

UPDATE

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Lawmakers Ask CMS to Ditch Medicare’s Proposed Global Surgery Reporting Requirements *Neurosurgeons Applaud Congressional Effort to Discourage Burdensome Plan*

Washington, DC—Today, the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) thanked Reps. **Larry Bucshon**, MD (R-Ind.) and **Ami Bera**, MD (D-Calif.), and the other 110 lawmakers who sent a bipartisan [letter](#) to the Centers for Medicare & Medicaid Services (CMS) urging the agency to ditch its global surgery data collection proposal. Currently, Medicare pays surgeons a single fee when they perform complex procedures such as back surgery, brain tumor removal, joint replacement, heart surgery and other surgical procedures. This single fee covers the costs of the surgery plus all follow-up care within a 10- or 90-day timeframe. According to section 523 of the Medicare Access and CHIP Reauthorization Act (MACRA), Congress required CMS to gather information needed to value surgical services from a "representative sample" of physicians.

Unfortunately, CMS has disregarded the law, and in the proposed 2017 Medicare Physician Fee Schedule, the agency has included a sweeping mandate that will require surgeons to use an entirely new set of “G-codes” to document the type, level and number of **every** pre- and postoperative visit furnished during the global period of **every** surgical procedure — rather than a representative sample, as directed by Congress. Under this system, surgeons would be required to report on each 10-minute increment of services provided.

In their letter to CMS, the group of lawmakers said, “The proposal will impose an undue administrative burden on the surgical community, disproportionately directing provider resources toward compliance and away from patient care. This burden will likely be compounded by other new reporting requirements from MACRA implementation, which is the most significant physician payment change in 25 years. Taken as a whole this has the potential to negatively impact both quality and access for patients.”

To demonstrate the enormity of this task and its impact on patient care delivery, the surgical community recently released a [survey](#), which was completed by 7,071 physicians from approximately 25 specialties. It underscores how surgeons will face significant challenges integrating the proposed new G-codes and data collection processes into their practices. Furthermore, all of the practice changes examined in the survey will come at a significant cost to surgical practices. Nearly 40 percent of respondents anticipate it will cost them between \$25,000 to \$100,000, and another 15 percent estimate they will spend more than \$100,000 on compliance. These costs include modifications to EHR and billing systems, staff costs, loss of productivity and the like.

“Our health care system should improve patient care and save lives, but this proposal aims to require surgeons to focus on the clock, rather than on our patients,” said Shelly D. Timmons, MD, PhD, FAANS, a practicing neurosurgeon from Hershey, Penn. and chair of the AANS/CNS Washington Committee. “We thank Reps. Bucshon and Bera for their leadership on this issue and for encouraging CMS to adopt a plan that is the least-burdensome, yet adequate to comply with the law.”

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The American Association of Neurological Surgeons (AANS), founded in 1931, and the Congress of Neurological Surgeons (CNS), founded in 1951, are the two largest scientific and educational associations for neurosurgical professionals in the world. These groups represent over 8,000 neurosurgeons worldwide. Neurological surgery is the medical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the entire nervous system, including the spinal column, spinal cord, brain and peripheral nerves. For more information, please visit www.aans.org or www.cns.org, read our blog www.neurosurgeryblog.org, follow us on [Twitter](#) or connect with us on [Facebook](#).