



Neurosurgeons Taking Action

Neurosurgeons Taking Action is an E-newsletter from the American Association of Neurological Surgeons (AANS). The purpose of this E-publication is to provide you with timely updates on socio-economic and political issues facing neurosurgeons. **Neurosurgeons Taking Action** is sent out as news and events warrant your attention so that our members can stay on top of the issues that affect them.

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Legislative Affairs

■ AANS and CNS Unveil 2012 Legislative Agenda

The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) has released its 2012 legislative agenda, which includes action items such as repealing the Patient Protection and Affordable Act (PPACA), abolishing the Independent Payment Advisory Board (IPAB), championing an improved Medicare reimbursement system, and alleviating the medical liability crisis. Readers can read the full agenda by [clicking here](#). For more information on these items, call Adrienne Roberts, AANS/CNS senior manager for legislative affairs, at 202-446-2029 or e-mail aroberts@neurosurgery.org.

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■ Medicare Physician Payment System Saga Continues

Prior to leaving town for the holidays, President Obama signed into law the 60-day Temporary Payroll Tax Cut Continuations Act of 2011 (P.L. 112-78), which has set the stage for debate over, among other things, an extension of the payroll tax cut and how to fix the Medicare physician payment problem. If Congress fails to act, neurosurgeons face a 27.4 percent cut in reimbursement on March 1, 2012. A House-Senate conference committee currently is negotiating a compromise for these items, and the conferees have met several times to discuss numerous issues related to the sustainable growth rate (SGR) formula — including whether to repeal the SGR or provide only temporary relief from the pending pay cuts, and how to pay for the so-called "doc fix" that expires at the end of February. The AANS and CNS have continued to encourage Congress to repeal the SGR once and for all, but given that the price tag for full repeal is in excess of \$300 billion, it is unclear whether Congress will fully repeal the SGR or merely pass a temporary one- or two-year "patch." Stay tuned for more details as the saga continues.

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■ IPAB Repeal Hits Milestone in the House

On Dec. 8, 2011, legislation to repeal the IPAB hit a milestone of 218 bipartisan co-sponsors. The AANS and CNS have continued to push legislation introduced by Rep. Phil Roe, MD (R-TN) and Senator John Cornyn (R-TX) to repeal the IPAB, a 15-member government board whose sole charge is to cut Medicare spending. Achieving 218 cosponsors is a significant step forward in the effort to repeal IPAB, as the number represents a majority of the Members of the U.S. House Representatives. Currently, the Medicare Decisions Act of 2011 (H.R. 452) has a total of 222 cosponsors, and House leaders have indicated that they may bring up the IPAB bill later this year for a vote. The Senate bill, the Health Care Bureaucrats Elimination Act (S. 668) has 33 cosponsors.

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■ Now is the Time for Congress to Fix the Flawed Medicare Physician Payment System

On March 1, 2012, physicians face a 27.4 percent Medicare pay cut unless Congress acts. These cuts result from Medicare's flawed SGR formula. In the past, Congress has repeatedly intervened to prevent similar cuts from going into effect; however these stop-gap measures have exacerbated the problem by increasing the severity of future cuts and making the cost of permanent Medicare payment reform more expensive. Congress is now considering a legislative pathway for permanently repealing the SGR, so now is the time to contact Congress and tell your elected officials that America's neurosurgeons will not support another short-term, Band-Aid approach to addressing the SGR. It is time to permanently repeal the flawed Medicare physician-payment-update formula once and for all! To send an e-mail message to Congress, go to the AANS/CNS Legislative Action Center at: <http://capwiz.com/noc/issues/alert/?alertid=15100281>. We have created a draft letter that you can personalize. (This is highly encouraged.)

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NeurosurgeryPAC

■ NeurosurgeryPAC — Thank You 2011 Donors!

In 2011, NeurosurgeryPAC achieved its goal by raising \$251,075 from 336 contributors. NeurosurgeryPAC continues to use this money to donate funds to candidates, national party committees and Congressional leadership PACs that share our views on healthcare policy and have championed our views in Congress. In particular, contributions were made to Members of Congress who have co-sponsored legislation to repeal the Independent Payment Advisory Board (IPAB) — H.R. 452 and S. 668; supported medical liability reform — H.R. 5, H.R. 157, H.R. 816 and S. 1099; advocated to allow for physicians and patients to enter into Medicare private contracts — H.R. 1700 and S. 1042; and supported legislation to protect student-athletes from concussions — H.R. 469.

NeurosurgeryPAC will be sending out its 2012 renewal letters in early February. Please keep an eye out for PAC renewal statements. [Click here](#) for more information on the NeurosurgeryPAC. [Read more](#) about your NeurosurgeryPAC in action. Thanks to all those who have [contributed](#) to NeurosurgeryPAC in the 2011. We look forward to another successful fundraising year!

Editor's Note: All contributions to NeurosurgeryPAC must be drawn on personal accounts. Contributions are not tax-deductible. AANS members who are citizens of the U.S. and pay dues or have voting privileges may contribute to NeurosurgeryPAC. All corporate contributions to NeurosurgeryPAC will be used for administrative expenses and other activities permissible under federal law. Federal law requires NeurosurgeryPAC to use its best efforts to collect and report the name, mailing address, occupation, and employer name of every individual whose contributions exceed \$200 in a calendar year.

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Coding and Reimbursement

■ AANS and CNS Comment on 2012 Medicare Physician Fee Schedule

On Jan. 3, 2012, the AANS and CNS sent a [letter](#) to the Centers for Medicare and Medicaid Services (CMS) regarding several provisions of the 2012 Medicare Physician Fee Schedule final rule, which was published in the Federal Register

on Nov. 28, 2011. The AANS and CNS objected to the new policy CMS implemented for reconsidering relative value units (RVUs), which form the basis of Medicare reimbursement. In the final rule, the agency stated that they will only consider requests for reconsidering the RVUs assigned by CMS under certain limited circumstances. In August 2011, the AANS and CNS participated in several such panels for a number of neurostimulator and pain pump codes. The refinement panel participants recommended higher values for all of the codes, but the CMS overruled the panel decisions and kept the lower values. On a positive note, the AANS and the CNS also commended the CMS for dropping an earlier proposal to review all of the evaluation and management codes, which may have led to further cuts in surgical reimbursement. The final rule is available on the CMS website by [clicking here](#).

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■ **AANS and CNS Testify on Medicare Coverage Policy for Carotid Procedures**

The CMS' Medicare Evidence Development Coverage Advisory Committee (MEDCAC) met on Jan. 25, 2012, to consider coverage policy for the treatment of carotid atherosclerosis. The panel reviewed the results of a number of studies, including the National Institutes of Health-sponsored Carotid Revascularization Endarterectomy Versus Stenting Trial (CREST). **John A. Wilson, MD**, a member of the AANS/CNS Washington Committee and past chair of the Joint Cerebrovascular Section, made a presentation on behalf of organized neurosurgery regarding the adequacy of the current evidence for treating patients with symptomatic and asymptomatic carotid stenosis. **Henry H. Woo, MD**, a member of the AANS/CNS Coding and Reimbursement Committee, also attended the panel meeting.

For symptomatic patients with stenosis of ≥ 50 percent as identified by angiography or ≥ 70 percent as identified by ultrasound who are not at high risk for Carotid Endarterectomy (CEA), the MEDCAC panel determined that the evidence was moderately adequate to support CAE, but less than adequate for Carotid Artery Stenting (CAS). The panel concluded that there was not strong evidence to support either CAS or CEA for asymptomatic patients. Currently, Medicare covers carotid stenting with embolic protection only in symptomatic patients with carotid stenosis > 70 percent who would be at high risk for complications during carotid endarterectomy. Industry is expected to ask the CMS to revisit a National Coverage Decision (NCD) to expand coverage of CAS. The agenda, presentations and voting results are available by [clicking here](#).

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■ **2012 Prescribing Payment Adjustment Update**

Unfortunately, due to the high volume of e-prescribing payment adjustment exemption requests the CMS has received, neurosurgeons may receive the one percent Medicare e-prescribing penalty until CMS processes the request. Physicians receiving the so-called "payment adjustment" will see the indicator "LE" on their Remittance Advice for all Medicare Part B services rendered from Jan. 1 to Dec. 31, 2012. The Remittance Advice also will contain the following Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC):

- **CARC 237** — Legislated/Regulatory Penalty. At least one Remark Code must be provided (It may be comprised of either the NCPDP Reject Reason Code or RARC that is not an ALERT.)
- **RARC N545** — Payment reduced based on status as an unsuccessful eprescriber per the Electronic Prescribing (eRx) Incentive Program.

During 2011, some clearinghouses rejected/stripped the e-prescribing G-codes

on some physician 5010 claims. If successfully submitted, remark code-N365 should appear on the remittance advice, indicating that it passed through the clearinghouse. However, this does not indicate whether the code was accurate for the claim. If you are unsure of your status, be sure to submit 2011 claims with the appropriate G-code by Feb. 24, 2012. In order to avoid the 2013 e-prescribing payment adjustment, physicians must electronically prescribe and append G-8553 on their claim 10 times between Jan. 1 and July 1, 2012. Physicians who reported 25 electronic prescriptions in 2011 will not need to report the G-code on their claims to avoid the 2013 payment adjustment.

For more information about the e-prescribing requirements, call Koryn Rubin, the AANS/CNS senior manager for quality improvement, at 202-446-2030 or e-mail krubin@neurosurgery.org.

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■ **AMA Improves Practice Management Center Website**

The American Medical Association (AMA) has unveiled a redesigned website for its [Practice Management Center](#) featuring a new layout that is easier to navigate and faster to use. The improved destination offers physicians easy access to the AMA's wealth of resources, tools and guidance for enhancing the operation of a medical practice. In addition to the improved design and layout, the website has three new sections:

- Practice operations
- Claims revenue cycle management
- Health insurer relations

The new [Knowledge Center](#) provides access to practice management tips, toolkits, guidance and webinars. Additionally, physicians can sign up for the popular [Practice Management Alerts](#) or join the AMA's new online community, the [Paperless Practice Group](#), to connect with peers around the country, share best practices, and ask questions about how to automate and streamline the medical practice. Physicians who visit www.ama-assn.org/go/pmc can access these resources and others when they explore the new Practice Management Center website. The site is free and available to AMA members and non-members; it also may be of interest to AANS and CNS members.

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Quality Improvement

■ **Medicare Makes Physician Performance Measurement Data Available to the Public**

On Dec. 5, the CMS published its final rule regarding the "[Availability of Medicare Data for Performance Measurement](#)." The PPACA authorizes the release of Medicare claims data to evaluate physician performance, and approved entities then will make performance reports publically available. Data from calendar years 2009 and 2010, as well as the first two quarters of 2011, will be provided to qualified entities beginning Jan. 1, 2012. Thereafter, CMS will provide quarterly data updates on a rolling basis.

The final rule is very detailed and complex, and the AANS and CNS currently are analyzing the regulations to better determine the effect on neurosurgeons. Based on our initial review, we are concerned that there is a significant risk that poorly analyzed, non-risk adjusted performance data will be released to the public, and neurosurgeons will not have the opportunity to request corrections to any errors contained in public performance reports. For example, the new regulation may result in multiple entities obtaining Medicare data in a single geographic area, and each of these entities could use different methodologies in analyzing the data, thereby resulting in a proliferation of

physician performance reports that are conflicting, inaccurate, and not meaningful for patients and physicians.

The AANS and CNS have submitted various comment letters on the proposed regulation. In the coming weeks, we will assess more completely whether the final rule adequately addresses our comments.

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■ **Neurosurgery Voices Concern to CMS on Medicare's *Physician Compare* Program**

As part of the PPACA, the CMS was mandated to launch a *Physician Compare* website by 2010. The site currently allows individuals to search for a physician or other healthcare professional by specialty, type of professional and location, and includes information about physicians who satisfactorily participated in Medicare's Physician Quality Reporting System (PQRS) and e-prescribing program. However, the site continues to be flawed. A primary issue of concern is that neurosurgery is not actually listed as a specialty on the drop-down menu on the homepage; rather, neurosurgeons are listed as a subspecialty of neurology. The second area of concern involves the inaccuracy of physician data contained in the *Physician Compare* database. When querying a random sample of Medicare-participating neurosurgeons, the site turns up "0" results. The AANS and CNS recently sent CMS [a letter urging it to address these problems](#) to ensure that Medicare beneficiaries have access to accurate and helpful information.

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■ **AANS/CNS Washington Office Hires New Policy Staff, Sends Best Wishes to Rachel Groman**

For the past five years, organized neurosurgery has been privileged to have Rachel Groman, MPH, serving as the senior manager for quality improvement in the AANS/CNS Washington Office. Words cannot describe how valuable she has been for our specialty, and those who have worked with her realize how fortunate we have been to have had Rachel on our team. Recently, Rachel moved to Madison, Wis., to pursue a nursing degree, and add clinical experience and education to her current portfolio of health-policy expertise. Fortunately for neurosurgery, we have found an excellent individual to step into Rachel's shoes as the new AANS/CNS senior manager for quality improvement. Her name is Koryn Rubin.

Koryn comes to us from the American Academy of Otolaryngology-Head and Neck Surgery, where she served as the senior manager for research and quality. Prior to that, she was a manager for health policy at the American Academy of Ophthalmology, where, in addition to her work on quality and Health Information Technology matters, she was involved with reimbursement issues — particularly, private payer relations. Koryn recently received a Master's Certificate in Health Information Management/Technology from The George Washington University (GW), Washington, D.C. She also holds a Bachelor of Arts in Political Science from GW. Koryn has extensive experience working with the CMS, the Agency for Healthcare Research and Quality (AHRQ); Physicians Consortium for Performance Improvement (PCPI), the National Quality Forum (NQF) and the Surgical Quality Alliance (SQA). — all key groups with which organized neurosurgery interfaces on quality-related matters on a regular basis. Koryn will provide staff support for the AANS/CNS Quality Improvement Workgroup (QIW) and Joint Guidelines Committee (JGC). She can be reached at 202-446-2030 or via e-mail at

Academic Medical Issues

■ **Congress Funds Children's Hospital Graduate Medical Education Program**

While the legislation re-authorizing the Children's Hospital Graduate Medical Education (CHGME) program for multiple years has stalled in the Senate, Congress did include funding for FY 2012. The CHGME program received \$268.4 million for FY 2012 in the omnibus appropriations bill passed in December, and President Obama signed the bill into law. This amount is before an across-the-board 0.189 percent cut, which is being applied to all Labor-Health and Human Services programs in compliance with the budget caps passed in the Budget Control Act (BCA). This across-the-board cut will bring the final funding level for CHGME down to \$267.8 million; the funding will run through Sept. 30, 2012. Last September, the House of Representatives passed the Children's Hospital GME Support Reauthorization Act of 2011 (H.R. 1852) by voice vote. One reason for the delay in the Senate is due to the hold that at least one senator has on the legislation.

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■ **Senators Ask IOM to Review GME Program**

A bipartisan group of senators — Michael Bennet (D-CO), Jeff Bingaman (D-NM), Michael Crapo (R-ID), Chuck Grassley (R-IA), Jon Kyl (R-AZ), Mark Udall (D-CO) and Tom Udall (D-NM) — has written the Institute of Medicine (IOM), asking the agency to conduct a thorough review of the graduate medical education (GME) system. In writing to the IOM, the senators remarked: "We believe our GME system is under increasing stress and the projections for our healthcare workforce are of significant concern." Changes to the GME are under discussion in Congress, at the Medicare Payment Advisory Commission, at the Accreditation Council for Graduate Medical Education and at various foundations.

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Communications & Public Relations

■ **Neurosurgeons Condemn False Assertions Made About Health Reform Law on Mark Levin Show**

On Nov. 22, 2011, an individual claiming to be a "brain surgeon" made several statements referencing neurosurgical care on a Mark Levin radio show segment. The AANS and CNS reviewed this segment and found that it contained several factual inaccuracies, which we clarified in a statement released on Nov. 28, 2011.

Based on our research, the assertions made by the caller — "Jeff the brain surgeon" — were patently untrue. As far as we know, no such government document calling for the restriction of neurosurgical care for patients over 70 years of age exists, nor was such a document or policy discussed at any AANS or CNS meeting — including the CNS' meeting held in October in Washington,

D.C.

On Jan. 3, 2012, we issued an [updated statement](#), changed to show we have confirmed that this individual is not, in fact, a neurosurgeon and indicate that we have asked Levin's show several times to remove the podcast. This statement is available on the AANS and CNS websites (www.aans.org and www.cns.org). Feel free to share this updated statement as you see fit. Should you have additional questions, call Alison Dye, AANS/CNS senior manager of communications, at 202-446-2028 or e-mail adye@neurosurgery.org.

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**Questions or comments? Please contact Katie Orrico
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