



NYSCA SUFFOLK COUNTY

District 7

JUNE 2023 NEWSLETTER



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D7 Member Social:

Top Golf

Come down to network
and celebrate the
beginning of summer!

June 21 - 7:30-9:30
Top Golf - Holtsville



What's Inside

President's Message
Member Spotlight
Insurance Updates
D7 Photo Gallery
Legislation Updates
Sponsor Spotlight
Clinical Pearls

Calendar of Events

June 21- D7 Member Social:
Top Golf - Holtsville 7:30-9:30

Sept 20 - Wednesday

General Meeting

8 PM at Radisson in Hauppauge
ZOOM link available

Sept 29- Oct 1: Fall Convention
Kartrite Resort

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PRESIDENT'S MESSAGE



Dear Colleagues:

June is here and summer is kicking off so let's all come out for the last D7 event until September. You guessed it, the fun will take place at Top Golf, in Holtsville and is graciously being hosted by your very own District 7! We hope to see everyone there on June 21 from 7:30-9:30 pm. Food and drinks are included so come swing the golf club and have a few laughs watching us non golfers trying to hit that little golf ball off that little tee.

Looking back on the past two years as President of this district, I have been energized by the many successful meetings and events we have hosted. Looking back at our 2022-23, we had an amazing presentation from our colleague Dr. Neil Levin on nutrition; Angela Sarro and Alex Potts, two marketing executives at the top of their field, on how to utilize social media in our practices, Harlan Pyes, a sponsor from Harlan Health Products, on the latest therapeutic medical equipment, and our own Craig Rubenstein on management of vertigo syndromes. Thank you to our amazing speakers for volunteering your time and energy to make D7 monthly meetings the best!

Keep your suggestions for upcoming post summer meetings or events gatherings coming. The D7 board is open to recommendations for speakers, events and topics that interest you most. Philosophy anyone? Practice management? Insurance information? You tell us...and we will hear you. And, if you personally have a topic you would like to present at a meeting, that is also welcome!

To paraphrase our own District 7-member, Dr. Jay Riess shared that he always gets something positive out of each meeting that he can apply in his office the following day. This is why he attends every monthly meeting. Come down and see for yourself!

Finally, I want to personally thank you all for electing me to another two years as President of D7. And welcome Greg Thomaier, our newly elected Vice President! Robin Stein has transitioned from VP to Treasurer as Sophia Argeropoulos has retired and is planning to move to Florida. We wish her the very best! We hope you are seeing the fruits of our efforts to bring you more information, access and community. More to follow next year – that I promise!

Very truly yours,
Dr. JoAnna Fasulo

Member Spotlight



I'm David Wallman, DC and third generation chiropractor.

When asked in kindergarten what I wanted to be when I grew up, it wasn't a fireman. I proudly said I wanted to be a chiropractor.

It began with my uncle, Raymond E Hummel DC who practiced in Wantagh NY since 1922. My Dad, Dr Raymond L Wallman DC, was so inspired by his chiropractic uncle that he opened his practice in 1950. And now, here I am. I joined my father's practice, Smithtown Chiropractic, when I graduated from the National College of Chiropractic in 1983. And now we're celebrating our family's 100th Anniversary in chiropractic.

My wife, Judy and I have been close friends since 7th grade, but we didn't have our first date until after college. Two weeks later, I proposed and here we are. Three children and 5 (almost 6) grandchildren later, we're celebrating our 40th anniversary this month!

I'm inspired everyday by my desire to fix things. The type of cases that stick out for me include a female patient who comes in with low back pain or sciatic and after a few weeks of treatment she reports being pregnant! Even as a new chiropractor, I would explain the neurological connection between the lumbar spine and the reproductive area. One patient even came back when they wanted to have a second child!

When not in the office, our hobbies revolve mostly around saltwater. As a family, we boat, ski and wakeboard. My recent passion is Kiteboarding which didn't even exist in the early 2000s.

I've been a member of D7 since I was a student at National and have served as vice president and delegate for the District in the past.

DCs often ask "what is NYSCA doing for them"? The real question should be "what are you doing for NYSCA"? NYSCA is there when you need them, watching out for our best interest. If you think NYSCA can do better, then get involved and be part of the change.

Thank you for taking the time to spotlight me,

Dave

UP TO SPEED ON INSURANCE

NEWS FROM THE NIC

UPDATES TO EVICORE/PALLADIAN/LANDMARK

As you may know, eviCore healthcare (EVC) acquired Palladian Health and Landmark. In an effort to standardize their network agreements and to incorporate changes to comply with government regulations and payor requirements, they are replacing the agreements for all participating providers. Please note, there will be no changes to the current reimbursement, the claims submission process or authorization process.

DID YOU RECEIVE A LETTER FROM EMPIRE BLUE CROSS AND BLUE SHIELD?

Recently in May 2023, Empire Blue Cross and Blue Shield conducted claims data analysis. Some providers may have gotten letters about over utilization of certain codes, more specifically Therapeutic Exercise (97110) and Evaluation and Management codes (9920x, 9921x). The letters indicate if your billing of these codes falls outside the expected utilization within your peer group. This letter is an educational resource and details the Empire Blue Cross reimbursement policy, documentation, and reporting guidelines to support the level of care billed for each service. There is an email and phone number to call if more information is needed about the data analysis on the letter.

YOUR TRICARE/US FAMILY HEALTH PLAN (USFHP) PATIENT MAY HAVE CHIROPRACTIC BENEFITS!

USE THE OPTUM/US FAMILY HEALTH PLAN LINK BELOW FOR DETAILS.
Scroll down to the Chiropractic Benefits.

<https://usfhp.net/for-providers/>

THE ABN, FORM CMS-R-131, AND FORM INSTRUCTIONS HAVE BEEN APPROVED BY THE OFFICE OF MANAGEMENT AND BUDGET (OMB) FOR RENEWAL.

The use of the renewed form with the expiration date of 01/31/2026 will be mandatory on 6/30/23. You may continue to use the ABN form with the expiration date of 6/30/23 until the renewed form (expiration date 01/31/2026) becomes mandatory on 6/30/23. The ABN form and instructions may be found below in the downloads section.

DOWNLOADS

Work Comp Corner

with George Rulli, DC
NYSCA WC CHAIR

Dear friends and colleagues,

Several years ago, the WCB was granted authority under section 124 of the WC law prescribing the use of electronic forms.

Since then, we have been allowed to send C.4's by email. **That is now coming to an end based on a recent regulation update by the board.** Many of us have been using electronic billing companies like Carisk to comply over the last several years. My suggestion is if you do not already use an electronic biller to submit your comp claims, do this soon. It is a process that takes some time to get used to. This proposal will be published soon in the State Register, posted to the Board's website, and will be communicated via a Subject Number once available.

There are also several other changes that many of us never have or will ever use but are options to us and they are as follows.

- The Application for the reopening of a claim, **form C-25 and Medical proof of change in condition** in support of application for reopening form C-27 should no longer be submitted to the Board after 7/3/2023.
- All other reopening requests on payment issues must be submitted through **form RB-89**. I personally have used RB-89's and have found success when used. Note that this is a form that needs to be notarized.

If you have questions for the board, their number is 877-632-4996. We will, as always try to keep you up to date and informed on all changes.

George Rulli DC.

RB-89 FORM

WC FORMS FILING UPDATE



SEPTEMBER
Dr. Zavarella from NeuroCare Long Island
Minimally Invasive Spine Surgeries



OCTOBER
Angela Sarro and Alex Potts
How to Effectively use Social Media in
your Practice



NOVEMBER
Harlan Health Products

NYSCA District 7's Year in Review

What a great year!!!

We can't wait for you to see what we have in store for next year! See you in September!



DECEMBER
Holiday Party at Mezza Luna



JANUARY
Dr. Joseph Merckling
No Surprises Act/Good Faith Estimates



FEBRUARY
Dr. Puopolo from OALI - Evaluating
Upper Extremity Pain and Neuropathies



MARCH
Meet and Greet Networking Event
at Stella Trattoria



APRIL
Dr. Jeff Poplarski
Kinematic Sequencing of the Golf Swing



MAY
Dr. Insigna from NeuroCare Long Island
Surgical and Alternative Treatment

CHIROPRACTIC LEGISLATION IN THE WORKS



AMERICAN
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ASSOCIATION

Chiropractic Medicare Coverage Modernization Act Reintroduced in Congress

Legislation championed by ACA to increase Medicare coverage of chiropractic services has been reintroduced in the U.S. House of Representatives and the U.S. Senate.

"The Bipartisan and Bicameral Legislation Ensures Medicare Patients have Full Access to Chiropractic Care."

The Chiropractic Medicare Coverage Modernization Act (H.R. 1610 / S. 799) will allow Medicare beneficiaries access to the chiropractic profession's broad-based, non-drug approach to pain management, which includes manual manipulation of the spine and extremities, evaluation and management services, diagnostic imaging and utilization of other non-drug approaches that have become an important strategy in national efforts to stem the epidemic of prescription opioid overuse and abuse.

The Chiropractic Medicare Coverage Modernization Act:

- Is bipartisan legislation that provides patient access to all Medicare-covered benefits allowable under a chiropractor's state licensure.
- Appropriately defines a Doctor of Chiropractic (DC) as a "physician" in the Medicare program.

[Contact Your Senator! →](#)

[Contact Your Representative! →](#)

Legislative Update

The 2023 legislative session began on January 9, 2023, and the legislative committee has been hard at work on the legislative priorities for NYSCA. As a reminder, all legislation in New York operates on a two-year cycle. At the end of the two-years, all bills must be reintroduced again in the new cycle. This year marks the start of a new cycle, so our priority bills will have new bill numbers.

As always, the scope modernization bill remains our number one legislative priority. The Assembly Bill number is A4150, with Assemblymember Daniel O'Donnell once again sponsoring the legislation. In the Senate, our old sponsor Senator James Gaughran, did not run for reelection, so we have identified a new Senator as our sponsor, Senator Andrew Goundares. The Senate Bill number is S6047.

Another legislation priority remains the coalition partnership bill. This bill will allow a wide range of healthcare professionals to form partnerships with each other and with medical doctors should they so choose. Our Assembly bill sponsor remains Assemblymember Crystal People-Stokes and the new bill number is A715. In the Senate, the bill number is S5581. The previous partnership bill sponsor, Senator Diane Savino, also did not run for reelection, and the new bill sponsor is Assemblymember Jessica Scarcella-Spanton.

As you are all aware, our third legislative priority for the last few years had been our conservative care bill. However, this bill (A273 | S4640) was signed into law by Governor Hochul at the end of last year. This was a significant legislative accomplishment, and the bill is now law. This law requires a practitioner treating a patient with a neuromusculoskeletal condition causing pain to discuss with the patient the efficacy of non-opioid conservative care treatments before prescribing an opioid. These treatments include massage, chiropractic, physical therapy, acupuncture, and occupational therapy care.

[READ MORE LOBBYING UPDATES](#)

INTRODUCING NIMBUS TO LONG ISLAND

Introduction

Neuro-destructive procedures have been used to treat medical conditions for over a century. Nerves carry pain signals and targeted destruction of nerve tissue can achieve reduction or elimination of pain signals reaching the brain. Historically, alcohol or phenol was used as agents to destroy nerve cells. Injection of these agents is uncontrolled and unpredictable, even when small volumes are used. Radiofrequency neurotomy or ablation (RFN or RFA) was invented to destroy nerve tissue in a more controlled manner. Radiofrequency currents generate heat. These currents, when delivered through a needle, can create precise thermal lesions leading to tissue destruction. Skillfully created targeted lesions can selectively destroy nerves responsible for transmitting and/or modulating the signals of pain.

RFA is an established treatment which continues to evolve since its invention in the early 1970s. The treatment was initially used to treat back and neck pain originating from facet joints. Over the last decade, its use has expanded to treat several other pain syndromes, including chronic joint pain conditions affecting sacroiliac joints, shoulders, hips, and knees. I will spend a few minutes explaining the differences in various RF options.

Types of Radiofrequency Ablations:

1. **Conventional Continuous Radiofrequency (CRF)** – CRF uses high-frequency alternating current to induce coagulative necrosis in the target tissue. Tissue destruction occurs at probe temperatures between 60° and 80° C. With CRF, the magnitude of tissue destruction is related

to the temperature of the tissue, the size of the electrode as well as the duration of the procedure.

Not in the distant past, we were making lesions using a thin 22-gauge insulated needle with an active tip to create lesions near sites where medial branches are “supposed to” run. The procedure is done under fluoroscopic guidance. X-ray guidance can only help to guide positioning of the needle tip at the desired location. We cannot see these nerve branches. Depending on doctors’ preference, 1-3 lesions are created at each site to “capture” as many nerve branches as feasible. Higher numbers of lesions lead to better and longer lasting results.

2. **Pulsed Radiofrequency (PRF):** PRF was introduced in 1998. PRF uses streams of radiofrequency current in short high-voltage bursts (20 ms) followed by the “silent” phase (480 ms) which allows time for heat elimination, generally keeping the target tissue below 42°C. Histopathologic work has shown that PRF at 42°C causes only transient endoneurial edema, while destructive wallerian degeneration is seen with CRF at 80°C. Since thermal damage from PRF is minimal and not how PRF exerts its clinical effect, it can be used at mixed sensory and motor nerves (like sciatic nerve), and even dorsal root ganglion. We are successfully using this technique to treat chronic radicular pain, ilioinguinal, genitofemoral and intercostal neuralgia.

3. **Large Volume Radiofrequency (LVRF):** As the understanding of better results with larger lesions grew, there was a growing demand for needles that could

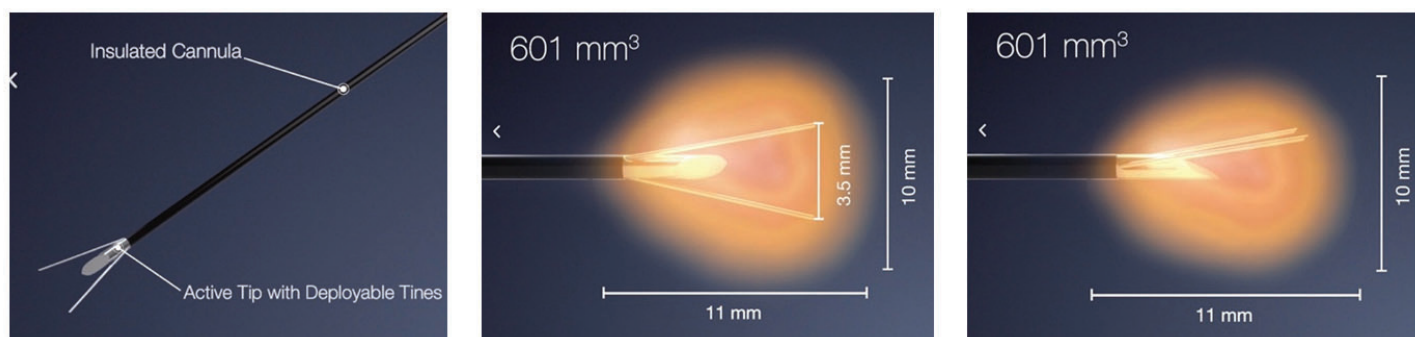
create bigger lesions. Coolief, Venom, Trident, SideKick and, more recently, Nimbus needles have been introduced to achieve this goal. Of all these names, the Nimbus needle creates the biggest lesion in the shortest amount of time. We recently introduced the Nimbus cannula to Long Island for the very first-time.

- **Water-Cooled Radiofrequency (WCRF):** Water-Cooled radiofrequency ablation method (Coolief) also uses targeted heat lesions, but the needle tip is “cooled” to slightly lower temperatures (60°C, instead of 80°C) with constant flow of water. The slightly lower temperatures achieved with this system allowed for larger lesions to be performed without inducing tissue charring. Unfortunately, most clinicians report equipment problems complicating the treatment. The procedure takes longer, and equipment troubles are not uncommon during multi-lesion technique.

- **Nimbus:** The Nimbus needle was developed in 2009 by a Denver pain specialist, Dr. Robert Wright, who used his wife’s four-prong gem tweezers to create the first tined needle concept. The lesion created by his experimental device was consistently globular or cloud-shaped, hence the name, “Nimbus”. In contrast to Coolief, Nimbus RF technique is far less cumbersome. The Nimbus needle creates the largest volume of targeted lesion of all available options on the market. Our early results from using this needle and system have been nothing but spectacular. At present, we are the only group on Long Island using this device.

Continued on page 7

INTRODUCING NIMBUS TO LONG ISLAND CONT.



Nimbus Needle with deploable tines and the large size lesion it creates

Courtesy: Stratus Medical

Conclusion

Radiofrequency ablation remains one of the bedrock foundational techniques of interventional pain medicine. We have been using this procedure to successfully treat neck, mid-back and lower back pain related to facet syndrome for decades. Refinements of this technique have extended its use to treat chronic pain syndromes related to joint pain (sacroiliac, shoulder, hip, knee) and many neuropathic pain conditions. We have proudly introduced the latest advancements of RFA on Long Island as a testament of our quest for perfection.

Amit Sharma MD

Director of Interventional Spine, SpinePain Solutions

Chief, Division of Pain, Good Samaritan University Hospital

Medical Director, Minimally Invasive Center of New York



WINDSHIELD WIPERS TO INCREASE HIP MOBILITY

By Dr. Jeff Poplarski

Hip mobility is paramount in the golf swing with most professional golfers have around 60 degrees of internal (IN) and external (OUT) rotation of the hip joints.

The hip joint is a deep ball in a socket that likes to move internally and externally during an efficient golf swing.

Many people have degeneration in the hip joint contributed by many factors, like sitting for long periods of time, being obese or having a sedentary lifestyle.

Try the Windshield Wipers to increase hip mobility which should have an impact on performing well on and off the golf course.



- 1 | Lie on your back**
- 2 | Flex your hips to 90 degrees**
- 3 | Flex your knee to 90 degrees**
- 4 | Connect your hands together and then secure the hands to the inside of both knees**
- 5 | Keep the hands connected to the**



- inside of your knees (like a plug in a socket) during the entire exercise**
- 6 | Pretend there is a pane of glass under your heels**
- 7 | Gently start to move your heels in and out as you are wiping the windshield**
- 8 | Perform the exercise for 30 seconds**

Dr. Jeff Poplarski is a Titleist Performance Institute Certified Medical Professional, Fitness Professional, Power Coach, Junior Coach, Golf Coach and Golf Professional. He has also been directing performance and recovery care Teams at U.S. Golf Championships since 2002. Dr. Jeff is also the Golf Performance Director at Bethpage and can be reached at drjpop@gmail.com

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Dr. Sathish Subbaiah

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Dr. Morgan Chen



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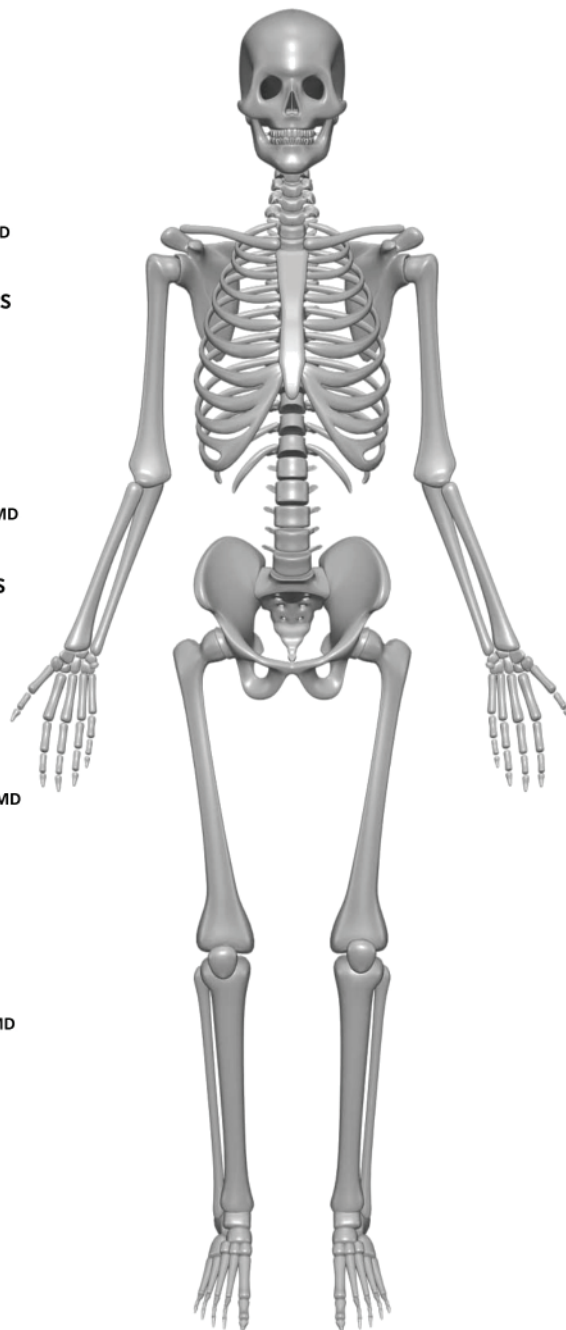
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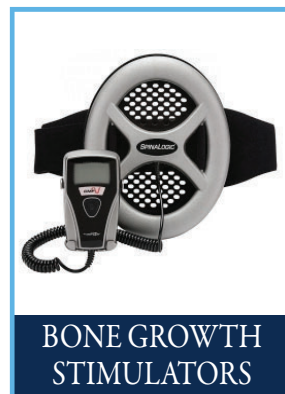
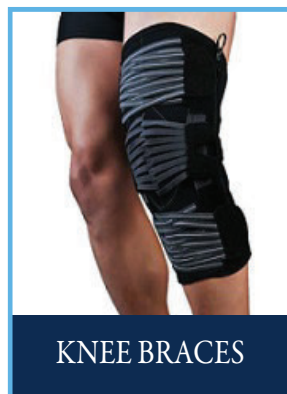
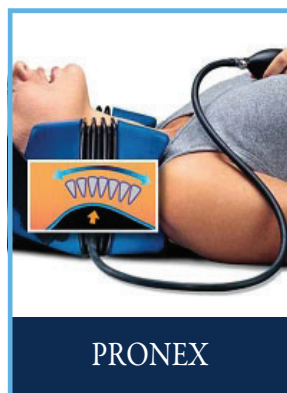
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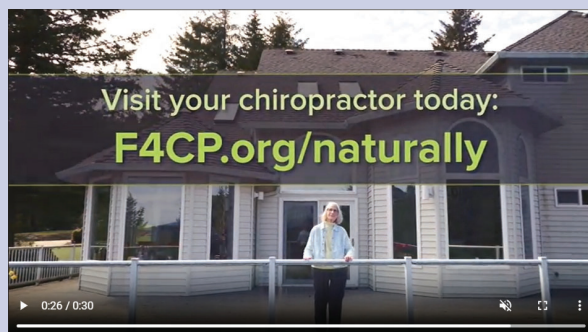
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New Commercial for Your Clinic

The Foundation for Chiropractic Progress (F4CP) has a new commercial for you to utilize in your clinic as part of its “Naturally, Chiropractic” campaign.

The commercial features 89-year-old, Mavis, who credits her chiropractic for her healthy and independent lifestyle. This commercial highlights the importance of chiropractic care for older adults. To view the commercial, [click here](https://www.f4cp.org/naturally).



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