

## No Bones About It

### Fall 2015

#### Our Physicians:

Robert H. Blotter, M.D.  
Kenneth A. Davenport, M.D.  
J. Bryan Dixon, M.D.  
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.  
Bradley Q. Warlick, 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.  
Karin Heidelberger, 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

**For Appointments Call**  
**906-225-1321 or**  
**(800) 462-6367**

### ACO Welcomes New Orthopedic Spine Specialist



**Bradley Q. Warlick, M.D.** joins Advanced Center for Orthopedics from Johns Hopkins Hospital where he completed his fellowship in Spine Surgery. Doctor Warlick received his Doctor of Medicine degree from Saint Louis University School of Medicine and completed his residency in orthopedic surgery at the Saint Louis University Department of Orthopedics. He has specialized training in the management of trauma, infection, degeneration, and deformity of the adult cervical, thoracic, and lumbar spine and provides a wide variety of related surgical and non-surgical treatments and procedures. Dr. Warlick sees patients at our Marquette (Upper Peninsula Medical Center), Escanaba (Order of Saint Francis (OSF) Hospital), and Ishpeming (UPHS-Bell) clinics.

### J. Bryan Dixon, M.D. Joins ACO



**J. Bryan Dixon, M.D.** joins Advanced Center for Orthopedics from Upper Peninsula Health System – Marquette. Doctor Dixon received his medical degree from Michigan State University, College of Human Medicine and completed his family practice residency at Marquette General Hospital. He also completed a fellowship in sports medicine from South Bend-Notre Dame Sports Medicine, South Bend, Indiana. Dr. Dixon has been working exclusively out of the Advanced Center for Orthopedic office since 2008. He not only specializes in the care and treatment of sports related injuries, but also diagnoses and treats other orthopedic symptoms and injuries. Dr. Dixon also cares for injured athletes at the United States Olympic Education Center clinic at Northern Michigan University.

# How to control swelling

By: *Diane Reetz, M.S.P.T.*

Swelling is a common occurrence after injury or surgery. Patient's often question why it is so important to work on swelling control. Three things happen when swelling goes down:

- When swelling is reduced, the pressure inside the joint decreases, decreasing the pressure on the pain receptors and thus reducing pain.
- When swelling goes down the joint is less stiff and allows motion to return easier.
- When swelling goes down, it allows the fluids that carry nutrients to come into the area to help with healing.

The most effective way to reduce swelling is to ice and elevate at the same time. The definition of elevation is having the limb above heart height. Commonly people may sit in a recliner and think that is a good place to elevate. Most recliners though, put your body in a "V" shape. While you are in the reclined position, you may even see the ankle or knee reduce in size, but then it returns quickly the next time you stand up. That's because the fluid only got to the hips, and not all the way to the lymph system where it is eventually excreted by the kidneys. It is most effective to lay with your body flat and the limb up on pillows, where gravity can pull the swelling in the needed direction. Then the ice can also constrict the blood vessels and make more effective swelling control attainable. Icing can be applied up to every 2 hours for about 20 min at a time. A thin layer of cloth between the skin and ice is recommended to protect the skin from damage.

Other ways to reduce swelling are to use compression garments such as TED hose or ace wraps, and to do exercises, such as ankle pumps and isometric exercises that help move fluid along through muscle contractions.

Other things to take into account if you are having swelling problems is how much sodium is in your diet, whether you are staying hydrated, and if you are staying in one position too long. Keeping moving and avoiding prolonged positions can also be helpful. Cigarette smoking can also decrease circulation, causing swelling problems to persist.

If you continue to have problems with swelling control after following these suggestions, consult your physician.

# Business Corner

## *ICD-10 is coming. What it means to you*

*(Reprinted from Spring/Summer 2015 Newsletters)*

Effective October 1, 2015, the Center for Medicaid and Medicare Services (CMS) will implement the International Classification of Diseases – 10<sup>th</sup> 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 have implemented new processes and patient questionnaires 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.