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BIONEWS - A Newsletter from Bionix Medical Technologies

Igloo Wound Irrigation System - Available 3rd Quarter 2010

The Igloo Wound Irrigation System is an extension of the Igloo Wound Irrigation Shield product line. It combines the simple, effective Igloo Wound Irrigation Shield with a simple, easy to use spray device. The Igloo Wound Irrigation System attaches to the same saline bottles already stocked by facilities and allows for simple, continuous delivery of irrigation solutions.

Features and Benefits

- Optimal Cleansing – Spray head quickly delivers high volume irrigation between 4 - 15psi without having to refill a syringe.
- Convenience - Easily attaches to standard saline bottles.
- Safety – Dual exit portals neatly and safely direct effluent removal away from the wound without backsplash.
- Sterile - Each unit is sterile and individually wrapped in an easy to open pouch complete with directions for use.

- Reimbursement - Potential reimbursement is available under CPT codes 12031- 12057 for intermediate wound repair or 13100 – 13160 for complex wound repair.

The Igloo Wound Irrigation System is packaged sterile and available in boxes of 10.

Call Bionix today for additional information.

Bionix Safe Ear Curettes, the **ONLY** Safe Ear Curette.

Are you using the highest quality single-use ear curette? Only if it's a Bionix Safe Ear Curette.



Bionix Safe Ear Curettes are physician designed and are manufactured to meet the highest quality and safety standards. According to Dr. Sidney Sham, "I have been using Bionix ear curettes since residency. To me they are the gold standard."

Safe Ear Curettes are recognizable by the Bionix name on the handle and their seven unique colors, each designed for a specific patient and cerumen type.

Check the handle of your curettes for the name Bionix.

More Medical Professionals are choosing the Lighted Ear Curette

Looking for a safe, more efficient means of cerumen removal? Try the Lighted Ear Curette with Magnification. The Lighted Ear Curette provides light and magnification where it's needed most, in the ear canal. It makes what was once a blind procedure one that can be completed under direct visualization and without the assistance of a third hand.

Bionix Lighted Ear Curettes are quickly becoming the preferred method of cerumen removal. Nearly 60% of physicians (who use the Lighted Ear Curette) use the Lighted Ear Curette for 100% of their ear curettage procedures, up from 40% in 2006.

What is Otitis Media?

Otitis Media (OM) is an infection in the middle ear space. It is one of the most common childhood problems, resulting in over 30 million doctor visits annually. OM is most common in children and infants because of the smaller size of their Eustachian tubes. The Eustachian tubes extend from the middle ear space to the rear of the nose, and work to ventilate the middle ear space and keep pressure close to ambient air pressure.

Ear infections, themselves, are not contagious. They typically begin with allergies, colds and other causes of airway inflammation that can block the Eustachian tubes, impairing drainage and leading to the development of OM. Often

BIONEWS

A NEWSLETTER FROM BIONIX MEDICAL TECHNOLOGIES



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fluid will collect in the middle ear space and provide an ideal breeding ground for the trapped bacteria and viruses that cause infections. This fluid—a mixture of pus and normal secretions—can build up and create pressure that pushes on the tympanic membrane (TM) to cause ear pain.

Types of Otitis Media

Otitis Media can be broadly divided into four groups.

- Acute Otitis Media (AOM) is what we most commonly associate with an acute ear infection. AOM occurs when there is fluid in the middle ear space, inflammation of the TM, and the signs and symptoms of a middle ear infection (e.g. ear pain and fever).

- Otitis Media without effusion (OM) is inflammation of the TM without evidence of fluid in the middle ear space. This is also often associated with the signs and symptoms of middle ear infection.

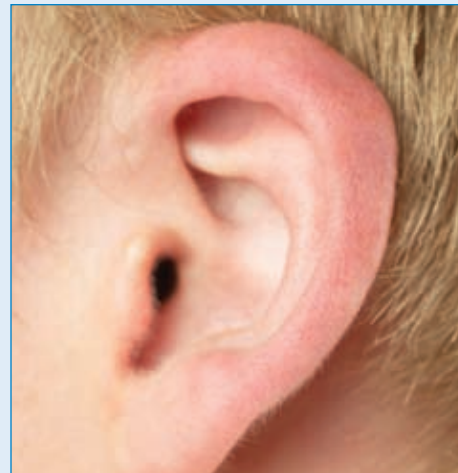
- Otitis Media with Effusion (OME) occurs when there is evidence for fluid in the middle ear space without associated inflammation or symptoms of infection. OME is also sometimes called Serous Otitis Media, and can cause hearing impairment and speech delay in infants.

- Chronic Otitis Media occurs when middle ear infection persists, and can result in significant damage to the middle ear, eardrum, and hearing impairment.

For more of this article including information on diagnosis, duration and treatment visit our website: http://www.bionix.com/MED_Pages/NewsletterCC.html

Billing 69210

According to the American Academy of Otolaryngology – Head and Neck Surgery (AAOHN), removing cerumen that is not impacted does not warrant the use of CPT code 69210. It is instead captured in the E&M code, regardless of how it is removed. When cerumen is impacted, it's removal should be captured with CPT code 69210 if performed by a physician using, at minimum, an otoscope and instruments such as wax curettes. It is necessary to provide documentation indicating the time, effort, and equipment required to complete the procedure.



Cerumen is considered clinically impacted if one or more of the following is present:

- Visual Considerations: Cerumen impairs exam of clinically significant portions of the external auditory canal, tympanic membrane, or middle ear conditions.

- Qualitative Considerations: Extremely hard, dry, irritative cerumen causing symptoms such as pain, itching, hearing loss, etc.

- Inflammatory Considerations: Associated with foul odor, infection, or dermatitis.

- Quantitative Considerations: Obstructive, copious cerumen that cannot be removed without magnification and multiple instruments requiring physician skills.

Modifiers that MAY apply to CPT code 69210

Modifier 22

Increased Procedural Services - Used when work required to provide service is substantially greater than typically required. It may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for additional work. (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required).

Modifier 25

Significant, separately identifiable evaluation and management (E/M) service by the same physician* on the day of a procedure.

*Same physician – Physicians in the same group practice, in the same specialty, are considered a single physician.

Modifier 59

Distinct Procedural Service - Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate inci-

sion/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

According to Medicare, all E/M services provided on the same day as a procedure are part of the procedure and only paid separate if an exception applies.

The above information is only suggestive. Please discuss these topics with your billing specialists to determine proper use. It is also recommended to check your local Medicare code and to contact your commercial payers to determine what 69210 includes.

How do you bill?

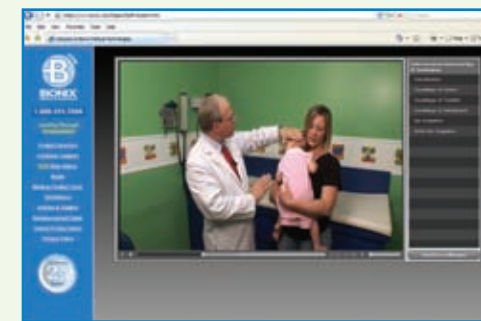
A recent Bionix web poll indicated that 35% of respondents bill the E&M code with modifier 25 and CPT code 69210 with modifier 59.

33% are unsure how their practice bills 69210.

For complete results visit <http://micropoll.com/t/LDkX7ZBBRn>.

Do you have suggestions related to your success with receiving reimbursement for cerumen removal? Please email us at Bionix@Bionix.com so that we may share your experiences with other medical professionals.

Cerumen Removal Tips and Techniques



Looking for cerumen removal tips and techniques? Visit www.BionixMed.com.

Bionix offers a unique tool highlighting various methods of safe cerumen removal for patients from infancy to adult. Know the options for yourself and recommend this information to colleagues and Residents.

Facts about Ear Wax

- Medically named cerumen.
- Primary components of cerumen are shed layers of skin, keratin (a family of fibrous structural proteins), saturated and unsaturated long-chain fatty acids, alcohols, squalene, cholesterol.
- Fear, stress and anxiety result in increased production.
- There are two distinct genetically determine types of cerumen; wet, which is dominant, and dry, which is recessive.
- Caucasians and Africans are more likely to have the wet type, honey brown to dark brown and moist. East Asians and Native Americans are more likely to have the dry type of cerumen, grey and flaky.
- Cerumen type has been used by anthropologists to track human migratory patterns.

Upcoming Bionix Tradeshow Schedule

- **Sept 23-25 - ENA San Antonio, TX**
- **Sept 28-30 - ACEP Las Vegas, NV**
- **Sept 30-Oct 2 AAFP Booth #1415 Denver, CO**
- **Oct 2-4 - AAP San Fran, CA**
- **Oct 14-16 - PriMed Mid-West Booth# 723 Rosemont, IL**
- **Oct 24-27 - AOA / DO Booth#1024, San Francisco, CA**
- **October 28-30 PriMed Mid-Atlantic Booth #1020 Baltimore, MD**



INTRODUCING the NEW Lighted Forceps for Foreign Body Removal

The Bionix Lighted Forceps for Foreign Body Removal is an innovative new tool that provides primary and acute care physicians with light and magnification in a small, single-use forceps for the ear and nose. The Lighted Forceps is an extension of the innovative, award winning Lighted Ear Curette with Magnification product line.