



# 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.

[Go to Entire News Page](#)

## Legislative Affairs

- **Congress Passes Bill Preventing Medicare Pay Cut; Obama Signs Into Law** [\[more\]](#)
- **IPAB Repeal Legislation Clears Key Committee** [\[more\]](#)

## Grassroots Action Alert

- **Contact Congress to Support the Medicare Patient Empowerment Act; Sign the MPEA Petition** [\[more\]](#)

## NeurosurgeryPAC

- **Online Donation Capability for NeurosurgeryPAC** [\[more\]](#)
- **NeurosurgeryPAC — Your Money at Work** [\[more\]](#)

## Coding and Reimbursement

- **Error in CPT 2012 for New Bundled Lumbar Fusion Codes** [\[more\]](#)
- **Spine Fusion Surgery Under Fire** [\[more\]](#)
- **HHS Announces Intent to Delay ICD-10 Coding Compliance Date** [\[more\]](#)
- **UnitedHealth Group UCR Settlement Fund Set to Pay Out Nearly \$250 Million** [\[more\]](#)

## Quality Improvement

- **CMS Releases Educational Resources for 2012 PQRS; AMA Updates PQRS Educational Materials** [\[more\]](#)
- **CMS Releases Educational Resources for 2012 E-prescribing; Delays in Processing Hardship Exemption** [\[more\]](#)

## Academic Medical Issues

- **ACGME Unveils Next GME Accreditation System** [\[more\]](#)

## Communications & Public Relations

- **Entering the Blogosphere and Twitter** [\[more\]](#)

## Of Note

- **SCOTUS Gives Extra Half Hour to Health Reform Arguments** [\[more\]](#)
- **Kudos to Washington Office Staff for Receiving AMA Award of**

**Excellence** [[more](#)]

- **Find Archived Issues of Neurosurgeons Taking Action Online** [[more](#)]

## Legislative Affairs

- **Congress Passes Bill Preventing Medicare Pay Cut; Obama Signs Into Law**

On Feb. 17, 2012, Congress passed the Middle Class Tax Relief and Job Creation Act — legislation that prevents the pending 27.4 percent Medicare physician pay cut, and instead freezes payment rates at their current for the remainder of the year. The House approved the measure by a vote of [293-132](#), and the Senate followed suit the same day with a [60-36](#) vote. On Feb. 22, 2012, President Obama signed the measure into law. The law also requires the Government Accountability Office (GAO) and the Department of Health and Human Services (HHS) to submit reports to Congress regarding the development of a long-term alternative to the current Medicare physician payment system. Physicians now face an estimated 32 percent Medicare pay cut on Jan. 1, 2013, unless Congress intervenes yet again later this year.

The AANS and CNS continue to press Congress to permanently repeal the flawed sustainable growth rate (SGR) system. Speaking on behalf of the Alliance of Specialty Medicine, AANS/CNS Washington Committee Chair Alex Valadka, MD, FAANS, FACS, stated, "Without a permanent fix, the stability of Medicare budgeting goes out the window for both doctor and patient. As the baby-boom generation ages, the Medicare rolls will grow by the thousands every single day, compounding the number of adversely affected seniors by millions more. We remain hopeful that Congress and the President will use these additional 10 months to forge a deal on permanent SGR reform so our nation's most vulnerable patients can be taken out of the political crossfire."

[ [top of page](#) ] [ [back to headlines](#) ]

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- **IPAB Repeal Legislation Clears Key Committee**

On Feb. 29, 2012, by a vote of 17-5, the House Energy and Commerce health subcommittee passed H.R. 452, the Medicare Decisions Accountability Act, Reps. Frank Pallone (D-NY), the ranking democrat on the subcommittee, and Edolphus Towns (D-NJ) joined the republicans on the panel in support of repealing the Independent Payment Advisory Board (IPAB). On Mar. 6, 2012, the full committee approved the measure by voice vote. The House Ways and Means Committee will take up the bill, where it is expected to pass, paving the way for a vote on the House floor later in March. Created by the Patient Protection and Affordable Care Act (PPACA), the IPAB is a government board whose sole job is to cut Medicare spending. H.R. 452, sponsored by Rep. Phil Roe (R-TN), an OB-GYN, would repeal this section of PPACA.

The AANS and CNS are leading a coalition effort to repeal the IPAB. The coalition, representing more than 350,000 physicians across 23 specialty physician groups, [sent a letter](#) to the committee citing how important it is to repeal the IPAB. The letter noted, among other things, that with the IPAB, "the people's elected representatives will no longer have power over Medicare payment policy. Instead, these major health policy decisions will rest in the hands of 15 unelected and largely unaccountable individuals — or even worse. If IPAB fails to report recommendations or never becomes operational, this power will rest solely in the hands of a single individual — the secretary of the Department of Health and Human Services."

## Grassroots Action Alert

- **Contact Congress to Support the Medicare Patient Empowerment Act; Sign the MPEA Petition**

Neurosurgeons are highly encouraged to contact Congress and urge your elected officials to cosponsor H.R. 1700 and S. 1042, the Medicare Patient Empowerment Act, introduced by Rep. Tom Price (R-GA) and Sen. Lisa Murkowski (R-AK), respectively. This legislation will create a new Medicare option to allow patients and physicians to enter into private contract arrangements without penalties to either party. To send an e-mail message to Congress, go to the AANS/CNS [Legislative Action Center](#). We have created a draft letter that you can personalize. (This is highly encouraged.)

In addition to sending a letter to Congress, please take a moment to visit [www.MyMedicare-MyChoice.org](http://www.MyMedicare-MyChoice.org), where you can add your name to a petition supporting the Medicare Patient Empowerment Act and obtain additional education materials about the MPEA.

## NeurosurgeryPAC

- **Online Donation Capability for NeurosurgeryPAC**

NeurosurgeryPAC now has the capability to receive online donations, vastly simplifying your contribution experience! The PAC just sent out its annual contribution mailing, but if you would like, [click here](#) to make your contribution today! Thanks to many of you, for the first time since its inception, NeurosurgeryPAC exceeded its yearly fundraising goal, raising \$251,075! It is an exciting election year, so YOUR PAC will need to have maximum resources to make a difference in November.

[Click here](#) for more information on the NeurosurgeryPAC. [Read more](#) about your NeurosurgeryPAC in action. Thanks to all those who [contributed](#) to NeurosurgeryPAC in 2011 and so far this 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.*

- **NeurosurgeryPAC — Your Money at Work**

In 2012, NeurosurgeryPAC already has donated to several Members of Congress and campaign committees who support neurosurgery's legislative agenda, including: Reps. Paul Broun, MD (R-GA); Phil Gingrey, MD (R-GA); Jim Gerlach (R-PA); Jim Matheson (D-UT); Frank Pallone (D-NJ), National Republican Congressional Committee (NRCC), National Republican Senatorial Committee (NRSC); and the Tuesday Group PAC, a coalition of moderate Republican House members.

In addition, PAC contributors Monica Wehby, MD, FAANS, recently attended a luncheon event for Rep. Michael Burgess, MD (R-TX); and Daniel Barrow, MD, FAANS, chairman of the Department of Neurosurgery at Emory University, co-hosted an event in Atlanta for Rep. Paul Broun, MD (R-GA). If you have questions about how you can get more involved with NeurosurgeryPAC, contact Adrienne Roberts, AANS/CNS Senior Manager, Legislative Affairs, at [aroberts@neurosurgery.org](mailto:aroberts@neurosurgery.org).

[ [top of page](#)] [ [back to headlines](#) ]

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## Coding and Reimbursement

### ■ Error in CPT 2012 for New Bundled Lumbar Fusion Codes

Two new CPT codes, CPT codes 22633 and 22634, have been created, effective Jan. 1, 2012, to report lumbar arthrodesis using a combined posterior or posterolateral technique with a posterior interbody technique including laminectomy and, or discectomy sufficient to prepare interspace (other than for decompression) for each interspace and segment. Bone grafting codes 20930-20938 and spinal instrumentation codes 22840-22851 are separately reportable when performed with arthrodesis procedures; however, CPT inadvertently omitted the new codes 22633 and 22634 from the parenthetical notes for the graft and instrumentation codes. This omission has caused some payors to inappropriately deny payment for the codes.

AANS and CNS CPT Advisors Patrick Jacob, MD, FAANS, FACS; and Joseph Cheng, MD, MS, FAANS, have joined advisors from other specialty societies in taking action to correct this error. The American Medical Association (AMA) will post a correction on the CPT website and publish a CPT Assistant article. Neurosurgeons who are denied payment for the graft and instrumentation codes used with the new bundled codes should flag the claims and resubmit when the CPT clarifications have been published. For additional information, please contact Catherine Hill, AANS/CNS Senior Manager, Regulatory Affairs, at [chill@neurosurgery.org](mailto:chill@neurosurgery.org)

[ [top of page](#)] [ [back to headlines](#) ]

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### ■ Spine Fusion Surgery Under Fire

The AANS and CNS continue to review and provide comments on, proposed third-party payer coverage policies, comparative effectiveness reviews and technology assessments related to lumbar spine fusion surgery. Within the past month, neurosurgery developed two such responses. One was a [letter to First Coast, Inc.](#), a Florida Medicare carrier, which issued a coverage policy last October that, among other things, limits coverage of multi-level fusions. Several Florida neurosurgeons, including Patrick Jacob, MD, FAANS, FACS, chair of the AANS/CNS Coding and Reimbursement Committee; Troy Tippett, MD, FAANS, past president of the AANS; Miguel Machado, MD, president of the Florida Medical Association; and Javier Garcia-Bengochea, MD, FAANS, past president of the Florida Neurosurgical Society, met with First Coast officials and proposed additional refinements to the existing policy. The AANS and CNS are cautiously optimistic that the carrier will make additional changes to ensure that Medicare patients have access to appropriate surgical treatment options. This coverage policy is important, as it is the first Medicare carrier to enter into this debate and could set the tone for other states. Additionally, in the future these coverage policies may serve as the pre- or post-payment review criteria.

The [second letter](#) involved a comparative effectiveness research review of

spine fusion for lumbar degenerative disc disease conducted by the Agency for Healthcare Research and Quality (AHRQ). While the AHRQ review is not a reimbursement coverage policy, it will likely serve as authoritative guidance on this topic and could be used by third-party payers nationwide. The team of volunteer neurosurgeons who put this comprehensive document together did a stellar job. Special thanks to: Peter Angevine, MD, MPH, FAANS; Joseph Cheng MD, MS, FAANS; Kurt Eichholz, MD, FAANS; Kai-Ming Fu, MD; Kojo Hamilton, MD; Dan Hoh, MD; Mike Kaiser, MD, FAANS, FACS; Jack Knightly, MD, FAANS; Matt McGirt, MD; Praveen Mummaneni, MD, FAANS; David Okonkwo, MD, PhD; John Ratliff, MD, FAANS, FACS; Dan Resnick, MD, FAANS; Tim Ryken, MD, FAANS; Charley Sansur, MD, MHSc; Dan Sciubba, MD; Mike Steinmetz, MD, FAANS; Karin Swartz, MD, FAANS; and Luis Tumialan, MD, FAANS. Please take a moment to thank your colleagues for their tireless work on your behalf!

[ [top of page](#)] [ [back to headlines](#) ]

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#### ■ **HHS Announces Intent to Delay ICD-10 Coding Compliance Date**

At the urging of the of the American Medical Association (AMA), and other specialty societies, Health and Human Services (HHS) Secretary Kathleen Sebelius announced on Feb. 16, 2012, that the department would postpone the Oct. 1, 2013, date for healthcare entities to comply with the ICD-10 diagnosis and procedure codes. HHS alluded in their [press release](#) that this delay was made because "we have heard from many in the provider community who have concerns about the administrative burdens they face in the years ahead." That said, the agency has not yet set a new compliance date, and neurosurgeons should continue to prepare for the conversion from ICD-9-CM. The Centers for Medicare & Medicaid Services (CMS) has posted educational materials on its [ICD-10-CM website](#). The AANS and CNS Coding and Reimbursement Committee has established an ICD-10 Task Force to educate neurosurgeons about ICD-10-CM. Moreover, 2012 and 2013 AANS coding courses will include ICD-10-CM information.

[ [top of page](#)] [ [back to headlines](#) ]

---

#### ■ **UnitedHealth Group UCR Settlement Fund Set to Pay Out Nearly \$250 Million**

According to the American Medical Association (AMA), physicians who filed timely claim forms as part of the UnitedHealth Group Usual, Customary and Reasonable (UCR) settlement are scheduled to receive funds from the settlement. The court-approved settlement fund of \$250 million will be paid to physicians, patients and other healthcare professionals. It is expected that providers who filed claims are expected to receive nearly \$200 million from the settlement fund. Physicians who filed claims and have moved since filing should provide their updated mailing address as soon as possible to ensure the delivery of their checks. For more information, visit the AMA [Practice Management Center](#) to learn more about the settlement, and access the [full press release here](#).

[ [top of page](#)] [ [back to headlines](#) ]

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### Quality Improvement

#### ■ **CMS Releases Educational Resources for 2012 PQRS; AMA Updates PQRS Educational Materials**

If you are participating in the Physician Quality Reporting System (PQRS) or contemplating participation, the Centers for Medicare & Medicaid Services

(CMS) has created resources to assist practices with successful participation. Practices that successfully participate will receive a 0.5-percent incentive payment based on your total Medicare Part B payments. Of note, CMS has stated that the 2015 PQRS payment adjustment will be based off of 2013 reporting so practices should begin reporting in 2012 as a transition year. The following products are available:

1. [2012 PQRS Registry Reporting Made Simple](#)
2. [2012 PQRS Claims Based Reporting Principles](#)

In addition, the American Medical Association (AMA) recently updated its PQRS webpage to better assist practices who want to successfully participate in the program. For more information on AMA's materials, [click here](#). If you have additional questions, please contact Koryn Rubin, AANS/CNS Senior Manager, Quality Improvement, at [krubin@neurosurgery.org](mailto:krubin@neurosurgery.org).

[ [top of page](#) ] [ [back to headlines](#) ]

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#### ■ **CMS Releases Educational Resources for 2012 E-prescribing; Delays in Processing Hardship Exemption**

The Centers for Medicare & Medicaid Services (CMS) recently released educational resources to inform providers about the 2012 Electronic Prescribing (eRx) Incentive Program. According to the materials, to be considered a successful electronic prescriber for the 2012 eRx Incentive Program and potentially qualify to earn a 1-percent incentive payment for the 2012 eRx Incentive Program, an individual physician must report the eRx measure for at least 25 unique electronic prescribing events in which the measure is reportable by the eligible professionals during 2012. To avoid the 2013 eRx penalty, individual eligible professionals would have had to have been a successful electronic prescriber in 2011 or will need to report the G8553 code via claims for at least 10 billable Medicare Part B PFS services provided Jan. 1, 2012, through Jun. 30, 2012. The following resources are available:

1. [2012 eRx Future Payment Adjustments](#)
2. [2012 eRx Incentive Payment Made Simple](#)
3. [Updates for 2012 eRx](#)

Please note that CMS is reviewing each hardship-exemption request and because of the overwhelming number of requests, the agency has not yet completed its analysis. It is therefore possible that some physicians will be subject to a 1-percent Medicare payment penalty until the backlog of exemptions requests is reviewed. Neurosurgeons need not take any action at this time, as CMS will be reprocessing these claims.

For additional information about the eRx Incentive Program, please contact Koryn Rubin, AANS/CNS Senior Manager, Quality Improvement, at [krubin@neurosurgery.org](mailto:krubin@neurosurgery.org).

[ [top of page](#) ] [ [back to headlines](#) ]

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#### **Academic Medical Issues**

##### ■ **ACGME Unveils Next GME Accreditation System**

Writing in the [New England Journal of Medicine](#), Thomas J. Nasca, MD, MACP, CEO of the Accreditation Council for Graduate Medical Education (ACGME), announced the rollout of the Next Accreditation System, or NAS. The NAS is a significant evolution of the existing accreditation system, and the culmination of the work that began with ACGME's Outcome Project in 1998. He notes: "The aims of the NAS are threefold: to enhance the ability of the peer-review

system to prepare physicians for practice in the 21st century; to accelerate the ACGME's movement toward accreditation on the basis of educational outcomes; and to reduce the burden associated with the current structure and process-based approach." In July 2013, the NAS will be implemented by seven of the 26 ACGME-accredited core specialties, including neurosurgery.

[ [top of page](#)] [ [back to headlines](#) ]

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## Communications & Public Relations

### ■ Entering the Blogosphere and Twitter

In the coming months, the AANS/CNS Washington Office will be launching a new social media program. One of the key elements will be a new blog entitled, *Neurosurgery Blog: More than Just Brain Surgery* ([www.neurosurgeryblog.org](http://www.neurosurgeryblog.org)). Additionally, we will actively follow other organizations' experiences with new communications tools with the use of Twitter to send quick news blasts to our audiences. Our Twitter handle is [@neurosurgery](https://twitter.com/neurosurgery). We are hoping to reach key audiences in the health policy, legislative, and media worlds, as well as neurosurgeons and the general public, with these new communications platforms to discuss health-policy topics as they relate to organized neurosurgery and to bring greater attention to the achievements of the specialty. We look forward to connecting with you online and welcome your content ideas and contributions. If you are interested in these communications activities, please contact Alison Dye, AANS/CNS Senior Manager, Communications, at [adye@neurosurgery.org](mailto:adye@neurosurgery.org).

[ [top of page](#)] [ [back to headlines](#) ]

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## Of Note

### ■ SCOTUS Gives Extra Half Hour to Health Reform Arguments

On Feb. 21, 2012, the Supreme Court announced that it will allot an extra 30 minutes to oral arguments on the healthcare reform law, giving another half an hour to the debate over whether a federal tax law should prevent a ruling this year. This decision comes on the requests from the federal government, 26 states and a small-business group who jointly requested that the court spend 90 minutes, instead of 60 minutes, on whether the tax law would prevent the court from ruling on the constitutionality of the mandate until at least 2015. If the court finds that the Anti-Injunction Act tax law applies to the health law, the justices would likely throw out the case challenging the individual mandate.

[ [top of page](#)] [ [back to headlines](#) ]

---

### ■ Kudos to Washington Office Staff for Receiving AMA Award of Excellence

Congratulations to Catherine Hill, AANS/CNS, Senior Manager, Regulatory Affairs, who received the AMA CPT Staff Liaison Excellence Award at the October 2011 CPT meeting. Since joining the AANS/CNS Washington Office more than a decade ago, she has served as neurosurgery's staff liaison to the AMA CPT Editorial Panel. In this capacity, she supports the AANS/CNS CPT advisors, and helps develop and facilitate the adoption of neurosurgery's code proposals to ensure that the services neurosurgeons provide are accurately represented throughout the CPT coding system. Cathy is a dedicated professional and is a team player who excels at facilitating a collaborative spirit among the many physician specialty groups. Please join us in congratulating Cathy Hill on this great accomplishment.

■ **Find Archived Issues of Neurosurgeons Taking Action Online**

Previous editions of *Neurosurgeons Taking Action* now are being archived on the [Legislative Activities](#) page on the AANS website. [Click here](#) to see other issues from 2012, as well as to reference coverage on important legislative activities impacting the neurosurgical specialty.

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**Questions or comments? Please contact Katie Orrico  
at 202-446-2024 or [korrico@neurosurgery.org](mailto:korrico@neurosurgery.org).**

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