Vol. 11, June 2012

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

NeurosurgeryPAC

Coding and Reimbursement

Quality Improvement

Of Note

Communications

Legislative Affairs

- **Specialists Urge CMS to Delay Dual Eligible Demo Program**

In late May, the Alliance of Specialty Medicine sent a letter to the Centers for Medicare and Medicaid Services (CMS) requesting that CMS delay by one year the implementation of its dual eligible demonstration program, which aims to integrate care for the approximately nine million Americans who are covered by both the Medicare and Medicaid programs. As members of the Alliance, the AANS and CNS expressed concern that this new program will jeopardize continuity of care and potentially limit patient access to the provider of their choice. Additionally, the Alliance noted that "while the demonstrations aspire to reduce fragmentation of care, they will in practice lead to unsustainable cuts to provider payment rates which will consequently reduce access to care." To read the full letter, click here.

[top of page] [back to headlines]

- **AANS and CNS Raise Concerns with Proposal to Repeal SGR**

On May 9, 2012, Reps. **Allyson Schwartz** (D-PA-13) and **Joseph Heck**, MD, (R-NV-3) introduced H.R. 5707, the Medicare Physician Payment Innovation Act of 2012, which would repeal Medicare's sustainable growth rate (SGR) system. Unfortunately, it replaces one flawed system with another. Under the proposed payment scheme, specialists who remain in the fee-for-service system would receive a combined 10-year pay cut of 12 percent. However, to avoid the pay cut, physicians could choose one of two options. Under one option, physicians could participate in a government-sponsored alternative payment system model, such as an accountable care organization (ACO). Alternatively, physicians must qualify as a meaningful user of electronic health records (EHR), successfully participate in the Physician Quality Reporting System (PQRS) and comply with certain quality-efficiency metrics mandated by the value-based payment modifier.

In a letter to Rep. Schwartz, the AANS and CNS applauded her leadership and commitment to finding a fair and reasonable approach for replacing Medicare's flawed sustainable growth rate (SGR) formula. The letter noted, however, that the legislation falls short in recognizing the diversity of physician practices and variable patient needs. Additionally, we raised concerns that the legislation builds into its framework flawed and untested programs, including the meaningful use criteria for electronic health records, the PQRS and the value-based payment modifier. To read the full letter, click here.

[top of page] [back to headlines]

NeurosurgeryPAC

- **NeurosurgeryPAC Supports Additional Candidates**

Recently, NeurosurgeryPAC made contributions to the following candidates for the U.S. House of Representatives: **Andy Barr** (R-KY-6); Rep. **Dan Benishek**, MD (R-MI-1); Rep. **Michael Burgess**, MD (R-TX-26); Rep. **Bill Cassidy**, MD (R-LA-6); Rep. **Andy Harris**, MD (R-MD-1); **Richard Hudson** (R-NC-8); and Rep. **Fred Upton** (R-MI-6), Chairman of the House Energy &

Commerce Committee.

For the U.S. Senate, NeurosurgeryPAC contributed to the following candidates: Sen. **John Barrasso**, MD (R-WY); Rep. **Rick Berg** (R-ND-1); Sen. **Tom Coburn**, MD (R-OK); Rep. **Jeff Flake** (R-AZ-6); Rep. **Denny Rehberg** (R-MT-1); and Sen. **Marco Rubio** (R-FL).

[top of page] [back to headlines]

- **Election-Year Fundraising Drive Launching Soon**

With the national elections only four months away, NeurosurgeryPAC soon will launch its Special Election-Year Fundraising Drive to raise money to support pro-neurosurgery candidates running for the U.S. House and Senate. As of May 24, 2012, NeurosurgeryPAC has raised a total of $180,250 — thank you, contributors! Your support has been instrumental in helping achieve recent legislative successes such as the repeal of the Independent Payment Advisory Board (IPAB) and adoption of federal medical liability reform. We need your help to meet our $250,000 fundraising goal; please donate to the PAC so we can continue making progress on the advocacy front. Contributing now is easier than ever with our new online donation option at MyAANS.org.

Click here for more information on the NeurosurgeryPAC, and read more about your NeurosurgeryPAC in action. Thanks to all those who have contributed to NeurosurgeryPAC.

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.

[top of page] [back to headlines]

Coding and Reimbursement

- **CPT Corrects Error Contained in New Bundled Lumbar Fusion Code**

The American Medical Association (AMA) CPT Editorial panel has corrected an error that resulted when it created the new code 22633 to report lumbar arthrodesis using a combined posterior or posterolateral technique with a posterior interbody technique (rather than using both CPT 22612 and 22630 for work performed at the same spinal level); and the new code 22634 for additional levels of combined posterolateral and posterior interbody technique. 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 primary code 22633 from the parenthetical notes for the graft and instrumentation codes in the 2012 CPT book. This omission has caused some billing systems to require a -59 modifier on the add-on codes and payors to inappropriately deny payment for the codes.

At the request of the AANS, CNS and North American Spine Society (NASS), the error was corrected at the May 2012 CPT Editorial Panel Meeting. The AMA will publish a CPT Assistant article and post a notice on the CPT website publicizing the change, both of which are to be expected to occur in June 2012. More information on corrections published by CPT can be accessed here.

[top of page] [back to headlines]

- **Neurosurgery Urges BCBSMI to Cover Minimally Invasive Lumbar Interbody Fusion**

On May 1, 2012, the AANS and CNS wrote a letter to Blue Cross-Blue Shield of Michigan (BCBSMI) regarding the payer's coverage policy for minimally invasive lumbar interbody fusion. In our letter, we challenged BCBSMI's assertion that minimally invasive procedures for lumbar interbody fusion such as lateral interbody fusion (e.g., extreme lateral lumbar interbody fusion or XLIF, direct lateral lumbar interbody fusion or DLIF) are experimental and investigational, and, therefore, are not medically necessary. To the contrary, the AANS and CNS affirmed that minimally invasive lateral interbody fusion (e.g., XLIF, DLIF) with direct visualization is a medically necessary option in appropriate patients with medical indications as determined by their treating physician.

Special thanks to neurosurgeons **Daniel Jin Hoh**, MD; **Beejal Amin**, MD; **John Kevin Ratliff**, MD, FAANS, FACS; **Joseph S. Cheng**, MD, MS, FAANS; and others who helped develop the comment letter. A copy of the letter is available here.

[top of page] [back to headlines]

- **AANS and CNS Urge CMS to Delay Implementation of ICD-10 Coding System**

On April 9, 2012, the Center for Medicare & Medicaid Services (CMS) announced plans to delay the implementation of the new ICD-10 code set for one year, moving the new implementation date to Oct. 1, 2014. Joining the chorus of other physician organizations, the AANS and CNS stated in its May 16, 2012, letter to CMS that physicians need at least a one-year delay to accomplish the transition to the ICD-10-CM coding system. Ideally, however, neurosurgery and others argued that CMS should seriously consider scrapping ICD-10 altogether and move forward to implement the improved ICD-11 system, which will be adopted worldwide in a few years. Click here for a copy of the AANS and CNS letter.

[top of page] [back to headlines]

Quality Improvement

- **Reminder: E-prescribe 10 Times by June 30 to Avoid Penalty in 2013**

Physicians have until June 30, 2012, to report on at least 10 electronic prescriptions and document G8553 on their claims to avoid a 1.5 percent reduction in Medicare Part B payments in 2013. For more information, please review the American Medical Association (AMA) e-prescribe tip sheet here.

[top of page] [back to headlines]

- **Final Countdown: E-Prescribing Hardship Exemption Requests Due to CMS by June 30**

Neurosurgeons who believe that they qualify for an e-prescribing hardship exemption request must apply to the Centers for Medicare and Medicaid Services (CMS) by June 30, 2012. You may do so by going to the Quality

Reporting Communication Support Page. CMS will grant exemptions on a case-by-case basis. You are eligible for an exemption if any of the following applies:

- Unable to electronically prescribe due to local, state, or federal law, or regulation.
- Has or will prescribe fewer than 100 prescriptions during the six-month reporting period.
- Practices in a rural area without sufficient high-speed Internet access (G8642).
- Practices in an area without sufficient available pharmacies for electronic prescribing (G8643).
- Does not have prescribing privileges during the six-month reporting period (G8644).

More information about Medicare's ePrescribing program is available on the CMS website. For questions, please contact Koryn Rubin, AANS/CNS Senior Manager for Quality Improvement, at krubin@neurosurgery.org.

[top of page] [back to headlines]

Neurosurgery Submits Comments to CMS on Stage 2 Meaningful Use EHR Program

The Centers for Medicare and Medicaid (CMS) recently released the proposed rule on Stage 2 of the Medicare/Medicaid Electronic Health Record (EHR) Meaningful Use Incentive Program. The proposed requirements build on Stage 1 of the program, with Stage 2 not starting until 2014. Neurosurgery's comments highlighted the need for the financial incentives to be associated with realistic and practical measures to support the use of EHRs. Additionally, we stressed that the current measures are onerous and that the aggressive thresholds will not allow neurosurgeons to comply with the program's requirements.

The AANS and CNS also strongly opposed CMS' proposal to back-date the meaningful use reporting requirements under the penalty program so that a physician would face the 2015 penalty based on 2013 or 2014 data. In addition, we voiced concerns with the proposed clinical quality measures (CQM) options and the number of CQMs required to successfully achieve meaningful use. Finally, we applauded CMS for including registry participation as a measure for meeting meaningful use and highlighted neurosurgery's registry work through the National Neurosurgery Quality and Outcomes Database (N^2QOD). Read the full AANS and CNS comment letter here.

[top of page] [back to headlines]

CMS Issued Proposed 2013 Inpatient Prospective Payment System Rule; Expands Hospital Quality Reporting Requirements

CMS recently released the 2013 Inpatient Prospective System (IPPS) Proposed Rule, which strengthens the Hospital Value-Based Purchasing (VBP) Program to further Medicare's goal of rewarding quality rather volume of services. The proposed rule includes proposals that address operational details relating to payment rates to hospitals in FY 2013, as well as additional proposed quality measures and policies that would affect payments to hospitals in FY 2015 and FY 2016.

The "Medicare spending per beneficiary" measure in the Hospital VBP Program would affect payments beginning in FY 2015. This measure also would include all Part A and Part B payments from three days prior to an inpatient hospital admission through 30 days post discharge with certain exclusions. In addition, the proposed rule includes a new outcome measure that rewards hospitals for avoiding certain kinds of life-threatening blood infection that can develop during an inpatient hospital stay.

Finally, the proposed rule strengthens and streamlines the Hospital Inpatient Quality Reporting (IQR) Program by proposing to add new measures while retiring other measures from the program for which reporting rates are approaching ideal performance. CMS proposes to remove the chart abstracted Surgical Care Improvement Project (SCIP) venous thromboembolism prophylaxis surgery patients measure. In addition, CMS proposes to add five additional measures. Of relevance to neurosurgery are the additions of an overall readmissions measure (30-day hospital wide all cause unplanned readmission rate) and the use of a surgery checklist designed to reduce errors.

For more information or questions, please contact Koryn Rubin, Senior Manager for Quality Improvement at krubin@neurosurgery.org.

[top of page] [back to headlines]

Of Note

- **Ralph G. Dacey Jr., MD, FAANS, Named Senior Society President**

Congratulations to **Ralph G. Dacey Jr.**, MD, FAANS, who became president of the Society of Neurological Surgeons (SNS) at its May meeting. Dr. Dacey is the Henry G. and Edith R. Schwartz Professor and head of the Department of Neurosurgery at Washington University School of Medicine in St. Louis. He takes over the helm of the Senior Society following the successful term of **Arthur L. Day**, MD, FAANS, FACS. The SNS is the American society of leaders in neurosurgical residency education and the oldest neurosurgical society in the world.

[top of page] [back to headlines]

Communications

- **Calling All Neurobloggers**

In the coming weeks, the AANS and CNS will unveil the Washington Office's new blog, Neurosurgery Blog: More Than Just Brain Surgery — a Web-based opinion and perspective that will be updated two or three times weekly with commentary on new innovations, legislation, regulation, and other policy developments in healthcare that affect neurosurgeons and their patients. One of the purposes of our social media platforms is to serve as an echo chamber for your initiatives and achievements by creating a nexus where policy meets practice. If you have a quest blog post you would like us to consider or if you have had an op-ed published, we would welcome the opportunity to place those types of pieces on Neurosurgery Blog. If you are interested in these communications activities, please contact Alison Dye, AANS/CNS Senior Manager of Communications, at adye@neurosurgery.org.

[top of page] [back to headlines]

Questions or comments? Please contact Katie Orrico at 202-446-2024 or korrico@neurosurgery.org.