



NYSCA SUFFOLK COUNTY

# District 7

DECEMBER 2023 NEWSLETTER



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## Holiday Party

Wednesday

### December 13

Event Starts at 7:00

### Mezza Luna (Formerly Mario's)

644 VANDERBILT MOTOR PKWY, HAUPPAUGE

No charge for members | \$75 for non-members

Please RSVP; Space is limited

### TO REGISTER

[DISTRICT07@NYSCA.COM](mailto:DISTRICT07@NYSCA.COM)

## Calendar of Events

**Wed., Dec. 13 7:00 PM**

D7 Holiday Party at Mezza Luna  
644 Vanderbilt Motor Pkwy, Hauppauge

**Wed., Jan. 17 8:00 PM**

D7 Monthly Meeting

**Barbara Dematteo**

Legal Ways to Hire Staff and  
Essential Paperwork  
Radisson Hotel, Hauppauge

**Wed., Feb. 21 8:00 PM**

D7 Monthly Meeting

**The Force Law Firm**

The Pitfalls of Waiving Patient  
Balances (ICE)  
Radisson Hotel, Hauppauge

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## PRESIDENT'S MESSAGE



Dear Colleagues of District 7:

Thank you for taking the time to read your district's monthly newsletter. This month the main topic is the Holiday Party! On December 13 at 7-10pm, our District Holiday party will take place at Mezza Luna. I hope to see everyone come and have a good time!

We will be enjoying great food, catching up with colleagues, and networking with our wonderful sponsors. In addition, we will be having multiple raffles with really awesome prizes. And, best of all, it is

FREE, FREE, FREE for members. So, take a moment to RSVP and then clear your schedule to finish your patient hours a little bit earlier for this once a year event. I look forward to seeing everyone and wishing everyone Happy Holidays!

At this time, I would also like to reflect on the year and give thanks to our amazing sponsors especially our superb Gold Sponsors, including OALI, NSPC, Spine Pain Solutions and NeuroCare Long Island. We appreciate their commitment to our district and I am sure they also are pleased with the many referrals given to them throughout the year. Remember to support those that support you!

The speakers this year have also been above par, they have enlightened us on how to properly send for blood work, Thank you Lab Corp; how to properly treat those No fault Patients that will be needing to arbitrate, Thank you Michael Manfredi ESQ; and we had an amazing demonstration in a cadaver lab, Thank you Dr. McHugh! Next year's speaker line up is going to be even better, so why not try and make 2024 the year that you become more involved with your chiropractic association?

As I look forward to 2024- I am grateful to the board members of District 7 who truly give up a great amount of time and put in extra effort to keep our district the most active district in the state! They are also here to help with challenges and questions on the topic of insurance or practice management, etc. So, feel free to reach out when you need some help, we are here and happy to do so.

In addition, we are all very open to new ideas from YOU for moving the district into the new year. For example, do you want to hear a certain topic being covered at a meeting, or ideas for future social gatherings, or more philosophical type meetings? If yes, email us, call or stop by to share your thoughts!

I would also like to welcome back to NYSCA Dr. Ezrin, thank you for coming back and hope to see you at our Holiday Party!

As always, it is an honor and a pleasure to serve as your district president,

JoAnna Fasulo DC

## Member Spotlight



**Dr Karl G George**  
**Chiropractor and Acupuncturist**

I grew up here on Long Island. I was part of the Chiropractic family right from the start; always inspired by my very eclectic father Dr. Fred George, Chiropractor. I graduated from the National College of Chiropractic in 1979 and dad immediately put me to work in his East Setauket (Village of Poquott) NY practice. I have always lived and practiced with a dedication to "All Natural" everything. I passed on my early dreams of studying whales and dolphins, as a marine biologist, on an atoll someplace in the Pacific Ocean west of my family home on Kauai, Hawaii and later flying helicopters for the U.S. Coast Guard. Dad convinced me that if I become a Doctor of Chiropractic I could travel and do these things privately, so I did.

In my practice I utilize a variety of techniques, mostly hands on and taking a little more time with patients than average. My favorites include SOT blocking because of the dramatic results for sacroiliac problems. Yes, throw away the crutches and walk. Flexion-Distraction or Cox technique has helped many of my patients to "not need" surgery or more drugs. In the 1990's I expressed my "mid-life crisis" by going back to school to add NY Licensed Acupuncturist to my credentials diversifying my practice further with traditional Chinese medicine (TCM).

The more challenging and medically complicated cases keep me sharp fresh, and excited to go to work after 44 years in practice. On the personal side, I did fly my own airplane, restored my 1873 Victorian house, carriage house office and gardens and sailed a lot on Sea Rose, our family sailboat. The coastal cruising, racing and ocean sailing became a family theme that continues with five adult children, and two grandchildren. My youngest was baptized in the bay at two months old this August rivaling his father's three month old dunking. Beyond sailing as Christians, we all believe strongly in serving and we are all health and fitness freaks. We travel to Florida next April for my third son's wedding and family cruise. That makes three weddings in 15 months. We feel blessed.

I really appreciate the fellowship at the NYSCA meetings, and the extensive work of the officers and committees. At the peak of my practice, I had little time for organizational work. Now I have at least 10 years of practice left to go here on Long Island, and I'd like to help attract young professionals to live and practice on Long Island.

# UP TO SPEED ON INSURANCE

## 2024 INSURANCE UPDATES-GET YOUR OFFICE READY

### ATTENTION NORTHWELL DIRECT PROVIDERS: EFFECTIVE JANUARY 1, 2024

The Third Party Administrator (TPA) is changing from Brighton Health Plan Solutions to HealthComp.

- HEALTHCOMP PAYER ID: 36149
- HEALTHCOMP CLAIMS ADDRESS: PO BOX 2920, MILWAUKEE, WI 53201-2920
- PROVIDER SERVICES: 866-316-8438
- Chiropractic and Physical Therapy copays are increasing from \$20 to \$40.

### CHANGES

### ATTENTION APWUHP: EFFECTIVE JANUARY 1, 2024

Some American Postal Workers Union Health Plan (APWUHP) High Option members will be switching from Cigna to United Health Care.

### CHANGES

### ATTENTION EMBLEMHEALTH PROVIDERS: EFFECTIVE JANUARY 1, 2024,

"the provision of physical therapy, occupational therapy and chiropractic care for EmblemHealth members will transition from Palladian to EmblemHealth. Preauthorization's and referrals will no longer be required."

### CHANGES

## MEDICARE 2024 DEDUCTIBLES AND PREMIUMS

On October 12, 2023, the Centers for Medicare & Medicaid Services (CMS) released the 2024 premiums, deductibles, and coinsurance amounts for the Medicare Part A and Part B programs, and the 2024 Medicare Part D income-related monthly adjustment amounts.

### READ MORE

## Work Comp Corner

### WORKERS COMPENSATION ON BOARD ENHANCEMENTS AND ENHANCEMENTS IN THE WORKS

#### OnBoard PAR survey - thank you and next steps

Thank you to all those who participated in the NYS Workers' Compensation Board's recent survey on our new OnBoard system and the prior authorization request (PAR) process that runs through it. We received input from nearly 900 OnBoard users across the state, and this valuable feedback has already guided several recent and planned improvements, and highlighted some areas for ongoing education and guidance.

### ENHANCEMENTS





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## PREPARE YOUR OFFICE FOR 2024

### ANNUAL MEDICARE FRAUD AND ABUSE TRAINING WEB-BASED TRAINING COURSE

**COURSE LINK**

### ANNUAL NYS SEXUAL HARASSMENT PREVENTION TRAINING

#### Model Prevention Policy

Every employer in the New York State is required to adopt a sexual harassment prevention policy. An employer that does not adopt the model policy must ensure that the policy that they adopt meets or exceeds the following minimum standards.

**MORE INFO**

### KEEP UP TO DATE WITH GOOD FAITH ESTIMATES Began in 2022

**MORE INFO**

### ANNUAL CULTURAL COMPETENCY TRAINING (some insurance companies such as Fidelis require it)

**MORE INFO**

## CHIROPRACTIC LEGISLATION IN THE WORKS

### AFFIRMATION OF A HEALTH CARE PRACTITIONER BILL SIGNED INTO NYS LAW

The NYSCA Legislative Committee is pleased to share a legislative update regarding the passage of a bill (S2997/A6065) that will create a level playing field for all health care providers who are assisting a patient in a lawsuit. Chapter 585 of the Laws of 2023 amend New York's Civil Practice Law and Rules to extend provisions that allow for the submission of health care statements under the penalty of perjury instead of requiring a notarized statement from the health care provider.

**READ MORE**

### 2023 ELECTION UPDATE

Tuesday, November 7 was Election Day in New York. Since it is an odd-numbered year, most races on the ballot were for local elections. There were also two proposed amendments to the New York State Constitution that appeared on the ballot as statewide voter referendums.

Voters approved both Constitutional Amendments on Tuesday.

The first Constitutional Amendment related to debt limitations on small city school districts. Currently, small city school districts may only borrow up to 5% of their total property wealth. Other school districts may borrow up to 10% of their property wealth. This small school amendment will allow small city school districts to match their rural and suburban counterparts and borrow up to 10% of their property wealth.

The second Constitutional Amendment will allow municipalities to exclude from their debt limits indebtedness for the construction or reconstruction of sewage facilities until 2034. Under the New York State Constitution, municipalities have a debt limit set as a percentage of the five-year average full valuation of taxable property within a municipality.

In addition to the Constitutional Amendments, there were a number of local elections that occurred. In Suffolk County,

**READ MORE**



# NYSCA District 7's November Meeting

## Fusion Solutions Cadaver Lab with Dr. McHugh





# When is Spine Surgery Not An Option but a Necessity

By William Sonstein, M.D., F.A.C.S

One of the more interesting aspects of neurosurgery is making a decision as to whether a patient should have spine surgery. If a patient has severe spinal cord compression from a compressive lesion such as a herniated disc and a progressive spinal cord dysfunction or myelopathy, then surgery is indicated to relieve the compression.

Patients with cervical or thoracic myelopathy or signs of spinal cord compression have a more serious condition than a patient that has pain from a peripheral nerve being compressed in the cervical spine or lumbar region. In a patient with signs of cervical myelopathy with progressive loss of function, surgery is generally indicated and supersedes injections and physical therapy, unless the patient cannot tolerate surgery or have minimal symptoms.

Patients with lumbar stenosis, for example, anatomically may have severe lumbar spinal canal compression from thickened ligamentum hypertrophy and facet arthropathy, but most only present with pain and a mild neurological deficit or no deficit at all. This is because the compression develops so slowly the peripheral nerves of the thecal sac are able to accommodate this compression. Most patients don't know that the spinal cord ends at L1 so that in the lumbar canal we are only dealing with the peripheral nervous system versus the spinal cord which is the central nervous system is much less forgiving.

Therefore, in the management of a patient with a "pinched nerve" there is more leeway. Oftentimes in these patients pain as well as neurological deficit will resolve with conservative management such as physical therapy, injections by pain management, and most importantly the tincture of time. Patients, however, who do have a compressive

lesion of their nerve whether it be a soft herniated disc or spondylitis change such an osteophyte or thickened ligament and fail conservative management can be indicated for surgery.

Patients who have surgery for myelopathy the most important reason is to prevent the patient from getting worse. Because you are dealing with the central nervous system, the extent of return of neurological function is not always known although properly indicated cases can have dramatic improvement even in the recovery room. The following cases illustrate these points and in my opinion are surgically indicated:

This 67-year-old female presents with progressive heaviness and numbness of the legs and difficulty ambulating. Her right leg was worse than her left. She had right greater than left hip flexor weakness. She was hyperreflexia in her lower extremities. An MRI (Fig. 1) demonstrated an intradural

arachnoid cyst at T10-11 with severe spinal cord compression. She also appeared to have an arachnoid cyst above from T4-T8 with anterior displacement and compression of the spinal cord. Because of her severe myelopathy and the findings on MRI the patient underwent laminectomy for surgical decompression of cyst. Intraoperatively the focal arachnoid cyst at T10-11 appeared as a small bubble crushing the spinal cord anteriorly with scarring of the arachnoid with no CSF flow above or below.

The cyst was fenestrated and immediately CSF flow was reestablished. We performed a laminectomy at T6-7 for the upper cyst region which was observed to be more consistent with normal anatomy. We fenestrated the arachnoid. It was felt that the upper level was a secondary phenomenon as a result of CSF flow blockage. Post operatively she had an uneventful course with return of normal strength although she had some residual numbness.



Fig. 1 Sagittal T2-weighted thoracic MRI demonstrating both T10-11 focal intradural arachnoid cyst (red arrow) and larger upper thoracic cyst that appears to extend from T4-T8 (blue arrow).

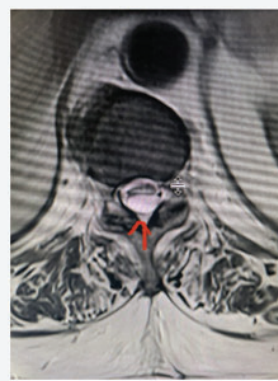


Fig. 1b Axial T2-weighted thoracic MRI demonstrating spinal cord compression from T10-11 arachnoid cyst (red arrow)

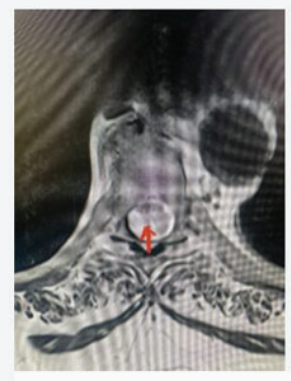
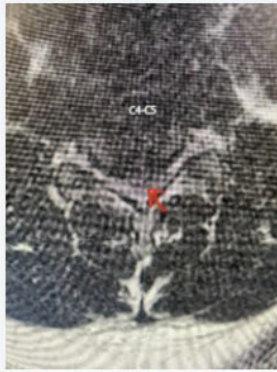


Fig. 1c Axial T2-weighted thoracic MRI demonstrating spinal cord compression with severe anterior displacement of the spinal cord from upper thoracic arachnoid cyst.

## SPONSOR SPOTLIGHT



**Fig. 2a Sagittal T2-weighted cervical MRI demonstrating large C4-5 herniated disc with spinal cord compression (red arrow)**



**Fig. 2b Axial T2-weighted cervical MRI demonstrating spinal cord compression from C4-5 herniated disc (red arrow)**



**Fig. 3 Intraoperative lateral cervical X-Ray demonstrating C4-5 ACDF**

This 47-year-old male who four months prior was lifting weights developed sharp pain in his neck. After that he developed progressive numbness in his arms, neck pain and headache. He said that the right arm was worse than the left. On examination the patient had long tract weakness on the right side which included his triceps, finger extensors, hip flexors, and dorsiflexors. The patient did not have hyperreflexia. MRI (Fig. 2) demonstrated a massive, extruded disc herniation with severe cord compression. The patient because of progressive myelopathy and spinal cord compression was indicated for anterior cervical discectomy and fusion at C4-5 (Fig. 3). Patient had significant improvement of weakness and numbness post operatively.



**Fig 4. Axial T2-weighted MRIs demonstrating large C5-6 herniated disc with spinal cord compression (red arrow)**



**Fig 4A. Axial T2 weighted MRIs demonstrating large C5-6 herniated disc with spinal cord compression (red-arrow)**



**Fig 5. Intraoperative Lateral Cervical X-Ray demonstrating C5-6 ACDF**

This 36-year-old female who had a long history of neck pain had a history on MRI of a C5-6 bulge. She recently after diving into a pool (not hitting her head on bottom) devel-

oped progressive problems with her arms. She had developed spontaneous shocks going down her arms and in the back of her neck. Spontaneous shocks going down the neck and spine is called a Lhermitte's phenomenon and can occur with spinal cord compression and also with multiple sclerosis. On examination, the patient had long tract weakness of her arms, right greater than left. Her finger extensor weakness was profound on the right. MRI (Fig. 4) of the cervical spine revealed a massive C5-6-disc herniation causing significant cord compression right greater than left with subtle cord signal change. Because of the severe myelopathy, the patient was indicated for surgery. A C5-6 anterior cervical discectomy and fusion was performed (Fig. 5). The patient had a dramatic improvement of her strength in the recovery room.



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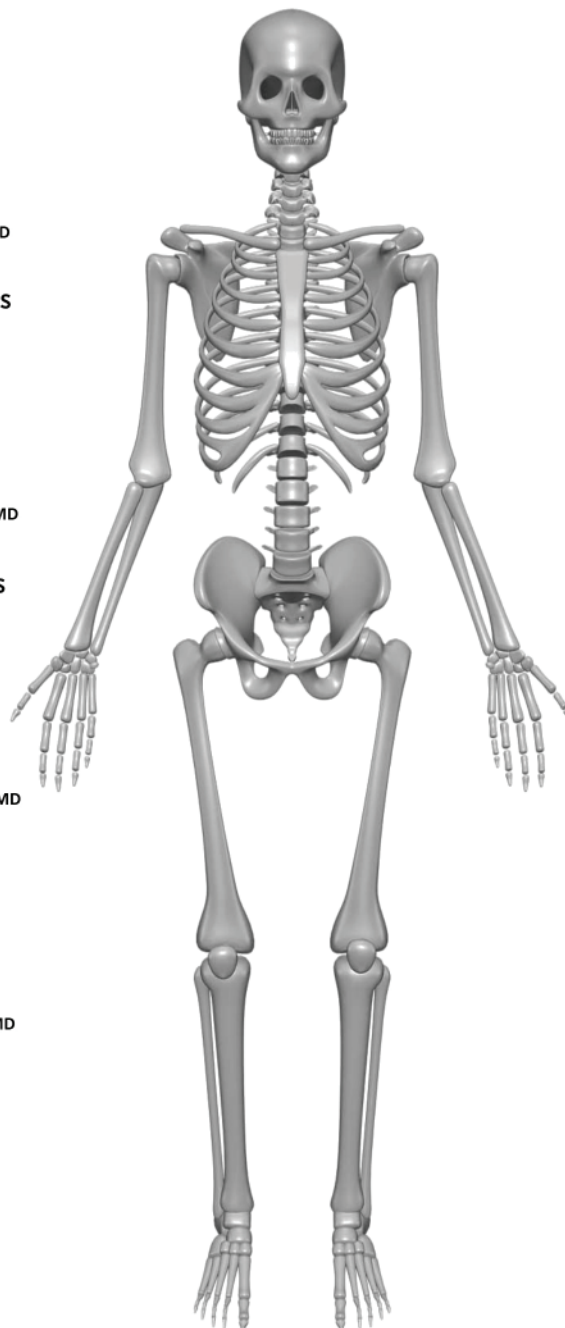
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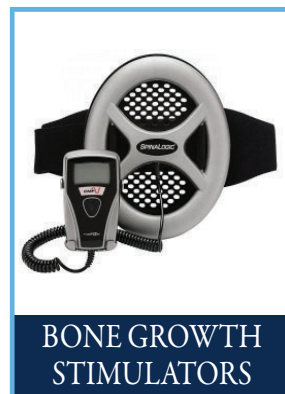
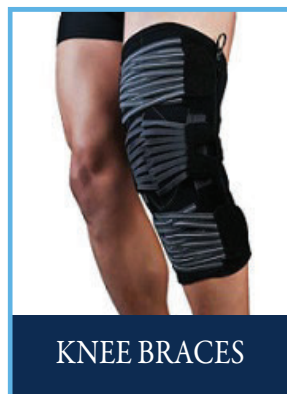
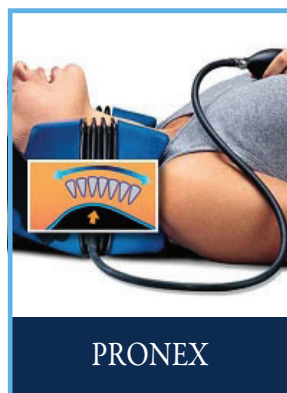
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