



AMERICAN RHINOLOGIC SOCIETY NEWLETTER

July 2001

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Paul H. Toffel, M.D.
President-Elect

President-Elect's Message

First, I would like to thank our outgoing President, Dr. Fred Kuhn, for leading the American Rhinologic Society through a highly successful year. It's a pleasure to report the wonderful success of our Spring COSM meeting in Palm Desert. We had an outstanding attendance with 374 members registered, and evaluations were highly complimentary. We organized the program into research, medical and surgical segments with special emphasis on newer endonasal rhinoplasty techniques, and integration of computer-assisted surgery into endoscopic sinus surgery. The varied program was well received and the panels on Turbinate Surgery led by Dr. Dale Rice, and the panel on Computer Surgery, which I hosted, were excellently received. Our international guest lecturer, Dr. Aldo Stamm, of Brazil, board certified in both Otolaryngology and Neurosurgery, was brilliant in scope of presentation and quality of surgical videos on "Endoscopic Surgery from Minimal to Maximal." Our other international guests, Dr. Jean-Michel Klossek of France, and Dr. Valerie Lund of England, also added immeasurably to the panel on Skull Base and Endoscopic Sinus Surgery.

The 2001 program committee, consisting of Drs. Dan Becker, Michael Benninger, Bill Bolger, and Don Leopold did an outstanding job selecting our scientific presentations in Spring, and it appears they've again done a superb job for our Fall Meeting in Denver, Saturday, September 8, 2001, preceding the AAO-HNS exposition. The committee had a difficult but pleasant task because approximately twice the number of outstanding rhinology abstracts were submitted for the available presentation slots in the meeting. They did their job, however, spectacularly and the program portends to be again fascinating and informative. Emphasis will again be on research, medical, and surgical rhinology topics, and an international flavor will be added by our excellent contributors from Australia, Brazil and Italy.

Dr. Winston Vaughan will moderate a timely panel on medical management of difficult sinusitis cases, including developments in the immunology field that impact our patients. Dr. James Stankiewicz will also lead a panel on "Fungus or Not Fungus?," including Drs. Berylin Ferguson, David Scherris, Fred Kuhn, and David Kennedy, to place perspective on this controversial area.

I urge our membership to support the wonderful contributions of our academic and clinical faculty and plan to enjoy Denver at the end of the summer when the Rocky Mountains are so beautiful.

Lastly, a word of thanks for the support of our Corporate Affiliate Sponsors. They contributed \$43,000 to our Society's unrestricted research grant funds this past year, raising their total contributions to \$286,000 over the past six years. Several grants are being awarded by the Research Committee, under the able leadership of Dr. Tom McCaffrey, and we should try to support our sponsors, listed on Page 6.



Denver, Colorado, site of Fall Meeting of ARS

What's Inside . . .

Again, thanks to the wonderful Program Committee of Drs. Becker, Benninger, Bolger and Leopold, for making my job of planning the 2001 meetings a pleasure; and I am sure that Dr. Don Lanza will have the same wonderful support when he plans our 2002 meetings.

See you in Denver!

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AMERICAN RHINOLOGIC SOCIETY
FALL MEETING PROGRAM

Denver, Colorado
September 8, 2001
8:00 am - 5:25 pm

8:00 am Introduction
Paul H. Toffel, MD, President Elect

*Moderator: Paul H. Toffel, MD
Los Angeles, CA*

8:05 am "YAMIK" Sinus Catheter in the Topical
Treatment of Acute Rhinosinusitis in
Patients After Previous Sinus Surgery.
Jan Gosepath, MD, Mainz, Germany
Vladimir Kozlov, MD, PhD, Mainz, Germany
Wolf Mann, MD, PhD, Mainz, Germany

8:13 am Microbiology of Middle Meatus in Chronic
Rhinosinusitis.
Elizabeth Araujo, MD, Porto Alegre, Brazil;
Alexandre Pereira, MD, Porto Alegre, Brazil;
Vladimir Cantarelli, MD, Porto Alegre, Brazil;
Afonso Mariante, MD, Porto Alegre, Brazil

8:21 am The Microbiology and Antibiotic Resistance
Patterns in Chronic Rhinosinusitis.
Todd T. Kingdom, MD, Atlanta, GA
Ron Swain, Jr., MD, Atlanta, GA

8:29 am Epstein Barr Virus Mild Acquired Immune
Deficiency Syndrome (EBVMAIDS) in Post-
Surgical Sinusitis.
Paul H. Toffel, MD, Los Angeles, CA
Joshua D. Christensen, Los Angeles, CA

8:37 am *Discussant: Winston Vaughan, MD
Palo Alto, CA*

8:45 am PANEL
"Medical Management Strategies for Difficult
Sinusitis"
Moderator: Winston Vaughan, MD
Palo Alto, CA
Panelists: Donald C. Lanza, MD, Cleveland,
OH; Thomas A. Tami, MD, Cincinnati, OH
Eugenia M. Vining, MD, New Haven, CT

10:00 am BREAK

*Moderator: Brent Senior, MD
Bloomfield, MI*

10:20 am A Prospective Trial Assessing the Risk of
Bacterial Cross-Contamination Between a
Venturi Principle Atomizer and a Hydraulic
Principle Atomizer.
Timothy R. Wolfe, MD, Salt Lake City, UT
Phillip Bossart, MD, Salt Lake City, UT
Todd Hillman, MD, Salt Lake City, UT

10:28 am A Comparison of Swabs Versus Suction
Traps for Endoscopically Guided Sinus
Cultures.

Amin R. Javer, MD, Vancouver, British
Columbia; Yotis Tsaparas, MD,
Vancouver, British Columbia

10:36 am Sinus Mucosa Eosinophilia in Asthmatic
Patients With Sinusitis.
Pablo Arango, MD, Charlottesville, VA
Stilianos E. Kountakis, MD,
Charlottesville, VA

10:44 am *Discussant: Charles W. Gross, MD
Charlottesville, VA*

*Moderator: James A. Hadley, MD
Rochester, NY*

10:52 am Treatment of Patients with Recurrent
Sinusitis Following Endoscopic
Sinus Surgery.
Michael Friedman, MD, Chicago, IL
Vijay Anand, MD, New York, NY
Raymond Schettino, MD, Roswell, GA
Hani Ibrahim, MD, Chicago, IL

11:00 am A Diagnostic Paradigm for Chronic
Sinusitis.
James A. Stankiewicz, MD, Maywood, IL
James M. Chow, MD, Maywood, IL

11:08 am Protein Synthesis on Epithelial Cells and
Submucosal Glands in Nasal Septum or
Rats Exposed to Long-Term Air Pollution.
Joao F. del Mello, Jr., MD, Sao Paulo,
Brazil; Olavo Mion, MD, Sao Paulo, Brazil
Paulo H. Saldiva, MD, Sao Paulo, Brazil
Aroldo Miniti, MD, Sao Paulo, Brazil

11:16 am Paranasal Sinus Mucosal Regeneration:
The Effect of Topical Vitamin A.
Mendy Maccabee, MD, Portland, OR
Peter H. Hwang, MD, Portland, OR

11:24 am *Discussant: Michael Benninger, MD,
Detroit, MI*

11:32 am ARS BUSINESS MEETING

12:00-1:00pm LUNCH

*Moderator: Joseph Jacobs, MD
New York, NY*

1:00 pm Comparison of Measurement Techniques
of Nasal and Sinus Nitric Oxide
and the Influence of Maxillary Sinus
Ostia Size on the Nasal and Sinus
Nitric Oxide.
Peter John Wormald, MD, Woodville,
Australia; Guy Rees, Woodville, Australia
Ravi Kirihe, MD, Woodville, Australia

1:08 pm The Inferior Third of the Superior Turbinate
Does Not Contain Significant Amounts of
Olfactory Tissue in Sinus Surgery Patients.
Phillip Say, MD, Omaha, NE
Donald Leopold, MD, Omaha, NE
Greg Cochran, MD, Omaha, NE
Tim Greiner, MD, Omaha, NE

1:16 pm	Nasal Polyposis in Cystic Fibrosis: Genotype-Phenotype Correlations. Maurizio Di Cicco, MD, Milan, Italy Diana Costantini, MD, Milan, Italy Ita Padoan, MD, Milan, Italy	VA; Charles W. Gross, MD, Charlottesville, VA
1:24 pm	Endoscopic anatomy of the Sphenopalatine and Posterior Septal Arteries: Implications for the Endoscopic Management of Epistaxis. Thomas A. Tami, MD, Cincinnati, OH Heather Schwartzbauer, MD, Cincinnati, OH Mona Shete, MD, Cincinnati, OH	3:55 pm <i>Discussant: Marvin P. Fried, MD, Bronx, NY</i> <i>Moderator: Robert Meyers, MD Deerfield, IL</i>
1:32 pm	<i>Discussant: Howard L. Levine Cleveland, OH</i>	4:03 pm The ABC's of Rhinophyma Management. Fred J. Stucker, MD, Shreveport, LA Timothy Lian, MD, Shreveport, LA
1:40 pm	<u>PANEL</u> "Fungus or Not Fungus?" Moderator: James Stankiewicz, MD, Maywood, IL Panelists: Berrylin Ferguson, MD, Pittsburgh, PA; David Kennedy, MD, Philadelphia, PA; Fred Kuhn, MD, Savannah, GA; David A. Sherris, MD, Rochester, MN	4:11 pm A Simplified Surgical Approach to the Nasal Valve: Technical Review and Presentation of a Two-Year Series. Shawn S. Nasser, MD, Beverly Hills, CA; Joseph H. Sugarman, MD, Beverly Hills, CA
2:50-3:15 pm	BREAK <i>Moderator: Michael Sillers, MD Birmingham, AL</i>	4:19 pm Management of Severe Bilateral Nasal Wall Collapse. Fred J. Stucker, MD, Shreveport, LA Timothy Lian, MD, Shreveport, LA
3:15 pm	Endoscopic Transmaxillary Biopsy of Pterygomaxillary Space Masses. Andrew P. Lane, MD, Baltimore, MD William E. Bolger, MD, Philadelphia, PA	4:27 pm Alar Batten Grafts for Treatment of Nasal Valve Collapse. Daniel G. Becker, MD, Philadelphia, PA
3:23	Outcomes of the Endoscopic Modified Lothrop Procedure. Stacey L. Schulze, MD, Milwaukee, WI Todd A. Loehrl, MD, Milwaukee, WI Robert J. Toohill, MD, Milwaukee, WI Timothy L. Smith, MD, Milwaukee, WI	4:35 pm <i>Discussant: Steven C. Marks, MD Bel Air, MD</i> <i>Moderator: William R. Panje, MD Chicago, IL</i>
3:31 pm	Complications of Hydroxyapatite Use for the Repair of CSF Leaks and an External Auditory Canal Defect. James Stankiewicz, MD, Maywood, IL Abhay Vaidya, MD, Tulsa, OK James M. Chow, MD, Maywood, IL Guy Petruzzelli, MD, Maywood, IL	4:43 pm Tornwaldt's Cyst: Incidence and Treatment. Charles W. Gross, MD, Charlottesville, VA; Grant M. Mussman, MD, Charlottesville, VA
3:39 pm	Endoscopic Hypophysectomy Using a Standard Sphenoidotomy Approach. David R. White, MD, Chapel Hill, NC Matthew Ewend, MD, Chapel Hill, NC Brent A. Senior, MD, Bloomfield, MI	4:51 pm Endoscopic Management of Lesions of the Sphenoid, Orbital Apex, and Clivus. Todd T. Kingdom, MD, Atlanta, GA John M. DeGaudio, MD, Atlanta, GA
3:47 pm	Transnasal Endoscopic Repair of Congenital Choanal Atresia: Long-Term Follow-Up and Evolution of Current Techniques. C. David Crouse, II, MD, Charlottesville, VA; Scott D. London, MD, Charlottesville, VA; Russell Faust, MD, PhD, Charlottesville,	4:59 pm The Use of Autologous Platelet-Gel as an Intranasal Dressing in Functional Endoscopic Sinus Surgery. Marc M. Kerner, MD, Northridge, CA
		5:07 pm Long-Term Outcome in Patients with Chronic Sinusitis Following the Minimally Invasive Sinus Technique (MIST). Peter J. Catalano, MD, Burlington, MA Eric Roffman, BA, Burlington, MA
		5:15 pm <i>Discussant: Frederick A. Kuhn, M.D. Savannah, GA</i>
		5:25 pm ADJOURNMENT





Sinus and Allergy Health Partnership - Summer Update 2001

The Sinus and Allergy Health Partnership (SAHP), an organization comprised of representatives from the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), the American Academy of Otolaryngic Allergy (AAOA) and the American Rhinologic Society (ARS), remains quite active on your behalf.

A Strategic Planning Meeting was held in January, and our current activities are sketched as follows:

J. David Osguthorpe, M.D.

- 1. A subgroup of the SAHP (Drs. Denny, Benninger, Stankiewicz and Osguthorpe) met with representatives of the Centers for Diseases Control and Prevention and the Food and Drug Administration (FDA) to map out a study that will compare direct maxillary sinus taps with endoscopically-guided middle meatal cultures in patients with rhinosinusitis. The literature would indicate a concordance in the 80-85% range, but to establish such sufficient for acceptance by the FDA will require a study of at least 128 patients from geographically dispersed medical centers. A protocol has been drawn up, and a "model" consent form for Institutional Review Board consideration has also been assembled. The SAHP is currently in the process of raising sufficient funding to pursue this project. Note that such follows the SAHP's "Antimicrobial Treatment Guidelines for Acute Bacterial Rhinosinusitis" published by Otolaryngology-Head and Neck Surgery in July of 2000, and will serve as a precursor to a similar "white paper" on chronic rhinosinusitis.*
- 2. Since 1999 the SAHP has had an outreach program to Family Medicine residencies (of which there are over 530 in the United States and Canada) via otolaryngologist-delivered slide lecture series on rhinosinusitis and on allergic rhinitis (over 200 presentations to date). Residencies at community hospitals were the initial target. Now, the SAHP is expanding to residencies associated with academic medical centers. The slide lecture series has been significantly updated (Drs. Osguthorpe, Hadley, Stankiewicz, Emanuel and Kennedy) and will be provided to the academic rhinologist and/or otolaryngic allergist designated by the Departmental Chairperson. The SAHP will help arrange for the lectures, and will provide honoraria.*
- 3. A significant portion of medical care is now "managed care". Sometimes as part of misguided cost containment efforts, at other times due to interspecialty rivalry (e.g., allergy care) or lack of knowledge of recent medical advances, unwarranted intrusions into medical practice by managed care entities increasingly frustrate otolaryngologists. The SAHP has decided to expand its' scope of activity into the socioeconomic arena, and will start with an attempt to interface with, and modify if feasible, managed care entities. The SAHP is in the process of identifying payors with supportive reimbursement models, as well as problem payors, and any partnering opportunities that may exist. Our first foray will be a June meeting (Drs. Stankiewicz, Benninger and Osguthorpe) with representatives of Blue Cross/Blue Shield of Illinois (which is in a joint group with the BC/BS intermediaries of Texas, Oregon, Alaska and South Carolina) on guidelines for nasal endoscopy after sinus surgery, whether for inspection or cleaning. While Medicare guidelines for endoscopic sinus surgery specify a "zero global period", many third party payors are denying reimbursement for nasal endoscopy for up to 90 days after sinus surgery. This is clearly an error, and will be the first problem the SAHP will attempt to address. In doing so, we hope to amplify the current initiatives on this problem underway by the AAO-HNS and the ARS.*

The Sinus and Allergy Health Partnership (Drs. Benninger, Denny, Emanuel, Hadley, Kennedy, Lanza, Osguthorpe and Stankiewicz) wishes to thank the constituent organizations, and the members that they represent, for their continuing support of our educational, research and (now) socioeconomic endeavors. Please direct your questions and/or suggestions for the SAHP to its Executive Director, Jamie Lucas, or Coordinator, Nick Williamson, at 1990 M Street, NW, Suite 680, Washington, DC, 20036 (phone 202-955-5010, FAX 202-955-5016, e-mail www.allergysinus.org).

J. David Osguthorpe, M.D.
SAHP Board Member (representing the AAO-HNS)
Editor of ARS Newsletter



Packing and Post-operative Care Following Endoscopic Sinus Surgery: Who's Doing What?

Discussions of post-op care and sinus packing in FESS tend to be filled with equal parts science, experience, and hocus pocus. Despite this, however, since the popularization of functional endoscopic sinus surgery began about 15 years ago, most surgeons have found that successful outcome mandates post-operative care in the clinic setting, though what this exactly means is controversial and surgeon-dependent. In order to clarify these issues and enlighten our readers, we asked several of our colleagues on the Board of Directors of the American Rhinologic Society the following questions: "What kind of packing do you use and for what duration?" and "What is your usual schedule of post-op care?"

Brent Senior, M.D.

Regarding packing:

Winston Vaughan, MD: No packing if minimal bleeding, or finger cot wrapped Merocel sponge if moderate oozing and/or to stabilize the middle turbinate. Packs removed on day 3.

Brent Senior, MD: FloSeal applied to the cavity, one cartridge to each side. Material is debrided out of the cavity at the first post-op visit approximately one week following surgery.

Donald Lanza, MD: No packing in 90% of cases; Merocel (Kennedy) in 10% removed on post-op day one.

Jim Stankiewicz, MD: Small Telfa packing for 2-5 days.

Martin Citardi, MD: Use of packing is variable and decreasing. When used, it functions more as a spacer than as a tight pack, minimizing blood/mucus accumulation by simply taking up space. Standard spacer is a Merocel cut to size and wrapped in a latex glove finger and secured with a blue prolene suture. It is left in place for several days.

Jim Hadley, MD: Merocel packing (Kennedy) trimmed to approximate the ethmoid cavity. These are sometimes wrapped with a "U" of gelfilm to facilitate removal and left in place for 4-5 days. FloSeal is being evaluated to determine its merits.

J. David Osguthorpe, MD: Small Merocel (Kennedy) pack saturated with Cipro HC (3/4) and oxymetazoline (1/4) in the ethmoid defect for 5 days.

Mike Sillars, MD: Nothing or Merogel. Merogel dissolves by 10 days to 2 weeks. Merogel is unlikely to be used if a frontal sinusotomy has been performed because the frontal sinus cannot be visualized at the first visit (5-7 days) requiring its debridement. Occasionally to tamponade bleeding, a Merocel in a finger cot secured to the nasal septum with a 4.0 prolene suture is used.

Regarding regimens for post-op care, the following responses were noted:

Winston Vaughan, MD: Day 3 packs are removed and debridement with straight and curved suctions performed. Day 10 debride with suctions and pediatric forceps. Day 17 endoscopic evaluation; consider adding prednisone or singulair. Day 30-35 endoscopic evaluation.

Brent Senior, MD: Culture directed antibiotics for about 21 days. No irrigations. Oral steroids in polyp patients and asthma patients. Patients are seen for their initial post-op visit approximately 7-10 days post-op and debridement under local anesthesia and/or conscious sedation. Second visit about day 14-17 and debridement is performed. Subsequently endoscopic exams are performed post-op week 4, 8, and 12. Debridements at those times are individually tailored.

Donald Lanza, MD: At the day of surgical booking, post-op care appointments are scheduled at 1 week and 3 weeks post-op. Then depending upon the surgery, nature/severity of the disease, patients are seen more frequently in the first two months.

Jim Stankiewicz, MD: For patients living near, pack removal and endoscopic debridement are performed 4-5 days post-op, along with initiation of irrigations and topical dexamethasone drops. Next return is 3-4 weeks later for . . .

. . . Continued on Page 6

. . . Continued from Page Five
endoscopic evaluation. For out of town patients, the day after surgery, packing is removed, debridement performed and irrigations begun along with dexamethasone drops. Patients return in one month for endoscopic evaluation.

Martin Citardi, MD: Culture documented antibiotics. Prednisone for polyps with a slow taper. Hypertonic saline irrigations. Post-op visits are scheduled routinely for days 3 and 10. The third visit is about 6-8 weeks after surgery.

Jim Hadley, MD: One week endoscopic debridement; two weeks endoscopic debridement; endoscopic exam 6 weeks and three months following surgery.

J. David Osguthorpe, MD: Antibiotics while packs in place. Oral decongestants, and saline sprays or irrigations, for 4 weeks; resume topical steroid sprays in those with inhalant allergies or polyps. Following pack removal, inspection and cleaning at 5 days, and further office visits occur at 2 and 6 weeks.

Mike Sillars, MD: Nasal irrigations with a bulb syringe begun on post-op day 1 and continue until the irrigant returns clear i.e. no clots or discolored mucus (~ 3 weeks). First visit 5-7 days post-op and again at 2 weeks with subsequent visits determined by pathology, extent of dissection, and healing process.

Obviously the proverbial cat can be skinned in many ways. While a variety of opinions exist regarding these issues, several points of similarity can be identified. First, though some are moving away from it, packing remains commonplace following sinus surgery with a variety of materials both absorbable and non-absorbable. Non-absorbable packing is typically removed 1-5 days post-op. Interestingly six respondents noted that they use no packing, or are using (experimenting) with absorbable packing.

Regarding post-op care, a general consensus continues to exist that post-op care including frequent debridements and endoscopic examinations remains an axiom of successful endoscopic sinus surgery. The exact number of procedures and examinations varies among different respondents ranging from 3 to 7 during the post-op period. Most suggest about 5 visits. While so many procedures performed by otolaryngologist/head and neck surgeons are complete when complete, clearly sinus surgery remains unique in its requirement for close ongoing surveillance and "tweaking" of the surgical field to ultimately improve healing and outcome.

Brent A. Senior, MD, FACS
University of North Carolina, Chapel Hill, NC

P.S. Per the SAHP Update on another page of the Newsletter, a group of us met with BC/BS of Illinois re. post-op nasal endoscopy and cleaning. They have had claims for up to 27 consecutive weekly endoscopies/cleanings after routine sinus surgery. We thought such a routine of post-op care was highly unusual, hence this survey by Brent Senior. The upshot of our meeting is that BC/BS of Illinois seems to accept a zero global period for transnasal sinus surgery, and up to 3 endoscopic cleanings in the first 30 days post-op. In excess of such will likely require written justification.

J.D. Osguthorpe, SAHP Board Member

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How to Register for the Fall Meeting

Time is running out! The 47th Annual Fall Scientific Meeting will be here soon. This year's meeting will be held in Denver, Colorado, on Saturday, September 8th. If you've never visited the famed mile-high city, now is your chance. With an altitude of 5,280 feet (hence, the name), Denver's proximity to the Rocky Mountains offers you a plethora of recreation opportunities. The climate invites year-round golf for the beginner or the pro, with more than 60 public golf courses. Hiking, biking and fishing are also common in the metro area. Denver has the biggest city park system in the nation and thousands of acres of open space around the city. The foothills of the Rockies provide rigorous trails for experienced hikers and bikers, as well as picturesque leisurely walks for the rest of us. Denver also supports the arts with The Denver Center for Performing Arts Complex, Red Rocks Amphitheater, and Boettcher Concert Hall, home of the Colorado Symphony Orchestra.

For ARS registration, see the enclosed registration form or visit our web site at www.american-rhinologic.org. For AAO-HNS meeting and housing information, visit the AAO-HNS at its web site, www.entnet.org, or utilize their Fax-on-Demand by calling toll-free #888-292-2703, or contact the Meetings Department at #703-519-1530, email:aaomeet@entnet.org.



Denver, Colorado, ARS Fall Meeting Site



Marvin P. Fried, M.D.
Secretary

with the Triologic Society, the American Academy of Otolaryngic Allergy, as well as a freestanding Scientific Session. The program put together by Dr. Paul Toffel was superb, and exceptionally well received. We had a total of 372 registrants (108 ARS members, 83 nonmembers, 9 Allied Health, and 172 Residents), with a large number of resident participants. Dr. Toffel should also be congratulated on a most successful corporate dinner to thank those members of industry who support the research efforts of the American Rhinologic Society. To date, we have raised \$286,000 dollars. We also were able to offer two grants, one for the Young Investigators Award in the amount of \$25,000 and one for the Resident Grant Award for \$8,000. The process for the choice of the recipients went through the CORE Grant Committee, which represents all of the Otolaryngologic Societies, and ranks the applications, as would an NIH Study Section. This year's recipients are:

*David B. Conley, M.D., North Western University
Young Investigators Award
Larry K. Burton, M.D., Mayo Clinic
Resident Grant Award*

The COSM Society Secretaries met, and have decided that a consolidated program of fewer days'

Secretary's Report

The Spring Meeting of the American Rhinologic Society, held at the Combined Otolaryngology Spring Meetings (COSM), was a most successful educational event. We held sessions in conjunction

duration would be beneficial for the registrants in future meetings. It was decided that no society would have more than three scientific sections during COSM, and that other measures be explored to maximize the educational benefit, and reduce the overhead charges for the meeting.

It was important to all society secretaries to maintain the congeniality and interchange of the Spring Meeting, which certainly characterizes it when

compared to the larger fall American Academy of Otolaryngology-Head and Neck Surgery Foundation meeting.

I would like to thank Dr. J. David Osguthorpe for all of his efforts on behalf of the Society in editing the Newsletter. He has taken the publication to a highly professional level, with improved content and substance. His successor will be Dr. Brent Senior, who will take on the Editorship of the Newsletter after our Fall Meeting.

Congratulations also to the new Officers of the Society: Second Vice President, Dr. Joseph Jacobson, Board of Directors, Dr. William Bolger, and Dr. Stilianos Kountakis.

I would also like to suggest to the members to view the ARS web site at www.american-rhinologic.org. Dr. Martin Citardi has helped create one of the best internet sites for our specialty, and suggestions can be forwarded directly to him at the Cleveland Clinic.

Lastly, I want to thank Wendi Perez and Susan Arias for all of their assistance and their tireless efforts on behalf of the Society and the Secretary's Office.

Marvin P. Fried, M.D.
Secretary, American Rhinologic Society
Bronx, New York

Example of the ARS Working for You



October 26, 2000

Frederick A. Kuhn, MD, FACS
President-Elect
American Rhinologic Society
4750 Waters Avenue
Suite 112
Savannah, GA 31404-3357

G. Richard Holt, MD, MPH
Executive Vice President
American Academy of Otolaryngology-Head and Neck Surgery
One Prince Street
Alexandria, VA 22314-3357

Re: Correct coding edits with comprehensive codes 31254-31256, 31267 and 31276 with component code 61795

Dear Doctors Kuhn and Holt:

Thank you for your letter dated September 13, 2000 expressing concern about National Correct Coding Initiative edits bundling 61795 into several endoscopic sinus surgery procedures. HCFA and we appreciate your comments since they help us improve NCCI.

HCFA has decided to delete the edits bundling CPT code 61795 into CPT codes 31254-31256, 31267, and 31276. These deletions will appear in CCI Version 7.0 scheduled for 1/1/2001 implementation. Since HCFA's decision is retroactive to the initial effective date of these edits, providers may resubmit claims denied based on these edits after 1/1/2001.

If you have any additional comments, please do not hesitate to write.

Sincerely,
Niles R. Rosen
Niles R. Rosen, M.D.
Medical Director
National Correct Coding Initiative

Cc: Marsha Mason-Wonsley, HCFA CPT Coding Specialist

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Editor's Farewell Message

As I will be assuming the duties of the Coordinator for Continuing Education of the American Academy of Otolaryngology-Head and Neck Surgery this September, I am handing over the editorial duties for the ARS Newsletter to Brent Senior. Brent is a superbly trained academic rhinologist with a strong publication record, and he will enhance the quality of the Newsletter far beyond what has been accomplished to date. That said, some progress has been made over the past 3 years that I have been Editor. We have advanced from a twice yearly to a 3 times yearly publication, and the Newsletter is circulated not only to ARS members, as had traditionally been done, but now also to the physician (practitioner and resident) membership of the AAO-HNS. The Newsletter is in a color rather than its previous black and white format, and is also self-supporting through unrestricted educational grants from pharmaceutical firms, rather than being a burden on the treasury of the ARS. During this same time frame the ARS established a web site, under the able leadership of my co-Chair of the Publications Committee, Martin Citardi, and the Newsletter has been the major source of "fresh material" for that web site.

In parting, I would like to thank the ARS leadership, in particular the President who appointed me, Mike Benninger, for prodding me into taking this job, as I, as most academic physicians, needed to become knowledgeable in desktop publishing, and the Editor position provided with the impetus. I would also like to thank my very able co-Editor and cheerleader, Melanie Dykins.

J. David Osguthorpe, M.D.
Charleston, South Carolina

*The American Rhinologic Society would like to thank
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