

# NSBOM NEWSLETTER

Nevada State Board of Osteopathic Medicine, 901 American Pacific Dr., Unit 180, Henderson, NV 89014

January, 2013 Volume 8

## WE ARE PLEASED TO ANNOUNCE...

S. Paul Edwards, a public member on our Board since June 30, 2009, has just been appointed as General Counsel for the Nevada State Board of Pharmacy. Mr. Edwards is licensed to practice law in Nevada and Utah. He was elected in 2011 as a member of the Federation of State Medical Board's (FSMB) Nominating Committee, and is fulfilling his two year term. He also serves the Federation Credentials Verification Service (FCVS) Advisory counsel. One of Mr. Edwards' greatest accomplishments, however, is fatherhood. He and his wife recently welcomed a new baby, and are now the proud parents of five children. The Board extends its sincerest congratulations to S. Paul Edwards and his family.

**We hope you enjoy and find our new website easier and more informative. We have received many positive comments from licensees and the public. Thanks to all who helped!**

**NOMA** is proud to announce 60 years of serving osteopathic physicians and their patients. NOMA began in 1953 by three physicians was created to work for practice rights and to provide continuing medical education. This is still reflective of the mission of the association today.

## NOTE FROM FSMB: MESSAGE FROM THE CEO

With the Affordable Care Act effectively in place and discussions continuing on Capitol Hill to prevent a march over the "fiscal cliff," the FSMB will continue to monitor what happens in the weeks and months ahead to determine the impact of both on state medical boards. That 30 million additional Americans will soon be eligible for some form of health insurance is now a given, so it is timely that FSMB's Minimal Data Set efforts will enable state boards to get more accurate information about their physician workforce and our efforts to streamline FCVS and promote a Uniform Application (UA) -- with state-specific addenda -- will let physicians obtain their state-based medical license sooner. Our office in Washington, D.C., has been on high alert for months and is prepared to address the issues that may arise during these uncertain times.

"Responsible Opioid Prescribing™: A Clinician's Guide," is now also available for purchase at the FSMB website at [www.fsmb.org/book](http://www.fsmb.org/book).

**FSMB 2013 ANNUAL MEETING IS APRIL 18-20, Boston, MA.**

## Do you supervise a PA-C or an APN?

- Physician assistants must be licensed with the Osteopathic Board in order to be supervised by an Osteopathic Physician. You can contact the Board to confirm the PA is licensed and in good standing. All physician assistants and/or APNs and their supervising physicians **MUST** sign a supervising agreement form and mail it into the Board office. **REMEMBER YOU MUST NOTIFY THE BOARD IN WRITING WITHIN 10 DAYS OF TERMINATING AN AGREEMENT WITH A P.A. or A.P.N.**

## INSIDE THIS ISSUE

Changes in the laws  
Actions by the Board



## NSBOM BOARD MEMBERS

Ronald Hedger, D.O.,  
*Chairman;*

C. Dean Milne, D.O.,  
*Vice-Chairman;*

James Antony, D.O., J.D., M.B.A.  
*Secretary/Treasurer; and*

S. Paul Edwards, Esq.  
Nicole Cavenagh, Ph.D.

Richard Almaguer, D.O.  
Thomas Naegele, D.O.

### ■STAFF

Barbara Longo  
*Executive Director*

Tammy Sine

Licensing Specialist/Bookkeeper  
Sonya McAllister

Enforcement Specialist/  
Administrative Assistant

## MORE ABOUT OUR BOARD...

At its January 2013 Board Meeting, the Board appointed Dr. Ronald Hedger as the Board's President; Dr. C. Dean Milne was reappointed as the Board's Vice President; as was Dr. James Anthony as the Board's Secretary-Treasurer.

Dr. Paul Kalekas' term expired and Dr. Thomas Naegele became our newest Board Member. One public member, Rota Rosaschi who has served two terms, is being replaced by Dr. Nicole Cavenagh.

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The Board wishes to recognize the dedication and hard work by Dr. Kalekas and Rota Rosaschi during their time on the Board. As a matter of fact, each of the Board members are hard at work fulfilling their obligations to the Board and the citizens of this State.

### OUR BOARD WELCOMES...

Thomas A. Naegele, DO graduated from Michigan State University College of Osteopathic Medicine in 1983. He did a Family Practice Internship/Residency at Saginaw Osteopathic Hospital. Prior to Medical School Dr. Naegele went to college in Botany and Computer Engineering, and worked as a computer programmer/systems analyst for 6 years before entering medical school and then intermittently throughout the years. Dr. Naegele spent a few years in the rural Philippines working as a missionary physician. He has had the opportunity to work in Emergency Medicine, Family Practice, Hospitalists, anesthesia, and nursing home medicine along with computer use within medicine. Dr. Naegele has been married for 28 years and has 4 grown children.

**ALSO...**Dr. Nicole Cavenagh was raised in Illinois and is the only child of William and Linda Cavenagh. She received her B.A. degree from the University of Illinois at Chicago. Dr. Cavenagh went on to receive her M.A. and Ph.D. from the University of Nevada, Las Vegas. She completed her internship at the University of California, Los Angeles David Geffen School of Medicine and completed a post-doctoral fellowship at Touro University Nevada.

Dr. Cavenagh has served as the Director of Touro University Nevada's Center for Autism and Developmental Disabilities since 2008. Her clinical specialty is Pediatric Neuropsychology. She is also an Assistant Professor in the College of Osteopathic Medicine at Touro University Nevada.

Dr. Cavenagh's interests include reading, traveling, and spending time with her family. In addition to her clinical, academic, and administrative roles at Touro University Nevada, Dr. Cavenagh serves as a clinical supervisor for doctoral practicum students from the University of Nevada, Las Vegas, where she is also an Adjunct Faculty. In addition to her involvement with this Board, she is a member of APA and NPA. She currently serves on the Board of the Nevada Psychological Association Training Consortium and supervises a pre-doctoral intern through NPATC.

Welcome aboard to our new members!

### Interested in applying for a position on the Board?

The interactive Boards and Commissions application may be completed and printed from the Governor's website: <http://gov.nv.gov/contact/>. Contact is Annalyn Carrillo (702) 486-2500, or by email, [abcarrillo@gov.nv.gov](mailto:abcarrillo@gov.nv.gov)

### HAVE YOU HEARD?

Check out the following stats pertaining to NSBOM's licensees per fiscal year (July 1 through June 30<sup>th</sup>):

Licenses	2009/10	2010/11	2011/12	2012/2013
D.O.	742	774	808	820
P.A.	58	66	77	77
Special	198	220	190	190
Inactive	65	73	81	81
DO Special		4	3	3
Temporary		2	2	2

Discipline	2010	2011	2012
Settlements	72	15	5
Hearings	0	0	1
License Surrender	1	1	0
License Suspension	2	3	1
License Denial	0	0	1
Public Reprimands	0	0	0
Private Letters of Warning	74	26	9
Probation	1	2	3
License Revocation	0	0	1

(Please note: the Board was only given the authority to write private letters of warning by the 2009 Legislature.)

### REMINDER: CME REQUIREMENTS

We have had a lot of calls regarding CME requirements. These requirements have not changed and are as follows: DOs need proof of 35 credits with 10 of them AOA category 1A or AMA category 1. PAs need 20 hours of CME. **CMEs must be taken in the calendar year January 1, 2013 thru December 31, 2013. If you are included in the 33% CME audit, CME proof must be received before your license renewal is approved and your licensee card is mailed.**

**NRS 633.434 Physician assistants: Board to adopt regulations concerning licensure.** The Board shall adopt regulations regarding the licensure of a physician assistant, including, without limitation:

1. The educational and other qualifications of applicants.
2. The required academic program for applicants.
3. The procedures for applications for and the issuance of licenses.
4. The tests or examinations of applicants by the Board.

**5. The medical services which a physician assistant may perform, except that a physician assistant may not perform osteopathic manipulative therapy or those specific functions and duties delegated or restricted by law to persons licensed as dentists, chiropractors, doctors of Oriental medicine, podiatric physicians, optometrists and hearing aid specialists under chapters 631, 634, 634A, 635, 636 and 637A, respectively, of NRS.**

6. The grounds and procedures respecting disciplinary actions against physician assistants.
7. The supervision of medical services of a physician assistant by a supervising osteopathic physician.

**RENEWAL INFO...** As of January 22, 2013, 855 reminders were mailed to osteopathic physicians regarding renewal for 2013 in September 2012. To date, 787 renewed, 20 expired their license, 3 are deceased, and 18 went to an inactive status. For Physician Assistants, 95 renewal reminders were mailed, 69 renewed, 8 expired their license, and 5 went to an inactive status. Licenses expire on December 31; thereafter, late fees are assessed. After notice, the osteopathic medical license will be expired due to non-renewal and reported to the Pharmacy Board and DEA.

## ***IMPORTANT INFORMATION FROM THE PHARMACY BOARD***

### **“MY PHARMACY IS REQUESTING ICD-9 CODES -IS IT A HIPPA VIOLATION?”**

A recurring question from many practitioners is why does there seem to be an increase in pharmacists requesting ICD-9 codes to dispense a prescription? Moreover, should this be a HIPPA concern? Let's start with the HIPPA concern. The act of presenting a prescription to a pharmacy, electronically delivering, or verbally providing a prescription to a pharmacy demonstrates the patient's desire that the pharmacy be involved in their care. Pharmacies and insurance companies, like physician practices, must have privacy practices and provide notice of these practices to the patient. A pharmacist requesting medical information needed to complete the dispensing of a patient's prescription, such as a diagnosis code, is within the guidelines of HIPPA.

Now on to what has caused an increase in ICD-9 requests. Some staggering facts; America's population comprises 6 percent of the world's population. Surprisingly, Americans ingest 60 percent of all medications in the world and 80 percent of the opiates. This overutilization of medication has lead federal agencies to question appropriateness of medication use. In response to these questions pharmacies and insurance companies have begun requiring, per policy, that the dispensing pharmacist document an ICD-9 code supporting the use of the prescribed medication. The Board of Pharmacy has seen a crackdown by the Drug Enforcement Agency on pharmacies and prescribers regarding inappropriate use of narcotics. In response, some pharmacies now require their pharmacist to document a supporting diagnosis code on all controlled substances.

Another component of the ICD-9 requests is a new trend called a “smart prior authorization”. Increasingly, insurance companies allow or require ICD-9 code information to be submitted to them during the claim processing. Providing this information at the time of claim processing circumvents the need for the practitioner to obtain prior authorization for the medication. We commonly see this type of prior authorization on prescriptions for smoking cessation, antipsychotics, and diabetic supplies.

In conclusion, ICD-9 codes are being used to support the appropriate use of medication. You can expect to see an increase in the use of these diagnosis codes throughout the continuum of care. Now may be a good time to evaluate your practice, looking for ways to ease work requirements of this increasing trend.