travels in Washington, D.C. in October 1992 on the Mall, as a symbolic presentation of healthcare as our profession's birthday gift to the nation.

The AOA and its state societies are providing this service as part of its centennial celebration. "Osteopathic Medicine: A Century of Making a Difference."

TOMA Needs Your Help. . .

Robert L. Peters, Jr., D.O., TOMA's Immediate Past President, appointed a Care-A-Van Committee during his presidency, and Donald F. Vedral, Ph.D., D.O., TOMA's current president, has continued this committee to coordinate the effort in Texas for the Care-A-Van project.

The AOA Care-A-Van committee consists of TOMA members, ATOMA members, staff of various hospitals, TCOM and TOMA staff. The committee's first meeting was during the TOMA's 92nd Annual Convention in San Antonio this past May at which time plans were formulated for the van's visit to Texas. The van will be in Texas November 15-24 and December 4-15, 1991. Site locations have not been confirmed as of this writing.

D.O.s are needed to staff the van in each area selected and you may be called upon to provide your service for a day or two depending on the location. There will be no medical treatment of any kind administered, only

screening for possible medical problems with appropriate referral if necessary.

If you are asked to volunteer for this project, please say "yes." TOMA needs you to help make this important project a success and let the people of Texas know that "osteopathic physicians DO care." You can view your volunteering as: "Giving back ONE DAY to a profession that has given you 100 YEARS."

Major funding for the Care-A-Van project is provided by the AOA and individual contributions from its members. Care-A-Van sponsors include: The American Osteopathic Board of General Practice; Ford Trucks; Hoechst-Roussel; Holiday Inns; Lufkin Industries; Cellular One; SmithKline Beecham and the College of Osteopathic Medicine of Oklahoma State University. ■

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In Memoriam

Nicholas G. Palmarozzi, D.O.

Nicholas G. Palmarozzi, D.O., FACOS, of Groves, passed away May 8, 1991. He was 73 years of age. A rosary was held May 9 at Clayton Thompson Funeral Home in Groves. Funeral services were held May 10 at St. Peter's Catholic Church in Groves, with burial at Greenlawn Memorial Cemetery in Port Arthur. Pallbearers were R.A. Bowling, D.O., James L. Petry, M.D., Ralph Merwin, D.O., Harvey Randolph, D.O., Jack Taylor, D.O., R. J. Shields, D.O., Wendell V. Gabier, D.O., and John Isbell. Honorary pallbearers were the members of TOMA District XII.

Dr. Palmarozzi was a 1941 graduate of Mount St. Mary's College in Emmitsburg, Maryland. He received his D.O. degree in 1947 from Kirksville College of Osteopathic Medicine and interned at Art Centre Hospital in Detroit, Michigan. From 1949 to 1952 he took his residency training in general surgery at Kirksville Osteopathic Hospital. He received his general surgery board certification in 1957 and became a Fellow in the American College of Osteopathic Surgeons in 1963. Dr. Palmarozzi had been serving as the Director of Medical Education at Doctors Hospital in Groves since 1981.

During his professional career, he served as a member of the Board of Governors of the American College of Osteopathic Surgeons; as president of the Texas Society of Osteopathic Surgeons; and as a member of the Texas State Board of Medical Examiners from 1974 to 1979. He was recipient of the "Surgeon of the Year" award from the Texas Society of Osteopathic Surgeons in 1974, and the "Distinguished Osteopathic Surgeons Award" in 1978, presented by the American College of Osteopathic Surgeons. He was a Diplomat of the National Board of Examiners for Osteopathic Physicians and Surgeons.

Dr. Palmarozzi was a TOMA life member and a sustaining member, and an active member of TOMA District XII. Other professional memberships include the American College of Osteopathic Surgeons; AOA, in which he was a life member; Sigma Sigma Phi Honor Society; Iota Tau Sigma Fraternity; and the American Osteopathic Association Academy of Directors of Medical Education.

Dr. Palmarozzi was a 4th degree member of the Knights of Columbus.

Survivors include his wife, Judy Palmarozzi, of Beaumont; his sons, John Palmarozzi of Houston, and Nicholas G. Palmarozzi, Jr., of Groves; his daughters, Jane Ritchey of Bridge City, Susan Palmarozzi-Haley of Dallas, and Elizabeth Palmarozzi-Wiltse, D.O., of Granbury. He is also survived by two sisters, Patricia Occhetti and Lucille Pennachia, both of Bloomfield, New Jersey. Other survivors include his seven grandchildren, Christopher Palmarozzi, Nicholas G. Palmarozzi, III, Kelli Palmarozzi, Bryan Ritchey, Kristen Ritchey, Brent Ritchey and Kaitlin Wiltse, as well as his daughters-in-law Paula Plummer, M.D., of Houston and Brenda Palmarozzi of Groves, and sons-in-law, Terry Ritchey of Bridge City, Steve Haley, M.D., of Dallas and Peter Wiltse, D.O., of Granbury. He is also survived by numerous nieces and nephews.

TOMA extends deepest condolences to the family and friends of Dr. Palmarozzi.

Yesterday this woman drove her car pool, got a promotion and learned she had skin cancer.

Happily, her problem was discovered in its early stages, during a routine checkup – one that could save her life.

Most diseases are curable if caught in time. That means seeing the doctor *before* you know you're sick. You could call it prevention.

Osteopathic physicians – D.O.s – have always believed in preventive medicine, in helping the *whole* person – *your whole family* – stay healthy. Not a new discovery. Just one of the common-sense concepts D.O.s use in modern medical practice.

So if it's been a "couple of years" since you've had a checkup, make an appointment today. *Especially if you're feeling well.*



For more than 100 years, osteopathic physicians have practiced preventive medicine. They believe, as did Andrew Taylor Still, the founder of osteopathic medicine, in keeping people healthy, as

well as treating them after they become ill.

Today this century-old approach is being embraced by families who want the *total care* offered by osteopathic physicians. This is the *osteopathic advantage*.

**Find the doctor who's best
for you and your family.**

Call 735-DOCS (735-3627).

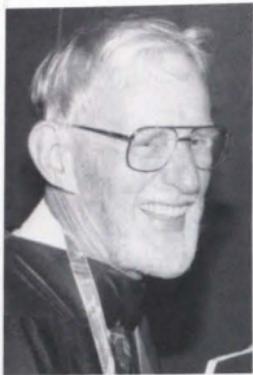
Prevention Works Wonders.



Osteopathic Medical Center of Texas

1000 Montgomery Fort Worth, Texas 76107 (817)735-DOCS

TCOM Awards Degrees To 89



Charles D. Ogilvie, D.O.

Four years of hard work were rewarded June 1 when 88 medical students walked across the stage of the Fort Worth/Tarrant County Convention Center Theatre to receive their doctor of osteopathy degrees during TCOM's 18th annual commencement.

One degree was presented posthumously to the family of Elizabeth Sharp in a private ceremony following commencement. Sharp

died September 11 after a lengthy illness.

President David M. Richards, D.O., reminded the Class of '91 that graduation from medical school is a goal that has been their dream for years. He then quoted from author William A. Ward: "It is admirable to dream of a worthy goal. It is gratifying to reach a worthy goal. It is wise to set a new goal." Dr. Richards told the graduates that their education as a physician has not ended but is just beginning. He also called their new careers a "ministry of service and sacrifice to others through medicine."

Dr. Richards said the achievements of commencement speaker Charles D. Ogilvie, D.O., are exceeded only by his humility. He noted that Dr. Ogilvie, professor emeritus of TCOM and holder of the TCOM Founders' Medal, was "one of the most influential developers" of the Statement on Educational Goals that was adopted by TCOM in 1980.

Dr. Ogilvie told the graduates: "The first time I spoke to you I addressed you as fellow students; now it is my privilege and my pleasure to address you as colleagues. Your life in medicine becomes a vehicle for individual fulfillment. The adventure of a medical career is to be found on the road — the journey — not at some nebulous destination."

Among those bringing greetings to the Class of '91 was Texas House Speaker Gibson D. "Gib" Lewis, a longtime supporter of TCOM. In 1975, Lewis introduced legislation in the Texas House of Representatives to unite TCOM and then-North Texas State University. Lewis told the graduates: "You have a purpose and that purpose is to give unto the citizens of this state a little bit of what they have helped you receive."

A reception for graduates and their families was held at the Hyatt Regency Fort Worth immediately following commencement ceremonies.

The 89-member Class of 1991 brings to 1,270 the number of osteopathic physicians who have graduated from TCOM.

Geriatric Board Review Course

The growing number of elderly presents a challenge to the health care community. Multiple, complex needs of this heterogeneous population and the non-classical presentation of illness call for special skills and enhanced knowledge on the part of today's physician. The American Osteopathic Association, through the combined efforts of the American Osteopathic Board of Internal Medicine and the American Osteopathic Board of General Practitioners, has responded to the geriatric imperative by offering a certification of advanced standing in geriatrics for osteopathic internists and family practitioners. The first osteopathic board examination in geriatrics will be given at the American Osteopathic Association's annual meeting in New Orleans on November 3, 1991.

A 3½ day Geriatric Board Review Course will be held Thursday, October 3 through Sunday, October 6, 1991 at the Hyatt Hotel in Cherry Hill, New Jersey. Nationally recognized experts in geriatric medicine will present a comprehensive array of topics covering key aspects of medical care of the aged including urinary incontinence, iatrogenesis, polypharmacy, dementia, depression, falls and immobility, as well as other important topics. This review course is co-sponsored by the New Jersey Geriatric Education Center, the American College of Osteopathic Internists, and the American College of General Practitioners. It is endorsed by the American Geriatrics Society (AGS) and the American Osteopathic Association. The AGS syllabus will be utilized and will be available to registrants at a reduced rate. Continuing medical education credits will be offered for this course. For additional information and registration materials, please contact the New Jersey Geriatric Education Center, University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine, Center for Aging, 301 S. Central Plaza, Suite 3200, Stratford, New Jersey 08084-1504, (609) 346-7141.

Students Honored At TCOM Awards Banquet

The clinical, service and academic achievements of TCOM's Class of 1991 were recognized at the 18th Senior Awards Banquet, held May 31 at the Worthington Hotel in downtown Fort Worth.

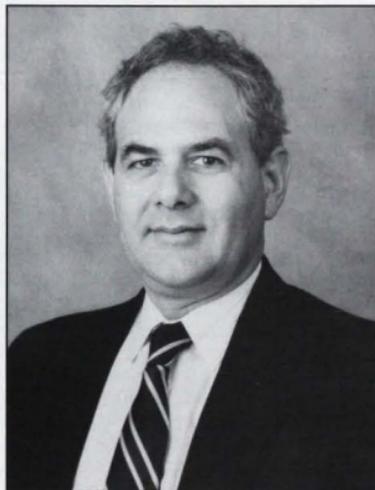
Receiving awards and scholarships were:

- Sigma Sigma Phi Senior Award: David Brickey
- National Osteopathic Women Physicians Association Award: Charlotte Fowler
- Speculum Dedication: Elizabeth Sharp
- M. L. Coleman, J.D., D.O., Clinical Faculty Award: Deborah Blackwell, D.O.
- M. L. Coleman, J.D., D.O. Preclinical Faculty Award: Myron Jacobson, Ph.D.
- President's Scholar Awards: David Kabel, Ellis Main, Robert Lopez, Jay Huber, Kevin Stahl and Scott Crockett
- Sandoz, Inc. Award: Ellis Main
- Marion Merrell Dow Award: David Kabel
- Upjohn Award: Kevin Stahl
- Outstanding Senior Student Emergency Medicine: Nosratullah Khajavi
- Pediatric Award Clinical Excellence: Robert Flinchbaugh
- Mead Johnson Pediatric Award: Scott Crockett
- Wyeth Pediatric Award: Kevin Stahl
- Robert J. Nelson, D.O., Memorial Award for Clinical Excellence in Obstetrics/Gynecology: Charlotte Fowler
- Searle Award for Academic Excellence in Obstetrics/Gynecology: Beverly Perez
- Sam Buchanan Sr. Memorial Award: David Brickey
- Dupont Pharmaceuticals Anesthesiology Award: Kenneth Papier
- Surgery Award for Clinical Excellence: Kevin Stahl
- Internal Medicine Award for Academic Excellence: Kevin Stahl
- Internal Medicine Award for Clinical Excellence: Jerry Tanner
- Searle Cardiology Award: Jay Huber
- SmithKline Beecham Pathology Award: David Kabel
- T. Robert Sharp Award: Kathleen Cubine
- Robert G. Haman, D.O., Memorial Award: Lisa Nash
- Michael A. Calabrese, D.O., Arrowsmith Award: Eric Hasemeier
- President's Award: Ellis Main
- Chancellor's Award: Craig Spellman
- Wayne O. Stockseth Award: Timothy Wright
- National Osteopathic College Scholarship: David Kabel

NORTHEAST
COMMUNITY
HOSPITAL

Welcomes

NEIL S. LEVY, D.O., F.A.C.O.P.
PEDIATRICS



Dr. Levy is a pediatrician in private practice. He graduated from the University of Osteopathic Medicine and Health Science in Des Moines, Iowa. He served his internship and his residency at Oakland General Hospital, Madison Heights, Michigan. He is certified by the American Osteopathic Board of Pediatrics and is eligible for certification in addiction medicine.

Dr. Levy formerly served as chairman of the Department of Pediatrics at the Chicago College of Osteopathic Medicine. He has special interest in pediatric and adolescent medicine, addiction medicine, neonatology, learning disabilities and school problems.

Mid-Cities Pediatrics
1424 Brown Trail, Suite B
Bedford, Texas 76022

(817)283-2500
(817)540-5852 (METRO)

Climbing Debts of Osteopathic Medical Students Don't Deter Applicants

Applications to osteopathic medical colleges continue to soar despite the prospect of huge student debt loans at graduation. In 1990, the average osteopathic student expected to graduate owing \$71,500, an increase of eight percent over the previous year. Moreover, according to a report just released by the American Association of Colleges of Osteopathic Medicine (AACOM), more than 25 percent of those 1990 students polled face debts of more than \$100,000.

"One major factor for why osteopathic medical graduates have disproportionately higher debts is that so many of them — in fact, 48 percent — come from families with annual incomes of under \$40,000," says David M. Richards, D.O., AACOM Board Chairman and President of the Texas College of Osteopathic Medicine. "Naturally," he says, "their families are unable to help them financially, so they have no choice but to depend on borrowing."

AACOM's Report, *Debts and Career Plans of Osteopathic Medical Students in 1990*, reveals a range of indebtedness related to various socio-economic factors, among them ethnicity. Asian students, for example, averaged the least debt at graduation, at \$60,000. Whites stood at \$71,000, while Blacks, Hispanics and

Native Americans owed an average of \$76,200. Some 72 percent of the students were male, and their debts averaged about \$5,000 more than their female counterparts.

Not surprisingly, the educational and economic status of a student's family plays a significant role in the financial obligations a graduate incurs. Students whose parents' income was \$20,000 had almost twice as much debt as those with parents making \$100,000. More than 80 percent of 1990's seniors were considered "financially independent," securing educational loans from a variety of sources. Only 35 percent of seniors received some scholarship funds. More than half borrowed an average \$41,000 from the Health Education Assistance Loan (HEAL) program.

The prospect of growing indebtedness, however, fails to stem the popularity of osteopathic medicine. According to a recent AACOM survey of the nation's 15 osteopathic medical colleges, numbers of applicants to the 1991 entering class increased by 22 percent.

The American Association of Colleges of Osteopathic Medicine is the umbrella organization for the 15 colleges of osteopathic medicine based in the United States. It is dedicated to the advancement and enrichment of osteopathic medical education.

North Texas Study Shows OMCT Has Positive Impact on Local Economy

The Osteopathic Medical Center of Texas (OMCT) exerts a significant impact on the Fort Worth-area economy, and the hospital's continued expansion of services and program offerings will ensure OMCT's future viability and increased market share, reports a recent study conducted by the University of North Texas Center for Economic Development and Research.

Direct benefits to the local economy annually include:

- \$12.8 million in local purchase of goods and services
- \$20.5 million in payroll
- Nearly \$360,000 in local sales taxes

The North Texas study also examined the combined effect of OMCT and the Texas College of Osteopathic Medicine (TCOM), highlighting the benefits of these institutions' unique affiliation. With joint annual budgets of more than \$86.5 million and payroll of \$41.6 million, consolidated local purchase of goods and services reaches \$15.4 million, accounting for local business

volume of \$32.3 million annually. OMCT and TCOM also provide intangible benefits to the Fort Worth area, researchers conclude, with innovative outreach programs to those persons in Tarrant County who require medical attention but cannot afford it. In addition, sponsorship of local events and expenditure of thousands of staff and student volunteer hours for community service programs by both institutions greatly ease the burden borne by area social service agencies and charitable organizations.

"OMCT works to assist the community toward health and wellness," said Jay E. Sandelin, OMCT Chairman of the Board. "Taking hospital services outside the traditional hospital walls, we have found that our advances in our One Day Surgery Center and Diagnostic Imaging Centre bring much-needed services closer to the people who need them."

Osteopathic Medical Center of Texas is a 265-bed acute care, full service medical center staffed by more than 250 D.O.s in the greater Fort Worth area.



New Symbol of Quality For a Century-Old Tradition

For more than 100 years, osteopathic physicians have practiced preventive medicine, keeping people well, helping the *whole* person, *whole families* stay healthy. As Texas' largest regionally referred osteopathic teaching hospital, we are proud to be an integral part of this total-care approach.



Osteopathic Medical Center of Texas

1000 Montgomery • Fort Worth, Texas 76107

A MESSAGE FROM THE TEXAS ACGP

Dear Fellow Practitioners:

If you have not already done so, start making plans to attend the Texas ACGP Mid-Year Seminar at the Arlington Hilton Hotel, Arlington, Texas, August 1-4, 1991. We have approval for 31 hours, class 1-A AOA CME credits.

Dr. Carla Devenport has done a super job of putting together this year's program which will emphasize risk management. It is produced to quality attendance for insurance renewal and license renewal. It is designed to serve the office and ambulatory care general practitioner, as well as to provide medical information for the 1990s.

Special workshops for early applicants deal with "Flexible Proctosigmoidoscopy," "and Interpretation of Electrocardiographic Techniques" will be offered as well as a workshop for your office staff dealing with an "Update on Medicare."

We have planned several social functions to get the right mix of CME and fun. Bring the whole family and join us in Arlington. We look forward to seeing you there.

Sincerely,

Craig D. Whiting, D.O.
President, Texas Society of ACGP

Thirty-Fourth Annual Convention and 18th Mid-year Clinical Seminar

Presented by

Texas State Society of the American College of General Practitioners in Osteopathic Medicine and Surgery
in cooperation with the Texas College of Osteopathic Medicine
31 CME Hours AOA — Category 1-A

Carla Devenport, D.O.
Program Chairman

August 1-4, 1991
Arlington Hilton

Program

Thursday, August 1, 1991

- 4:00 p.m. Registration
- 5:45-6:00 p.m. Greetings: *Dr. Craig Whiting, President, Texas Society ACGP*
- 6:00-6:45 p.m. "Diagnosis of Alzheimers"
James Hall, PhD.
- 6:45-7:30 p.m. "Another Silent Killer"
Monte Troutman, D.O.
- 7:30-8:15 p.m. "Burnout and Stress"
Harvey Micklin, D.O.
- 8:15-9:00 p.m. "Early Office Recognition and Intervention of Drug & Alcohol Abuse"
Jan Swanson, D.O.

Friday, August 2, 1991

- 7:00 a.m. Registration & Buffet
- 7:30-8:15 a.m. "Risk of In-Office Testing"
Bobby Allison, D.O.
- 8:15-9:00 a.m. Risk Management in Arrhythmias"
Robert Rickenberger, M.D.
- 9:00-9:45 a.m. "Risk Management of Obstructive Airways Disease"
Robert Garmon, D.O.
- 9:45-10:30 a.m. "Clinical Complications of Hyperlipidemia"
Elliot Brinton, M.D.
- 10:30-11:15 a.m. *Joseph Izzo, Jr., M.D.*
- 11:15-12 Noon *Winter Wilson, D.O.*
- 12:00-1:30 p.m. HEART SMART LUNCHEON
E.R. SQUIBB AND SONS
- 1:30-2:15 p.m. "Management of Hyperlipidemia in the 90's"
Michael Clearfield, D.O.
- 2:15-3:00 p.m. "Comprehensive Risk Factors: Management of Mid-Life Male"
Richard Grimm, Jr., M.D., PhD.
- 3:00-3:45 p.m. "Depression as Seen by the Primary Care Physician"
Joseph Talley, M.D.
- 3:45-4:30 p.m. "The Physician's Role in Smoking Cessation"
David Levin, M.D.
- 4:30-5:15 p.m. "Risk Management of Hypertension"
Jeffery Bleicher, D.O.
- 5:15-6:00 p.m. "Peptic Ulcer Disease"
Winter Wilson, D.O.

6:00 - 9:00 P.M. WORKSHOPS

- #1 *Monte Troutman, D.O.*
"Flexible Proctosigmoidoscopy"
"Supplies: (Olympus Primary Care)"
- #2 *Russell Fisher, D.O.*
"Interpretation of ECG Techniques"
- #3 *Don Self,*
"Update on Medicare"

Saturday, August 3, 1991

- 7:00 a.m. Registration & Buffet
- 7:30-8:15 a.m. "What's New In Arthritis"
Raymond Pertusi, D.O.
- 8:15-9:00 a.m. "Newer Approaches in the Prevention of Hib Disease"
Debra Blackwell, D.O.
- 9:00-9:45 a.m. "Rosacea: Diagnosis, Differential Diagnosis and Treatment"
Alan Menter, M.D.
- 9:45-10:15 a.m. "Risk Management, Diagnosis and Treatment of Panic Disorder"
Dale Bratzler, D.O.
- 10:30-11:15 a.m. "Advances in Allergy: Developments in Diagnosis and Management"
Sondra Gawchic, D.O.
- 11:15-12 Noon "Rheumatoid Arthritis"
Frank Wellborn, D.O.
- 12:00-12:45 p.m. LUNCHEON:
ANNUAL MEETING
TEXAS CHAPTER A.C.G.P.
- 12:45-1:30 p.m. President - A.C.G.P.
N. ROBERT BRETHOUWER, D.O., F.A.C.G.P.
"As the 1990's Unfold"
- 1:30-2:15 p.m. "Pediatric Infections"
Michael Shaw, D.O.
- 2:15-3:00 p.m. "Headaches"
William McIntosh, D.O.
- 3:45-4:30 p.m. *William McIntosh, D.O.*
(Continuing)
- 4:30-5:15 p.m. "Common Problems of the Diabetic Foot"
Alan Robbins, D.P.M.
- 5:15-6:00 p.m. "Geriatric Infections"
Howard Graitzer, D.O.
- 6:30-8:30 p.m. HOSPITAL APPRECIATION NIGHT

Sunday, August 4, 1991

- 7:00 a.m. Registration & Buffet
- 7:30-8:15 a.m. "Risk Management of Hormonal Therapy"
Steve Buchanan, D.O.
- 8:15-9:00 a.m. "Update on Leukemia"
Gregory Freiss, D.O.
- 9:00-9:45 a.m. "Photodamage as a Medical Problem"
Jonathon Weiss, M.D.
- 9:45-10:30 a.m. "Treatment of Osteoarthritis"
Bernard Rubin, D.O.
- 10:30-11:15 a.m. "Risk Management of Diagnosis and Management of Type II Diabetes Complications"
Christen Hansen, D.O.
- 11:15-12 Noon "Risk Management of Common Eye Problems"
Brian Ranelle, D.O.
- 12:00-1:00 p.m. "Cultural Aspects"
Ray Toledo, M.D.

TOMA H & I Committee Addresses Common Problem Areas

By Jerry E. Smola, D.O., Member
TOMA Hospitals, Insurance & Peer Review Committee

Once, patient satisfaction and reasonable success in treatment were the things that really counted in medical practice. In general, they still are but, with increasing intrusions by reviewers, it often seems that what gets written is more important than what gets done.

Insurance companies and their review organizations, hospital utilization review and quality assurance committees, Texas Department of Health and Texas Medical Foundation all review our hospital charts. Medicare is planning an office review of medical records and, more and more frequently, private insurers are asking for our office records. If the records substantiate that the care we billed for was indicated, appropriately delivered and charges were usual and customary, the reviewers usually recommend payment. If the records do not reflect this, the likelihood is that our charges will be cut by the third party payers.

At each meeting of the Hospitals, Insurance and Peer Review Committee of the Texas Osteopathic Medical Association, we see examples of good and poor documentation. Good documentation usually results in prompt payment and usually eliminates the need for peer review (usually, but not always).

Good medical records demonstrate that: a condition requiring treatment exists, an examination has been conducted in an adequate and appropriate fashion, a reasonable diagnosis has been established and appropriate treatment has been given.

We assume that all our physicians are acting in good faith, however, it can be very difficult, if not impossible to justify a \$45.00 office call, charges of \$85.00 for OMT and \$18.00 for an injection on a day where the medical record only states the following:

9/18/89 Patient feels worse, has had confrontation with his boss.

Good, concise records will aid in patient care and protect us from unjustified liability claims. They will also establish that we have properly performed our duties and are therefore due appropriate payment. The method or style used is not important but notes should be readable and should generally contain the elements found in the Problem Oriented Medical Record system commonly referred to as S.O.A.P. notes. That is:

S = Subjective — information supplied by the patient including complaints, improvements, complications and other pertinent remarks.

O = Objective — the findings of the physical exam, x-rays, lab tests, etc. which bear on the patient's problems.

A = Assessment — the diagnosis, differential diagnosis, diagnostic impressions and other matters which the physician feels are important to the case and its prognosis.

P = Plan — the treatment being given at this visit and plans for the future treatment or additional diagnostic studies which might prove useful.

While this format is usually helpful, some thought needs to be given to what is written. The follow notes are only slightly changed from notes obtained on a recent case:

11/20/89 **S** — Patient hurt at work lifting trays, has neck, back and thigh to knee pain.

A — Acute cervical, thoracic and lumbosacral ligament strain with pain radiating to gluteus, thigh and knee.

P — Ansaid 100 bid, Parafon Forte qid, OMT.

11/21/89 **S** — Follow-up — Has appointment for x-rays and exam.

A — Same.

P — CBC, Sed rate, thyroid profile, inflammatory profile, arthritis profile, platelets. X-ray cervical, thoracic, lumbosacral spine, coccyx and pelvis. Feldene.

There then follows some 20 almost identical progress notes stating:

Date **S** — Follow-up
 A — Same
 P — OMT

Two of these notes include:

- 1) Needs CAT scan
- 2) Recommend acupuncture.

The insurance company did not feel the record justified the charges of well over \$7,500.

The Committee feels that when a patient gets prolonged or frequent treatments for a specific condition, re-evaluations should occur at appropriate intervals. These office calls should be charged separately from the treatment. They should result in improved patient care and shorter disability times as well as provide current data which will substantiate the need for a continuation of the present therapy or indicate a need for change. We have had instances where patients with diagnoses of muscular strains and ligamentous sprains had an initial office visit and examination followed by daily (sometimes twice daily) physical therapy for over two months before being re-examined by the physician.

It has been our experience that prolonged therapy for sprains and strains will cause the insurance companies to question the necessity, frequency and length of the therapy. Having a reasonable treatment plan, recording the results of treatment and complicating factors and appropriate timely consultations will aid in obtaining reimbursement. Conveying these factors in a written report to the insurance company on a regular basis is necessary. We feel the insurance company should be billed for the reports as this is very time consuming work.

Prolonged therapy or frequent therapy sometimes causes problems because of too frequent office call charges. When a specific treatment is given at regular intervals or over a prolonged period of time, a regular office call charge in addition to the therapy charge may not be warranted. A separate office call charge should be made if there has been a change in the patient's condition, a new complaint arises, adequate time for a

reassessment has elapsed, or if the nature of the condition is unstable and subtle changes might be discovered which could be treated early to prevent further morbidity.

In cases involving primarily OMT, the records are probably going to have to be much more thorough if multiple areas are billed or if extensive time consuming treatments are utilized. In other words, we will most likely have to have a lot more complete progress notes detailing the patient's problems and treatment utilizing proper osteopathic terminology if we are charging \$75.00 or \$125.00 for OMT rather than \$15.00.

Another common problem frequently seen by our Committee involves the use of therapy that is not generally accepted by the medical community as a whole. We realize that many important breakthroughs in medical care were not recognized for years by the medical community. We also realize that many patients obtain considerable benefit from treatments that are not generally recognized. However, almost all insurance companies exclude these treatments from benefits by the terms of the contract. If you utilize these treatments you should inform your patients that they probably will not be covered by their insurance.

Our "H and I" Committee would prefer to serve the profession by helping to prevent problems in these areas. If we can help you please contact us through the TOMA headquarters. This Committee is made up of physicians, hospital representatives and insurance company representatives and meets quarterly in Fort Worth. ■

TCOM Honors Dallas Southwest Physicians



L-to-R: William R. Jenkins, D.O.; David L. Richards, D.O.; J. L. LaManna, D.O.; Benjamin L. Cohen, D.O.

for its support of the college's continuing medical education program.

TCOM President David M. Richards, D.O., presented a plaque of appreciation to J. L. LaManna, D.O., chairman of the board of trustees of DSWOP, during a dinner April 10 at the Fort Worth Club.

Dallas Southwest Osteopathic Physicians was recognized for providing grants to TCOM for operating expenses of its continuing medical education program. In the last two fiscal years, for example, DSWOP provided a grant to the Texas Osteopathic Medical Association Auxiliary to fund osteopathic research and scholarships to TCOM.

In 1989-1990, DSWOP provided \$643,000 to fund 48 grants for osteopathic, civic, educational and community service projects in Oak Cliff and West Dallas.

Other TCOM representatives attending the April 10 dinner were Benjamin L. Cohen, D.O., vice president for academic affairs and dean; William R. Jenkins, D.O., associate dean for postgraduate clinical medicine; and Al Cross, director of continuing medical education. ■

Texas College of Osteopathic Medicine recently honored Dallas Southwest Osteopathic Physicians, Inc.,

CHAMPUS News

Congress Authorizes CHAMPUS Eligibility for Some Former Service Members, Families

Congress has granted eligibility for limited periods of military health care benefits (including CHAMPUS) to several categories of former active-duty service members and their eligible family members.

Here are the benefit periods and the service members and families who are eligible for them:

- Up to 30 days, or until covered by an employer-sponsored health plan (whichever happens first), following release from active-duty for (1) Guard/Reserve members who were activated in connection with Operation Desert Storm, and their dependents; (2) military members retained voluntarily or involuntarily on active duty in connection with Operation Desert Storm under "stop-loss" procedures, and their dependents. "Stop-loss" refers to the services' policy, begun during the Persian Gulf war, of keeping persons on active duty who would otherwise have been able to leave active service.

- Sixty days for Department of Defense military members not in the above category who are involuntarily separated with fewer than six years of active service, and their dependents. The involuntary separation must occur during the five-year period beginning Oct. 1, 1990.

- One hundred-twenty days for Department of Defense military members who are involuntarily separated with six or more years of active service, and their dependents. The involuntary separation must occur during the five-year period beginning Oct. 1, 1990.

Eligibility for members and their dependents is determined by the individual service branches, which also provide eligibility information to the DEERS (Defense Enrollment Eligibility Reporting System) computer data files. CHAMPUS contractors then check the DEERS files for eligibility status when processing claims.

Persons in the three categories should remember that they are also eligible to use uniformed services medical treatment facilities during their periods of eligibility. They are subject to the rules concerning the use of CHAMPUS and service hospitals, such as the possible need for a nonavailability statement from a nearby military hospital before getting nonemergency inpatient care from a civilian hospital under CHAMPUS.

CHAMPUS claims for persons who fall into the above categories will be processed for both sponsors and family members as if they were active-duty dependents.

In order for these claims to be processed properly, persons submitting them should write "TAMP" on the CHAMPUS claim form. "TAMP" stands for Transitional Assistance Management Program; it tells the CHAMPUS contractor that the claim should be processed under the criteria established for these new categories of CHAMPUS-eligible persons.

Questions about obtaining care under CHAMPUS, or from military medical facilities, should be directed to the nearest service hospital or clinic's Health Benefits Advisor.

Watch Out for Medicare Penalties

Persons who aren't eligible for Medicare Part A (hospital services), and are able to keep CHAMPUS after reaching age 65, may have to pay a penalty if they later become eligible for Medicare (such as through a spouse's eligibility) and sign up for Medicare Part B (medical insurance).

Here's an actual case which illustrates the problem:

Retired Army Sergeant _____'s wife is several years older than he is. She didn't work long enough under Social Security to be eligible for Social Security benefits including Medicare Part A, so the Social Security Administration issued her a "Notice of Disallowance." But, she was eligible for CHAMPUS benefits as the dependent of a military retiree. So, because she had been using CHAMPUS, she decided not to participate in Medicare Part B.

When Sgt. _____ was approved for reduced Social Security retirement benefits at age 62, Mrs. _____ was already over 65. As a result of his Social Security eligibility, she became eligible for Medicare Part A, and lost her entitlement to CHAMPUS.

When she then tried to sign up for Medicare Part B, she found that she would have to wait until the next open enrollment period. Also, she would have to pay a 10 percent penalty on top of the regular Medicare Part B premium and would have to pay it for each year that had passed since she first "refused" Medicare Part B at age 65. In addition, her Part B benefits would not start until July 1 of the year she was able to enroll in Medicare Part B.

The Defense Department has become aware of this problem, and has begun a campaign to educate both service families and administrative personnel about it.

Also, persons who are affected may apply to the Social Security Administration for "equitable relief" from the penalty payments where there is reasonable evidence that an individual was not appropriately advised by the government so that he or she could make a proper election regarding Medicare Part B.

If granted by the Social Security Administration, equitable relief permits a person to apply for Medicare Part B medical insurance *retroactively*, without penalty. The person may pay the back premiums which would have been set earlier if he or she had been properly advised — but without penalty payments added to the premiums.

Any military retirees or surviving family members of deceased service members who might be affected by a situation like the one described above should contact the nearest Social Security Administration office regarding Medicare penalties.

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TEXAS TICKER TAPE

CONTROLLED SUBSTANCES RECORD BOOK

We would like to remind physicians that Texas law requires that an inventory of controlled drugs (which includes purchases, acquisition or disposal of controlled substances, along with samples) be kept in a special log book. TOMA has made arrangements with the Texas Veterinary Medical Association for TOMA members to purchase the bound record book, which is approved by the Texas Department of Public Safety.

To order the book, address your correspondence to: Texas Veterinary Medical Association, 6633 Highway 290 East, Suite 201, Austin, Texas 78723. The cost is \$17.00 per book, which includes tax and postage, and your check must accompany your order. Also, be sure and specify that you are ordering the Controlled Substances Record Book.

MED SEARCH PROGRAM VALUABLE RESOURCE FOR TOMA MEMBERS

The Texas Osteopathic Medical Association, in conjunction with the Texas College of Osteopathic Medicine, operates a Med-Search program for its members. The purpose of this program is to allow physicians the opportunity to have the library searched for various kinds of clinical literature and have it copied and sent to them at TOMA's expense.

TOMA has an established limit of \$50 maximum per month, per physician, for this program. In the few instances where physicians exceed the monthly maximum, they will receive a separate bill from the library for the amount exceeding \$50.

To take advantage of this valuable resource, simply call 1-800-444-TOMA and leave your name and phone number. The library will then contact you as quickly as possible concerning your request.

TEXAS MEMBER RECEIVES ABQAURP CERTIFICATION

The American Board of Quality Assurance and Utilization Review Physicians (ABQAURP) has announced the recent certification of Christopher S. Angelo, D.O., of Houston. Dr. Angelo took the exam in Dallas this past March.

A TOMA member since 1970, Dr. Angelo received his

D.O. degree from Kirksville College of Osteopathic Medicine. He is certified in general practice.

ABQAURP is a non-profit organization dedicated to setting a standard of excellence in the field of Quality Assessment and Utilization Management. The Board recognizes its Diplomates as experts in QA/UR, a vital part of today's managed healthcare environment. ABQAURP has certified over 2,800 physicians and over 1,800 coordinators.

NEW ADDRESS FOR TMA

Effective June 10, the new address and phone number for the Texas Medical Association is as follows: 401 W. 15th Street, Austin, 78701; phone, (512) 370-1300.

NOTABLE STATS

•• While there were almost five working-age Americans for every elderly American in 1990, that number will be cut in half by the year 2030, when today's kindergarten class is in its most productive years.

•• Nine taxpayers supported every impoverished person in 1970. At current rates, between two and three people will be paying taxes to support each person receiving government assistance in the year 2000.

DR. DAVID TEITELBAUM IS PUBLISHED IN AAOA JOURNAL

David E. Teitelbaum, D.O., of Fort Worth, was published in the Winter, 1991 American Academy of Osteopathy Journal. His article was entitled, "Anatomic Metaphors: Clues to the Emotions of Our Patients."

A 1984 TCOM graduate, Dr. Teitelbaum is board certified in Osteopathic Manipulative Medicine. His private practice in Fort Worth is devoted to Osteopathic Manipulation and structural care.

GLUTETHIMIDE TRANSFERRED TO SCHEDULE II

Glutethimide (trade name Doriden) has been moved from Schedule III to Schedule II of the Controlled Substances Act by the Federal Drug Enforcement Administration, as of April 22, 1991.

Records must be kept the same as for all other Schedule II controlled substances. For further information contact TOMA.

TCOM APPOINTS NEW ASSISTANT VICE PRESIDENT



Richard D. Inman, C.P.A., assumed his position as Texas College of Osteopathic Medicine's new assistant vice president for fiscal affairs on April 1.

Inman had been dean of financial services at Lee College in Baytown, Texas, since November 1988. He served from 1981 to 1988 as controller at Midwestern State

University in Wichita Falls, from which he received his B.A. degree in 1981. He received his B.B.A. from Texas A&M in 1975.

Inman's appointment was approved by the University of North Texas/TCOM Board of Regents at its February meeting.

RURAL HEALTH FACTLINE

- In 1989, 3.03 million Texans, or 19 percent of the state's population under 65, lacked health insurance. Forty three percent (1.29 million) of the uninsured have incomes below poverty.*
- Another 3.73 million Texans are underinsured and cannot pay the difference between what they are billed and what insurance pays.*
- 87 percent of the uninsured in Texas are in working families.+
- Texas leads the nation in teenage pregnancies for girls 15 and under.+
- More than 40 percent of Texas children lack basic immunizations.+
- 62 percent of the 10,000 Texans diagnosed with AIDS since 1988 have died.+
- Rural Texans are more likely to live in poverty and have limited access to health care than urban Texans.+

*Task Force on Indigent Health Care, Texas Medical Association
+Ad Hoc Committee on Financing and Availability of Health Insurance, Texas Medical Association

Printed from Spring 1991 Rural Health Reporter.

VFW LADIES AUXILIARY CONTINUES FUNDING OF CANCER RESEARCH AT TCOM

The Ladies Auxiliary of the State of Texas Veterans of Foreign Wars has continued its support of cancer research at Texas College of Osteopathic Medicine by awarding \$13,000 to a research team headed by Myron Jacobson, Ph.D., and Elaine Jacobson, Ph.D. The Jacobsons lead a group of 12 scientists and students studying the relationship between cancer and diet.

This award brings to \$98,000 the amount of funding that the Texas VFW Auxiliary has provided TCOM over the past 10 years. A portion of the funds supports students who are designated VFW Auxiliary Cancer Research Scholars.

"We are very grateful for the continued support of the VFW auxiliary," said Dr. Jacobson. "Especially the long-term investment in students who are going on into cancer research in the future."

The Jacobsons' research focuses on niacin, a B-complex vitamin, and how the substance helps human cells repair DNA damage and therefore halt the transformation of a normal cell into a cancerous cell. Niacin-deficient cells can be converted from normal to cancerous cells at a rate 10 times greater than normal cells.

The most recent award was made to the Jacobsons by Barbara Gulick, past state president of the auxiliary. During the past year, the VFW auxiliary has raised more than \$200,000 to support cancer treatment and research.

TO ERR IS HUMAN...

"Companies spend 98 percent of their time solving today's problems and less than two percent figuring out how they got into the mess," according to John Goodman, president of Technical Assistance Research Programs in Washington, D.C. ■



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Dr. Bledsoe Authors "Paramedic Emergency Care" Publication

The Brady Company, a Division of Simon and Schuster, is pleased to announce the publication and release of *Paramedic Emergency Care*. This 1,000 page, full color textbook is the most comprehensive paramedic text yet. The text covers, in detail, the current United States Department of Transportation Paramedic training curriculum. Each chapter opens with pertinent objectives and a case study. Important terms are defined in the margin adjacent to the text. Key paramedic concepts and principles are also highlighted in the margin. Actual emergency scene photos, clinical photos, and full color art compliment the work. Throughout, the authors maintain a common sense, practical approach to advanced prehospital care. James O. Page, publisher of the *Journal of Emergency Medical Services (JEMS)*, writes in the book's foreword, "The authors of this book have created a superb tool for educating a whole new generation of paramedics."

Paramedic Emergency Care is authored by Bryan E. Bledsoe, D.O., Robert S. Porter, M.A., NREMT-P, and Bruce Shade, EMT-P. Contributors include Richard A. Cherry, M.Ed., NREMT-P, Gary P. Morris, EMT-P, and Rod Dennison, EMT-P.

Bryan E. Bledsoe, D.O., EMT-P, is an emergency medicine physician practicing in the Dallas/Fort Worth area. Dr. Bledsoe holds a B.S. degree from the University of Texas at Arlington. He received his medical degree from the University of North Texas - Texas College of Osteopathic Medicine in Fort Worth, Texas. He completed internship training at Texas Tech University Health Sciences Center in Odessa, Texas, and residency training at Scott and White Memorial Hospital in Temple, Texas. Prior to attending medical school Dr. Bledsoe was a paramedic and paramedic instructor in the Fort Worth, Texas area. In addition to *Paramedic Emergency Care*, Dr. Bledsoe has authored *Prehospital Emergency Pharmacology (Third Edition)*, *Atlas of Paramedic Skills*, *Manual of Emergency Drugs*, and *Brady's Paramedic Pocket Reference*. He serves on the Board of Medical Directors of the National Association of Emergency Medical Technicians as well as the co-medical director for the Paramedic Society. Dr. Bledsoe is a member of Texas Osteopathic Medical Association among many other organizations. Dr. Bledsoe is married and lives in Arlington, Texas.

For additional information contact The Brady Company at 1-800-638-0220.

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— WE SERVICE WHAT WE SELL —

Important Medicare Change

Your attention is called to *Special Medicare Part B Newsletter No. 99*, which states the following:

Inquiries Regarding Dissociation from Medicare

According to law, Medicare physicians and suppliers cannot voluntarily dissociate themselves from the Medicare program if they continue to provide covered services to patients.

Some Physicians have contacted Medicare and requested they be removed from the program. However, as long as covered services are provided, a provider must abide by all Medicare rules and regulations pertaining to those services.

The law cannot be bypassed by having patients sign a disclaimer stating that services provided to them should not be billed to Medicare.

The following are the only ways a physician can dissociate himself/herself from the Medicare program:

- Discontinue providing covered Medicare services or,
- Surrender his/her license or certificate (in those instances where such a document is required to practice).

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Medicare/Medicaid News

By Don Self, President
Medical Consultants of Texas

Limiting Charge and Assistant Surgery

Many physicians are still doing assistant surgery on their own patients, although we generally recommend they not do so. When you assist on a surgery, if you are non-par, it is your responsibility to find and use the Limiting Charge for your fee. To do so, you need to find the surgery section in your Disclosure Report that Medicare mailed to you at the end of January 1991. Find the code, and note the Non-par Prevailing Charge. Once you have this amount, multiply it by 125 percent, and you have your limiting charge. It does not matter what the primary surgeon charged. If you are accepting assignment on the claim, you do not need to go through this, as you will see in another section of this column.

Data Standardization is Starting

As the phase in of the Medicare Physician Fee Schedule is preparing to begin, accurate "standardized" reporting is increasingly important. Currently, each Medicare carrier around the nation has discretionary parameters that are not standardized, and this is supposed to be corrected before the advent of the '92 Fee Schedule. In three different states, you might find three different place of service codes for the same procedure. The same thing applies to the type of service codes, definitions of "Global Surgery" and "Fragmenting" rules. As a consultant serving different states now, we are pleased to see this standardization. Therefore, you can expect to see changes in the Place and Type of Service coding, "Global Surgery," code definitions, etc., throughout the rest of 1991.

Latest News on EKG Interpretations in 1992

The latest word out of Baltimore, Maryland, on the new EKG law (that

will restrict payment for EKG interpretations in 1992) is that the PPRC is making new recommendations. They suggest that Congress repeal this portion of OBRA '90 and start an accelerated phase in of the Physician Payment Reform in 1992 for EKG interpretations. Basically, the way the law reads now, is that EKG interpretations (if performed with any other service) will not be allowed payment in 1992. Their recommendation to Congress, if accepted, will mean that payment will still be allowed, but the amounts will be reduced at an accelerated rate. Whether Congress will act on this or the requests by the American Society of Internal Medicine, is still to be seen.

Medicaid Coding For OMT

Medicaid Texas has apparently been grouping OMT services into the Physical Medicine codes, and reducing payments accordingly. The 1990-91 Medicaid handbook did not address the codes to be used for OMT services. We met with a representative of Medicaid and found a "lost" regulation that was not included in the recent Medicaid manuals. Consequently, we recommend you use the following codes for OMT to Medicaid only patients:

Z9467 OMT & one Physical Therapy modality and/or procedure

Z9468 OMT and more than one Physical Therapy modality and/or procedure

Z9466 OMT services only

Medicaid Texas does pay for a visit or consultation in addition to the above codes. For your Medicare-Medicaid crossover patients, continue using either the MO702-MO730 code or codes 97260-97261.

For non-Medicare and non-Medicaid patients, continue using 97260 and 97261.

HCFA Edit Package to Reduce "Fragmenting"

On January 7, 1991, Texas Medicare mailed Newsletter No. 3 to all physicians throughout Texas. HCFA has developed and installed into the Medicare carriers, a system to detect and edit improper "fragmentation" of services. Many physicians submit multiple procedure codes to Medicare for services they render that could be reported using one CPT code. This has caused Medicare to approve and pay more money than they would have using the one CPT code. Medicare will start changing the codes and paying for the correct code, which will reduce your payment and also possibly cause you accounting problems. The way you are billing (assigned or non-assigned) will determine which way you (and the patient) will be notified, if you bill multiple codes incorrectly. If you receive a notice from Medicare on the EOMB that you billed incorrectly on an assigned claim, you only need to adjust off the non-allowed portion. If the claim is non-assigned, then you have to credit or refund the patient for the disallowed procedures. Of course, double check Medicare's codes and approved amounts, as we all know they tend to make errors from time to time. If you disagree with Medicare's determination, you should (as always) request a review of the claim. As you know, we help retainer clients with this.

Place of Service Coding

Some Texas offices are still using the Place of Service codes from the reverse side of the HCFA 1500 claim form. These codes are INCORRECT for Texas. We still recommend you use the letter designation, instead of the number. If you are going to use the number code, please use those shown on the following page:

TEXAS CODES:

- 1 - (O) Doctor's Office
- 2 - (H) Patient's Home
- 3 - (IH) Inpatient Hospital
- 4 - (SNF) Skilled Nursing Facility
- 5 - (OH) Outpatient Hospital
- 6 - (IL) Independent Laboratory
- 7 - (OL) Other Location (Church, Store, etc.)
- 8 - (NH) Nursing Home

HIC Number (Letter) Designations

Occasionally, we get calls from clients asking us what the final letter on the Texas Patients' HIC number indicates. For your convenience, they are:

- A Worker
- B Wife
- C Child
- D Widow
- I Parent
- F Special Age Beneficiary
- K Spouse of Parent
- M Disabled

Non-Par Physician Accepting Assignment & Fees

We have always recommended that our non-participating physicians never charge more than the Limiting Charges on their Disclosure Report (or our reports) on claims submitted to Medicare, regardless of assignment. As of January 1, 1991, that has changed, we have just learned. You are allowed to exceed your Limiting Charges on assigned claims. For non-assigned claims, you are still restricted to your Limiting Charges.

ICD-9 Codes & How They Can Determine Denials

Due to well meaning, but sometimes incorrect insurance clerks and physicians, some patients have a very small chance of ever being insured again. Also, due to physicians not giving enough information to their insurance clerks, quite a few physicians have reduced their income by incorrectly using ICD-9 codes. While everyone knows that Medicare does not pay for routine screening, the same people use routine screening diagnosis from time to time. Another

common mistake is to list a diagnosis that does not relate to the procedure given. As an example, you have a patient come in (with diabetes) for a broken arm. Instead of coding the fracture as the primary diagnosis, you put the diabetes down as the primary and the fracture as secondary. Many carriers (and sometimes, Medicare) do not keypunch the secondary diagnosis. This would result in the fracture care procedures being denied.

Another common mistake is in not using the 4th and 5th digit ICD-9 code. We recommend you always code to the full specificity, using the 4th and 5th digit codes, if available. You have to watch closely, as some codes will have the extra digit, but it may be difficult to spot. This is also where the physician's involvement is necessary. Always use Volume 1 and Volume 2 in locating and verifying a diagnostic code. Do not rely on your computer company to ensure the codes are correct. You will be the one suffering from denied claims... not them.

DO NOT code a patient with cancer or possible AIDS, unless you are SURE the patient has this diagnosis. Even an error in this area can cause the patient years of problems in getting insured. It happens all of the time!

Impressions of a Recent ALJ Hearing

Recently, we accompanied a client to a Medicare Administrative Law Judge Hearing in Dallas, concerning non-invasive tests he had performed in the early part of 1988. In our opinion, the attitude of the "judge" in this matter was extremely euthanasia oriented. He seemed to have the attitude of why try to save the life or limb of a patient that was extremely elderly and bedridden. The "witness" physician was a physician (in his seventies) that had ceased practicing in 1983 (and from what I understand, these tests became popular in the mid 80's). Overall, it was a kangaroo court. In spite of this, we believe that you should always fight for all that you deserve

and we will help you in any way that we can.

Medicare Part B Handbook

It has come to our attention that quite a few of our clients have not yet purchased the Medicare Part B Handbook from Medicare. We highly recommend you do so, as this book contains the HCPCS codes recognized in Texas, payment policies, appeal information and coverage issues. You need to send a check for \$20 (payable to Medicare Part B), to:

Medicare Part B Handbook
Order Department
P.O. Box 660156
Dallas, Texas 75266-0156

(Don Self is a private consultant. He can be reached at 1-800-800-256-7045.)

Clues to Claims Fraud

At Emory University Hospital in Atlanta, a survey of 900 patients who filed workers' comp claims found these similarities among claims that turned out to be false:

- The worker often fails to appear for the first doctor's appointment without calling to cancel or reschedule.
- The worker is over-dramatic about the pain being felt, yet has trouble finding words to describe the pain.
- There is delayed notice and/or improper reporting of the injury.
- Friday afternoon injuries are reported on Monday morning.
- The first notice of a claim is a letter from an attorney or a hearing notice from a workers' comp agency.
- The employee fails to report to work for several days, then reports the injury.
- The employee frequently changes doctors, or asks to do so.
- The employee is short-term, or has a history of workers' comp claims.

(Reprinted from TexasBusiness Today, April 1991.)

Blood Bank Briefs for Physicians

Prenatal/Perinatal Testing in the 1990's

Margie B. Peschel, M.D., Medical Director — Carter Blood Center, Fort Worth, Texas

The following are recommended for prenatal and perinatal testing of the obstetrical patient in 1991.



Initial Visit

All women regardless of the results of the tests performed elsewhere should have blood drawn for serologic testing as early as possible during each pregnancy. The testing should include ABO and Rh₀(D) typing and tests for unexpected serum antibodies. Initial Rh testing should include a test for D^u if the patient appears to be Rh-negative by direct agglutination. The D^u test should be done using anti-IgG and should be read macroscopically. Patients whose red cells are clearly D^u (e.g., macroscopic reaction > 2+ by antiglobulin technique with anti-D and a non-reactive control test) should be considered Rh-positive and treated as such.

All pregnant women, regardless of their type, should be tested during each pregnancy for unexpected serum antibodies at their first visit to the obstetrician. Antiglobulin testing should be done with anti-IgG to detect preferentially those antibodies with the potential to cause hemolytic disease of the newborn (HDN). If tests for unexpected antibodies are positive, the antibody should be identified.

Titration of Rh antibodies early in pregnancy is appropriate to establish a baseline for comparison to titers found later in pregnancy. Titration of non-Rh antibodies should be undertaken only after discussion with the obstetrician as to the significance of the results.

During Pregnancy

At 28-30 weeks, before Rh im-

mune globulin (RhIG) is given, samples should be obtained from all Rh-negative women for testing for unexpected antibodies. RhIG need not be withheld pending the results of antibody detection tests. Unless there is a history of significant antibodies, previous blood transfusions, or traumatic deliveries, and except when pretransfusion tests are requested, Rh-positive patients should be screened for antibodies once during pregnancy, at the initial visit.

Repeat titration of Rh antibodies at 2-4 week intervals after 20 weeks gestation is appropriate providing the data used to indicate the need for fetal monitoring by other means such as amniocentesis. Once such other means have been applied, no further titrations are warranted.

At Delivery

The Rh type (including a D^u test if direct agglutination tests with anti-D are negative) should be determined on all women admitted for delivery. It is necessary to retest for ABO at delivery when pretransfusion tests are requested. Antibodies detected at delivery should be identified. If a woman has received RhIG during pregnancy, antibody identification tests may be done with a limited panel of Rh-negative red cells to exclude clinically significant antibodies other than D.

Antibodies detected at delivery should not be titrated. In particular, the practice of titrating passive anti-D following antenatal or postpartum RhIG therapy should be discontinued. Rather, anti-D not detected earlier in pregnancy should be assumed to be due to antenatal RhIG therapy until proven otherwise. Evi-

dence for active immunity to D can best be obtained by performing antibody detection tests 6 months after delivery or at the initial visit for the next pregnancy.

RhIG Therapy

All Rh-negative women in whom there is no evidence of active immunization to the D antigen should receive the standard dose (300 mg) of RhIG at 28-30 weeks gestation. The antenatal therapy does not eliminate the need for administration of RhIG again at delivery. A 300 mg dose of RhIG should also be given to all Rh-negative women following amniocentesis.

At delivery or termination of pregnancy, the Rh-negative woman should receive the standard 300 mg dose of RhIG, preferably within 72 hours after delivery, abortion, amniocentesis or any other procedure that could cause fetal-maternal hemorrhage (FMH), unless it can be shown that the fetus is Rh-negative or the patient has an anti-D not related to antenatal RhIG administration. This recommendation applies to all abortions whether spontaneous or induced. Women who have aborted during the first trimester can be treated with a 50 mg dose of RhIG. Women found to be Rh-positive, either by direct or indirect (D^u) testing with anti-D are considered Rh-positive and are not candidates for RhIG at delivery.

Fetal Maternal Hemorrhage (FMH) Testing

All Rh-negative women who deliver an Rh-positive infant should be tested for excessive FMH. The test

for FMH should not be done selectively. Ideally, a maternal blood sample should be obtained approximately one hour after delivery of an Rh-positive baby and a screening test for excessive FMH performed. Recommended screening tests include the rosette test and the enzyme-linked antiglobulin test (ELAT); microscopic examination of smears is not an acceptable method for the purpose of detecting excessive FMH. If the screening test for FMH is positive, the extent of the bleed should be determined; an ELAT, Kleihauer-Betke test or flow cytometric procedure are acceptable quantitative methods. After quantifying the hemorrhage, any appropriate additional doses of RhIG should be administered as soon as possible, preferably within 72 hours of delivery.

References:

Judd WJ, Luban NLC, Ness PM, Silberstein LE, Stroup M, Widmann FK. Prenatal and perinatal immunohematology: recommendations for serologic management of the fetus, newborn infant, and obstetric patient. *Transfusion* 1990;30:175-83.

Davey R, McMican A, Widmann FK, Umlas J, eds. *Collected questions and answers*; ed 3. Arlington: American Association of Blood Banks, 1991:4-5.

AABB Technical Bulletin 91-1. American Association of Blood Banks, Arlington, VA.

OMT Tapes Available Through TCOM

Copies of VHS tapes on OMT techniques are available to osteopathic physicians throughout the state who wish to borrow them for a period of up to two weeks. These tapes are eligible for Category I-B CME from the AOA. Interested physicians should contact: Learning Resource Center, TCOM Health Sciences Library, 3500 Camp Bowie Boulevard, Fort Worth, Texas 76107; phone: (817) 735-2288. Physicians should note that a library card is necessary to borrow the tapes. Those needing a card should contact the library for an application form.

Tapes Available

WB90 VC1800 1974	KCOM — Manipulative Series Soft Tissue - Lumbar lower thoracic area 46 minutes (one hour Category I-B CME available from AOA)
WB940 VC1799 1975	KCOM — Paul Kimberly, D.O. Part I — Cervical C2 - C4 Side bending left, rotation left, high velocity Part II — T4 - T10 FSR Grps. A. Supine high velocity sitting Part III — T4 - T10 Flexion Extension a. Forward bending, high velocity & spring b. Backward bending, high velocity, muscle cooperation Part IV — T10 L5 FSR Grps. high velocity & muscle energy PTV - Roto - scoliosis (Sitting) 47 minutes (one hour Category I-B CME available from AOA)
WB940 VC1798 1974	KCOM — Pelvis S. I. Innominate Paul Kimberly, D.O. 1. Testing Physiological Motion 2. Symphyseal Lesions Diagnosis & Treatment 3. Sacral Diagnostic Procedures 4. Left Sacral Torsion Findings & Mobilization 5. Left Unilateral Findings & Mobilization 6. Left Innominate Posterior 57 minutes (one hour Category I-B CME available from AOA)
WB940 VC1801 1975	KCOM — Thoraco-Lumbar Junction 32 minutes (one-half hour Category I-B CME available from AOA)
WB940 VC1802 1978	Indirect extremity technique — Anne Wales, D.O. 50 minutes (one hour Category I-B CME available from AOA)
WB940 VC1797 1984	KCOM — Cervical Technique ME & HVLA Cervical Spine-OA-AA Techniques — Counterstrain, Direct, Indirect Jerry Dickey, D.O. Cervical Spine-Direct Method — Lower Spine (Facet Angles) Larry Bader, D.O. 25 minutes (one-half hour Category I-B CME available from AOA)
WB940 VC1591 1976	Counterstrain Part I - Part V Complete Counterstrain Course by Larry Jones, D.O. 3 hrs. 45 minutes (four hours Category I-B CME available from AOA)
WB940 VC1796 1979-82	Michigan State Series Pelvic Region I: Iliosacral Pelvic Region II: Sacroiliac Pelvic Region III: Alternative Direct Technique 42 minutes (one hour Category I-B CME available from AOA)
WB940 VC1803 1980-82	Thoracic Cage Thoracic Region I: True Ribs (1 through 7) Thoracic Region II: Mid Lower Thoracic 26 minutes (one-half hour Category I-B CME available from AOA)

DO Statistics

As of April 1991, the Registration Department of the Texas State Board of Medical Examiners reported the following totals for active licensed D.O.s practicing with Texas licenses:

In-state	Out-of-state	Total
1,667	733	2,400

TOMA HAS DISCOVERED AN IMMUNIZATION FOR THE HEALTH INSURANCE "EPIDEMIC"

The high cost, no guarantee system of health insurance coverage is a "disease" that is affecting ALL small employers. Instead of providing long-term, affordable protection from financial losses due to accidents and illness, today's health insurance industry has created tremendous short-term burdens with no certainties of continued coverage in an environment that is as volatile as ever.

A recent item from *Medical Economics* magazine (March 5, 1990) indicates further the troubles that surround small employers, and even more specifically physicians. It reads:

"While state and federal legislators debate the merits of requiring employers to provide health-care coverage for their workers, health insurers are refusing to issue policies to more and more small businesses and professions. Some carriers are even blacklisting physicians and nurses, chiropractors, dentists, and others in the health-care field. One reason that medical workers may be excluded, carriers say, is they tend to have a high rate of utilization."

Although a total cure for these problems may still be far away, TOMA has discovered an "immunization" for its members that can help shield the frustrations that managing health insurance (or the lack of) can cause.

TOMA has appointed DEAN, JACOBSON Financial Services to handle the complexities of health insurance environment for you. They have just negotiated with CNA Insurance Company (an A+ Excellent rated company with a long, successful record in the accident and health business) to offer Major Medical coverage to TOMA members at very competitive rates. Best of all, with CNA's strength in the health insurance market and DEAN, JACOBSON's management of insurance services, TOMA will have a superior Health Insurance Program that has long been needed.

DEAN, JACOBSON Financial Services is recognized statewide for their expertise in insurance and related areas. So regardless of your current situation with health coverage, call DEAN, JACOBSON Financial Services to help you immunize against the health insurance "epidemic."

For information on coverages, costs, and enrollment forms contact:

DEAN, JACOBSON FINANCIAL SERVICES

(Formerly William H. Dean & Associates)

(817) 335-3214
P.O. Box 470185
Fort Worth, TX 76147

(800) 321-0246
(817) 429-0460
Dallas/Fort Worth Metro

TOMA HAS DISCOVERED AN IMMUNIZATION FOR THE HEALTH INSURANCE "EPIDEMIC"

The high cost, no guarantee system of health insurance coverage is a "disease" that is affecting ALL small employers. Instead of providing long-term, affordable protection from financial losses due to accidents and illness, today's health insurance industry has created tremendous short-term burdens with no certainties of continued coverage in an environment that is as volatile as ever.

A recent item from *Medical Economics* magazine (March 5, 1990) indicates further the troubles that surround small employers, and even more specifically physicians. It reads:

"While state and federal legislators debate the merits of requiring employers to provide health-care coverage for their workers, health insurers are refusing to issue policies to more and more small businesses and professions. Some carriers are even blacklisting physicians and nurses, chiropractors, dentists, and others in the health-care field. One reason that medical workers may be excluded, carriers say, is they tend to have a high rate of utilization."

Although a total cure for these problems may still be far away, TOMA has discovered an "immunization" for its members that can help shield the frustrations that managing health insurance (or the lack of) can cause.

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PHYSICIANS WANTED

PARTNERSHIP — offered in thriving general practice on the Gulf Coast. Coverage available, Intern/Extern approved. Hospital with TCOM affiliation. Contact Sam Ganz, D.O., 3933 Upriver Road, Corpus Christi, 78408. (51)

FULL AND PART-TIME PHYSICIANS WANTED — for several primary care/minor emergency clinics in the D/FW area. Flexible schedule, excellent potential for growth and financial success. Please send resume or contact: Steve Anders, D.O., Medical Director, Ready-Care Medical Clinic, 4101 Airport Freeway, Suite 101, Bedford, 76021; 817/540-4333. (40)

ASSOCIATE NEEDED — for expanding general practice in East Texas. Guaranteed income with a future. Contact: Steve Rowley, D.O., 903/849-607 or Mr. Olie Clem, 903/561-3771. (08)

FULL AND PART-TIME OPPORTUNITIES for GP/FP/IM in San Antonio, OB-Gyn physician in Ft. Hood. Expect paid malpractice and competitive compensation. No call or beeper responsibilities. Contact: Gus Murphy 1-800-645-4848 (58)

FULL AND PART-TIME PHYSICIANS WANTED — General Family Practice/Minor Emergency. Flexible schedule. Competitive salary and percentage. Contact Dr. Botas 713/644-3602 between 4-7 pm or send cv. to P.O. Box 262908, Houston, 77207. (52)

TYLER — DOCTORS MEMORIAL HOSPITAL IS SEEKING — pediatricians; an OB-Gyn physician; an orthopedic surgeon; family practice physicians; and a general internist to work in an association or solo practice. Financial assistance available. Contact Olie E. Clem, C.E.O., 1400 West Southwest Loop 323, Tyler, 75701; 903/561-3771. (45)

AMARILLO — Busy BC IM seeks associate for rapidly expanding practice. Fully equipped office. 356-bed hospital assisting competitive incentive package. Excellent schools and quality of life; four season climate. Ideal location for the outdoor sports enthusiast. Easy access to snow and water skiing, boating, fishing, etc. Contact: Jim Truitt, Physician Resource Network, P.O. Box 37102, Fort Worth, 76117-8102; or from Fort Worth call 817/595-1128; or from Dallas call (metro) 817/589-0726 or 1/800/525-6055. (05)

EL PASO — Texas practice opportunity for general practitioner in beautiful warm El Paso. Accessible to recreational activities: golf, hunting, fishing, skiing. Partnership in busy office. Competitive financial

offer and benefits. Call 915/772-9397 or 1/800/869-1233. (36)

WEST TEXAS — Three board certified family physicians seek fourth associate for busy practice. OB preferred. Friendly town, good schools. Within 35-minutes of larger city. Very lucrative financial situation. Excellent for pilot physician. Contact: Jim Truitt, Physician Resource Network, P.O. Box 37102, Fort Worth, 76117-8102. From Fort Worth, call 595-1128; from Dallas (Metro) 817/589-0726 or 1/800/525-6055. (31)

PRACTICE FOR SALE — owner joining cruise ship and must sell. Practice between Denton and Grapevine near Alliance Airport and IBM. 500 patients per week; 95 percent collection; 95 percent private pay. Reply in confidence. 817/498-1351. (15)

FAMILY PRACTICE — Houston — One of the largest single doctor family practices desires an associate with takeover in one year. Spanish speaking preferred but not necessary. Call Dr. Jack Blumenthal at 713-228-0861; Mon. - Wed. 9:00 - 12:00 or 2:00 - 5:00. (59)

POSITIONS DESIRED

LOCUM TENEN SERVICE — for the Dallas/Fort Worth Metroplex. Experienced physician in family practice and emergency medicine offering dependable quality care for your patients at competitive rates. Contact: Doyle F. Gallman, Jr., D.O., 817/473-3119 or beeper number 817/794-4001. (49)

OFFICE SPACE AVAILABLE

FOR LEASE — Medical office; established medical-dental building on Hulen between Vickery and W. Fwy.; approx. 1,400 sq. ft. which includes 3-4 exam rooms, lab, business office, private office, and extras. Recently remodeled and ready to move in. 817/338-4444 (27)

FOR RENT — Medical Office in Arlington. Three to six months free rent with proper lease. Ideal for general practitioner. Call 817/265-1551. (32)

FOR SALE — Profitable Osteopathic General Practice — in the Fort Worth/Watuga area. Office fully equipped including office manager and LVN. OB optional. Please call Debbie Stanley at 817/284-7380. (22)

FOR LEASE — Northeast Fort Worth (Watauga); completely equipped physicians' office, including x-ray, treadmill available; Call Dr. McNeef, 817/831-0321. (14)

CLINIC FOR SALE — Fully equipped rural clinic near Fort Worth. Near to new Super Colliery campus. Will finance with lenient terms. Contact Norma Dowling at 817/866-3922. (44)

SHARE — Doctor specializing in Preventive Medicine, wishes to share — office space only in mornings in HEB area. 577-1160. (10)

FOR SALE — 3,239 sq. ft. medical clinic in East Dallas area, two blocks from hospital. Two active general practitioners seeking to retire and turn over their practices and fully equipped offices. Please call 214/381-1910 or 214/381-4150. (39)

MISCELLANEOUS

RECONDITIONED EQUIPMENT FOR SALE — Examination tables, electrocardiographs, sterilizers, centrifuges, whirlpools, medical laboratory equipment, view boxes, weight scales, IV stands and much more. 40-70 percent savings. All guaranteed. Mediquip-Scientific, Dallas, 214/630-1660. (29)

WANTED: Used Diathermy Machine. Contact Dr. Mohney, 713/626-0312. (02)

FOR SALE — Hunting - Recreating - Cabin Site. 40 acre Colorado Wilderness sites. Joins San Juan National Forest. Covered with pine forest - good access road. Elevation 7,500 ft. Deer, bear, elk. One and one-half miles to trout fishing lake. 40 minutes to Durango. One hour and 20 minutes to Teluride Skiing Resorts. Call Country Dean for information; 817/335-3214 (metro 817/429-0460). (19)

FAMILY PRACTICE OFFICE CLOSED — Selling complete office furniture and equipment in good condition, including computers, EKG machine, copier, typewriter, telephone systems, tables, etc., to name a few. Call 512-681-8830 after 5 p.m. (07)

EQUIPMENT — Hill Anatomotor Table, excellent condition and 15 feet of Controlifax Modular Rack racks (total 84 feet of chart shelf). Charts are (3) foot modules, with colored end panels. Contact: Dean Peyton 817/277-6444. (09)

FOR SALE — Castle Lamp for office surgical procedures, very little use; make offer; Fred Tepper, D.O., Back in Action, 4200 S. Hulen, Suite 336, Fort Worth, 76109; 817/737-2225. (38)

EQUIPMENT FOR SALE — Abbott vision blood analyzer, Imex vascular flow meter and flexible sigmoidoscopy. Contact Norma Dowling 817/866-3922. (42) ■

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