

No Bones About It

ACO offers a unique set of specialty offerings beyond orthopedics

A Plastic Surgeon in an Orthopedic Office?

Here at ACO, we are fortunate to have **Nathan S. Taylor, M.D.** as part of our team. Having completed both an integrated plastic and reconstructive surgery residency and a fellowship in hand surgery, Dr. Taylor provides the Upper Peninsula with a unique skill set. Board certified in plastic and reconstructive surgery, Dr. Taylor came to ACO from the University of Michigan Medical Center where he completed his fellowship in hand surgery. Doctor Taylor received his Doctor of Medicine degree from Georgetown University School of Medicine and completed his residency in plastic and reconstructive surgery at the University of Texas Southwestern Medical Center, Dallas, Texas. He provides a variety of hand and wrist-related treatments and procedures, such as carpal tunnel release; trigger finger release; soft tissue reconstruction; congenital hand reconstruction; microsurgery; wrist and hand fracture care; tendon and nerve reconstruction, just to name a few. He also performs both simple and complex plastic and reconstructive surgery procedures, such as facial trauma; breast reduction, augmentation, breast lift and reconstruction; skin cancer excision; facial rejuvenation; body contouring procedures including tummy tuck, arm and thigh lift, buttock lift and mommy makeovers; and botox/ soft tissue fillers.

We have Podiatry too...

James W. Gallagher, D.P.M. is our podiatrist who specializes in the treatment of foot and ankle disorders. Doctor Gallagher expands our ability to provide state-of-the-art foot and ankle care as part of our comprehensive surgical and non-surgical foot and ankle program. He has been in practice for over 25 years and completed his residency at the Hutzel Hospital, Detroit Medical Center, Detroit, Michigan. He earned his Doctor of Podiatric Medicine from the Ohio College of Podiatric Medicine, Kent State University. He is board certified and is the only Fellow of the American Academy of Podiatric Sports Medicine practicing in the Upper Peninsula. Doctor Gallagher offers the latest techniques in treatment of the foot and ankle, to include:

- Common foot pain and problems
- Arthritis
- Rheumatoid problems
- Deformities, such as: Hallux valgus; bunions; and hammertoes; flatfoot & posterior tibial tendon dysfunction;
- Diabetic problems
- Nerve disorders, such as: Morton's neuroma; Tarsal Tunnel Syndrome; and nerve injuries
- Pediatric problems
- Other conditions such as: corns; calluses; plantar warts; and other conditions of the toenails

***Appointments with
Dr. Taylor or
Dr. Gallagher
can be made by calling
(906) 225-1321 or
(800) 462-6367***

Spring 2015

Our Physicians:

Robert H. Blotter, M.D.
Kenneth A. Davenport, M.D.
J. Bryan Dixon, M.D. (UPHS Employed)
Jason D. Doppelt, M.D.
James W. Gallagher, D.P.M.
Zachary C. Leonard, M.D.
Timothy B. Neuschwander, M.D.
Wallace G. Pearson II, M.D.
Matthew N. Songer, M.D.
Nathan S. Taylor, M.D.

Other Providers:

Victoria N. Asmus, P.A.-C.
Sandra Pritchett, F.N.P.-C.
Robert Rutkowski, P.A.-C.
Allison C. Blaksmith, P.A.-C.
Erik C. Korpi, N.P.-B.C.
Derek Falk, A.N.P.-B.C.
Diane Reetz, M.S.P.T.
Cathy Ruprecht, M.S.P.T.
Jacob Hogan, P.T.A.

Our Subspecialties:

Shoulder & Upper Extremity
Hand & Wrist
Spine & Non-Surgical Spine
Hip & Knee
Foot & Ankle
Sports Medicine
Total Joint Replacement & Revision
Trauma
Plastics & Reconstruction
Podiatry

Main Location:

Marquette
1414 W. Fair Avenue, Suite 190
Marquette, Michigan 49855

Other Locations:

Escanaba L'Anse Ishpeming

PREPARING FOR OUTDOOR FUN

By: *Cathy Ruprecht, MSPT*

Exercise related injuries can take the spring out of your step as the weather is finally turning for the better. As Spring Fever hits, consider easing into your summertime activities. It is better to resist playing 18 holes of golf the first time out and throwing the softball 500 times the first practice. Many exercise related injuries are caused by overuse, unusual and out of the ordinary demands on muscles and joints that haven't been as active over the winter months.

Older and less active adults need to take special care when starting to exercise. Aging bones, tissues, and muscles that haven't worked in a while are more vulnerable to injury. However, the harm of remaining sedentary is greater than starting an exercise program or becoming active again.

The following tips can help reduce the risk of injuries when beginning an exercise program.

- Get a check-up before starting to exercise.
- Ease into exercise, especially if you haven't recently been active. Start slow, gradually increase the duration and intensity.
- Incorporate a warm-up and cool down period into your workout. For example, starting and ending with a slow walk and gentle, non-painful stretching.
- Avoid dehydration by drinking plenty of water before, during and after exercise.
- Dress appropriately for the weather. Layers are best to accommodate changing conditions. The right clothes and shoes reduce stress on your body.
- Stop any activity if you feel pain, get short of breath, have dizziness or have increased fatigue, consult with your physician.
- Get rest. Exercise every other day as alternating activities gives the body time to recover. This gives muscles time to build strength.

Staying active is the most important part of transitioning from season to season. Enjoy your summer!

Business Corner

ICD-10 is coming. What it means to you

Effective October 1, 2015, the Center for Medicaid and Medicare Services (CMS) will implement the International Classification of Diseases – 10th Edition. What does this mean to you as a patient? First, a quick overview of ICD-9 versus ICD-10. The ICD-9 was implemented in 1979 which expanded the number of clinical procedure and diagnostic codes to approximately 17,000. The ICD-10 increases that number to approximately 150,000 codes. These codes are used for insurance billing purposes, calculating payment rates, compiling statistics, and assessing quality. The ICD-9, put simply, has “maxed-out” as a coding system, leaving no room to add new procedures or diagnoses as they are discovered. The old codes do not provide enough descriptive details to bill and compile patient data with the necessary level of accuracy. Compared with ICD-9, the new ICD-10 codes will provide much greater detail on ailments, cause and type of injury, and complications or manifestations.

Again, you asked, “What does this mean to me?” In order to code accurately, medical coders will be dependent on complete and accurate documentation from your provider. In order for your provider to assess and document your problems, symptoms, causes, and complications, you will have to provide him/her with more details regarding your symptoms or injury than ever before. According to the American Association of Professional Coders, nearly two-thirds of clinical documentation does not contain enough information for coders to accurately bill under ICD-10. Specific questions you will be asked are: What are you seeing us for? What date did this start/happen? Is this injury related to a work, military or auto accident? Was it a recreational or personal accident? Further details that will need to be provided are: the specific location the injury occurred; the specific activity you were doing at the time of the injury; and the exact cause of the injury.

Failure to provide the level of detail needed to document, code, and bill for our services may result in your claim being denied by your insurance company, costing you time and money. We will be implementing new processes and patient questionnaires in the very near future to ensure we capture what is needed to submit claims on your behalf to your insurance carrier. Please help us get your insurance claims processed and paid as accurately and timely as possible.