



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

- **Efforts to Repeal the SGR Continue**

Over the past few months there has been a lot of activity on the SGR front, and the AANS and CNS have been at the forefront of discussions on the best way to fix Medicare's flawed sustainable growth rate (SGR) payment formula. Neurosurgery is urging Congress to incorporate the following elements in any SGR replacement legislation:

- Repeal the SGR and include at least a five-year period of stability, with positive updates during the transition period and each year thereafter based on the Medicare Economic Index (MEI);
- Adopt flexible criteria that allow physician participation in delivery and payment models that are meaningful to their practices and patient populations, including preserving a viable fee-for-service option and recognizing the value of clinical data registries for improving quality;
- Avoid payment differentials between primary care physicians and specialists;
- Base any quality-related payments on positive incentives, rather than penalties, and prevent physicians from being evaluated based on flawed ranking systems or head-to-head comparisons;
- Encourage physician-led quality improvement that allows the medical specialty societies to determine the most appropriate and clinically relevant quality improvement metrics and strategies for use in future quality initiatives;
- Replace the current [Physician Quality Reporting System](#) (PQRS), [Electronic Health Record](#) (EHR) and [Value-Based Payment Modifier](#) (VBPM) programs and penalties;
- Establish legal protections making it clear that the development, recognition, or implementation of any guideline, quality improvement program or other payment standard under Federal healthcare law does not establish a new standard of care in any medical malpractice claim;
- Allow patients and physicians to privately contract on a case-by-case basis, with beneficiaries receiving the Medicare allowable; and
- Repeal the Independent Payment Advisory Board (IPAB).

As previously reported, on July 31, 2013, by a vote of 51 to zero, the House Energy and Commerce Committee unanimously passed H.R. 2810, the [Medicare Patient Access and Quality Improvement Act](#). Attention is now turned to the Senate Finance and House Ways and Means Committees, which are currently developing their own SGR legislation

AANS and CNS Washington Office staff have met with committee staff, and with the individual members of Congress who serve on these committees, to promote our principles for reform. In addition, neurosurgery recently led an

effort to send a letter to the [Senate Finance](#) and [House Ways and Means](#) Committees. In this letter, signed by 23 state medical and national specialty societies, we called for the repeal of the SGR, physician-driven quality measurement, patient-shared billing, and medical liability reform. Finally, on Sept. 19, 2013, the AANS and CNS teamed up with the Alliance of Specialty Medicine in sending a [letter](#) to House and Senate leaders stressing the importance of fixing the current Medicare payment system by eliminating the SGR. In the letter, we urged that replacement of Medicare's flawed SGR reimbursement formula needs to remain a top priority for action this year as physicians face significant cuts which could impede patient access to care.

As the SGR developments continue to evolve, the AANS and CNS will continue to advocate aggressively on behalf of neurosurgeons to ensure that they can continue to provide timely, compassionate, high quality and state-of-the-art treatment for patients in need of neurosurgical care.

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■ **AANS/CNS Join Effort to Repeal Medical Device Tax**

On Sept. 28, 2013, the AANS and CNS joined 975 organizations in writing a [letter](#) to congressional leaders, urging Congress to repeal the medical device excise tax, which was included in the [Affordable Care Act](#). Repealing this tax is a top legislative priority for organized neurosurgery, as we believe it is adversely impacting patient care and medical innovation. Along with this effort, the AANS and CNS joined [AdvaMed](#) in sponsoring an [advertisement](#) in *Politico*.

On the legislative front, on Sept. 29, 2013, the House of Representatives adopted, by a [margin of 248-174](#), an amendment repealing the medical device tax to H.J. Res. 59. This stopgap spending measure would temporarily continue to fund the federal government through Dec. 15, 2013. The Senate rejected this amendment by a vote of [54 to 46](#), with Senate Majority Leader Harry Reid (D-NV) vowing to oppose attempts to use this government spending legislation as a vehicle for repealing this tax or other aspects of the Affordable Care Act.

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■ **Traumatic Brain Injury Legislation Introduced in Senate**

On Sept. 18, 2013, Sen. Robert Menendez (D-NJ) introduced S. 1516, the [Concussion Treatment and Care Tools Act of 2013](#). This legislation would amend title II of the Public Health Service Act to provide grants for the establishment and implementation of guidelines on best practices for the diagnosis, treatment, and management of mild traumatic brain injuries (MTBIs) in school-aged children. The bill would provide \$5,000,000 for fiscal year 2016 and "such sums as may be necessary" for each of fiscal years 2017 through 2020.

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■ **Neurosurgery's Spinal Cord Injury Guidelines Recognized in Congress**

In recognition of September as Spinal Cord Injury Awareness Month, on Sept. 27, 2013, Rep. Jim Langevin (D-RI), took the opportunity to acknowledge the leadership of several neurosurgeons who authored the updated AANS/CNS [Guidelines for the Management of Acute Cervical Spine and Spinal Cord Injuries](#). Rep. Langevin was joined by several other members of Congress in recognizing neurosurgery's effort, including Reps. Terri Sewell (D-AL), Elijah Cummings (D-MD), John Lewis (D-GA), Bruce Braley (D-IA) and Ed Pastor (D-

AZ). A [tribute](#) was published in the Congressional Record, which commended the authors of the guidelines, and noted that due to their commitment, "numerous lives are improved daily through the increased understanding and treatment of spinal cord injuries."

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Grassroots Action Alert

■ **Contact Congress to Fix the Flawed Medicare Physician Payment System**

On Jan. 1, 2014, physicians face a 27 percent Medicare pay cut unless Congress acts. These cuts primarily result from Medicare's flawed sustainable growth rate (SGR) formula. Neurosurgeons are highly encouraged to contact Congress and ask your senators and representative to pass a long-term solution to the SGR formula and move to a more stable Medicare physician payment system that reflects neurosurgery's principles and provides security for patients and the physicians who care for them. [Click here](#) to send an email message to Congress. We have created a draft letter that you can personalize. (This is highly encouraged.)

Neurosurgeons may also wish to visit the [American Medical Association's](#) (AMA's) website to learn more about the AMA's new grassroots campaign to pressure Congress to repeal the SGR. The major element of this campaign is a new interactive website — [FixMedicareNow.org](#). The site will engage both patients and physicians in the campaign to repeal the SGR, and also educate policymakers on Capitol Hill on the urgent need to do so.

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NeurosurgeryPAC

■ **Putting Your Contributions to Work**

Neurosurgery's advocacy efforts are vital to the specialty and the patients we serve, and NeurosurgeryPAC is an essential element of these overall public advocacy activities. Neurosurgery has a broad legislative agenda that includes such topics as:

- Increasing funding for graduate medical education, including children's hospitals;
- Repealing Medicare's sustainable growth rate (SGR) physician payment system;
- Modifying aspects of the Affordable Care Act, including repealing the Independent Payment Advisory Board (IPAB) and medical device excise tax;
- Funding the pediatric specialty loan repayment program;
- Restructuring Medicare's quality improvement programs, including the Physician Quality Reporting System (PQRS) and Electronic Health Record/meaningful use programs;
- Passing medical liability reform; and
- Improving trauma and emergency care systems.

We are making progress, as candidates supported by NeurosurgeryPAC are leading the charge on these and other issues important to neurosurgeons. To date, NeurosurgeryPAC has donated a total of \$218,000 to 62 candidates and national political committees. Most recently, NeurosurgeryPAC has attended fundraising events for Sens. Roy Blunt (R-MO), Susan Collins (R-ME) and Jack Reed (D-RI). In the House, we have met with Reps. Tim Bishop (D-NY), Marsha Blackburn (R-TN), Jim Gerlach (R-PA), Michael Grimm (R-NY), Leonard

Lance (R-NJ) and Cathy McMorris Rogers (R-WA).

Also very important to neurosurgery is the process of meeting new candidates running for Congress, which allows us to learn about their views on issues of importance to our profession. Some of these candidates will be presented to the NeurosurgeryPAC Board for evaluation. Neurosurgeons are always encouraged to bring candidates worthy of NeurosurgeryPAC support to our attention, which you can do by contacting Adrienne Roberts in the Washington Office at aroberts@neurosurgery.org.

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■ **Contribute to NeurosurgeryPAC Today**

NeurosurgeryPAC's fundraising continues with donations from 256 neurosurgeons so far this year. As of Sept. 25, 2013, NeurosurgeryPAC has raised \$196,221, and we thank all of our contributors! We still have a long way to go to reach our \$250,000 fundraising goal for 2013, and we need your help.

As always, you can contribute using our online donation option by logging onto MyAANS.org. NeurosurgeryPAC also recently conducted its annual telemarketing campaign in August. For those pledging contributions, please remember to fill out the donation forms that were sent to you in the mail.

[Click here](#) for more information on the NeurosurgeryPAC, including the current complete list of donors, candidates receiving NeurosurgeryPAC support and to read more about your PAC in action. If you have questions about how you can get more involved, please contact Adrienne Roberts in the Washington Office at aroberts@neurosurgery.org.

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 United States 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/CNS Respond to CMS on Proposed 2014 Medicare Payment Policies**

In September, the AANS and CNS submitted two comment letters to the [Centers for Medicare and Medicaid Services](#) (CMS) regarding a number of reimbursement issues contained in the proposed 2014 Medicare [physician fee schedule](#) and [hospital outpatient department](#) rules. Our letters addressed a variety of topics including payment rates for stereotactic radiosurgery, misvalued services, criteria for new complex chronic care management services, and bundled services.

[Click here](#) to read the physician fee schedule comments and [click here](#) to view the hospital outpatient department comments.

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■ AANS/CNS Object to Correct Coding Edit for Spine Codes

On Sept. 25, 2013, AANS and CNS CPT Advisors R. Patrick Jacob, MD, FAANS, and Joseph S. Cheng, MD, MS, FAANS, sent a [letter](#) to the medical director of Medicare's National Correct Coding Initiative (NCCI) opposing a proposed edit to prohibit the reporting of CPT Code 63042 (lumbar laminotomy) with CPT Codes 22630 (lumbar spine fusion) and 22633 (lumbar spine fusion combined). Our letter pointed out that CPT codes 22630 and 22633 were not developed to codify the work of decompressing compressed neural structures and are therefore not inclusive of the work described by CPT code 63042.

The [Centers for Medicare and Medicaid Services](#) (CMS) implemented the NCCI in 1996 to screen for codes billed on the same day, by the same provider, for the same patient, which CMS deems inappropriate. CMS develops coding edits based on coding conventions defined in the American Medical Association's CPT manual; national and local payment policies; coding guidelines developed by national societies; analysis of standard medical and surgical practices; and a review of current coding practices. The AANS/CNS Coding and Reimbursement Committee reviews and respond to edits that affect neurosurgery. [Click here](#) for more information about NCCI.

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■ CMS Continues Preparation for ICD-10 Implementation

While the AANS and CNS continue to support repealing ICD-10, we are also working to educate and prepare neurosurgeons for compliance should the ICD-10 conversion take place as scheduled on Oct. 1, 2014. Recently, the [Centers for Medicare and Medicaid Services](#) (CMS) revised the CMS-1500 Claim Form to more adequately support the use of the ICD-10 diagnosis code set. The revised form will give providers the ability to indicate whether they are using ICD-9 or ICD-10 diagnosis codes, which is important as the Oct. 1, 2014, transition approaches. ICD-9 codes must be used for services provided before Oct. 1, 2014, while ICD-10 codes should be used for services provided on or after Oct. 1, 2014. The agency continues to publically state that no transition period to accept either or both is planned. The revised form also allows for additional diagnosis codes, expanding from four possible codes to 12. [Click here](#) for more information on the CMS ICD-10.

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■ AMA Unveils New HIPAA Toolkit

On Sept. 9, 2013, the American Medical Association (AMA) unveiled a [HIPAA toolkit](#) to help physicians navigate the sweeping new revisions to the [Health Insurance Portability and Accountability Act](#) (HIPAA) privacy and security rules for health information, which went into effect on Sept. 23, 2013.

The U.S. [Department of Health and Human Services](#) issued the 137-page HIPAA [omnibus rule](#) in January, revising and extending required safeguards for protected health information and expanding individual rights of patients. The updated law also tightens requirements on physicians when patient information is breached. As a result, physician practices could face more legal scrutiny and higher fines in the event of an information breach.

If you have any questions regarding this or other reimbursement issues, please contact Cathy Hill, AANS/CNS Senior Manager for Regulatory Affairs, at chill@neurosurgery.org.

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Quality Improvement

- **AANS/CNS Comment on Quality Provisions of Proposed 2014 Medicare Physician Payment Rule**

In September, the AANS and CNS submitted two comment letters to the [Centers for Medicare and Medicaid Services](#) (CMS) regarding the quality-related provisions contained in the proposed 2014 Medicare [physician fee schedule](#). Our letters addressed a variety of topics including issues related to the [Physician Quality Reporting System](#) (PQRS) and the new Quality Clinical Data Registry program, the [Electronic Health Record](#) (EHR) Incentive program, the [Valued-Based Payment Modifier](#) and the [Physician Compare](#) tool on the Medicare.gov website.

[Click here](#) to read the comments related to the PQRS, EHR and Physician Compare topics. [Click here](#) to view the comments pertaining to Qualified Clinical Data Registry program.

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- **Quality and Resource Use Reports Now Available**

On Sept. 16, 2013, the [Centers for Medicare and Medicaid Services](#) (CMS) made available Quality and Resource Use Reports (QRURs) for group practices with 25 or more eligible professionals. These reports are made up of data from 2012 Medicare claims and the [Physician Quality Reporting System](#) (PQRS). Neurosurgeons are advised to carefully review the QRUR reports because they will serve as the basis for the value-based modifier, which will adjust Medicare payments to physicians. [Click here](#) for additional information on how to obtain your 2012 QRUR.

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- **CMS Releases Stage 2 Guide for the EHR Incentive Programs**

The [Centers for Medicare and Medicaid Services](#) (CMS) has released a new resource, [An Eligible Professional's Guide to Stage 2 of the EHR Incentive Programs](#), which provides a comprehensive overview of Stage 2 of Medicare's [Electronic Health Record](#) (EHR) Incentive program. The guide outlines criteria for Stage 2 meaningful use, 2014 clinical quality measure reporting and 2014 EHR certification.

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- **AANS/CNS Comment on Release of Medicare Physician Data**

On Sept. 5, 2013, the AANS and CNS joined the American Medical Association and nearly 95 state medical and national specialty societies in writing a [letter](#) to the [Centers for Medicare and Medicaid Services](#) (CMS) cautioning about the inappropriate release of Medicare physician claims data. In the letter, we noted that if not approached thoughtfully, the "public release of Medicare claims data can have unintentional adverse consequences for patients. Patient de-selection can occur for individuals at higher-risk for illness due to age, diagnosis, severity of illness, multiple co-morbidities, or economic and cultural characteristics that make them less adherent to established protocols." While Medicare data can help promote meaningful, accurate, and innovative ways to

improve the overall quality of patient care, we believe that it is essential that CMS establish appropriate ways to utilize this data.

For more information about quality information topics, please contact Katie O. Orrico, director, AANS/CNS Washington Office at korrico@neurosurgery.org.

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Academic Medical Issues

■ **COGME releases New GME Report**

In August, the [Council on Graduate Medical Education](#) (COGME) issued its 21st report, entitled "[Improving Value in Graduate Medical Education](#)." Authorized by Congress in 1986, COGME is tasked with providing an ongoing assessment of physician workforce trends, training issues, and financing policies and to recommend appropriate Federal and private-sector efforts to address identified needs.

Consistent with neurosurgery's general views, COGME is calling for increased funding for 3,000 new residency positions per year, continued support for Children's Hospital GME, and support for an all payer GME fund. On the downside, however, it calls for directing most of the new funding to primary care (although priority specialties do include pediatric subspecialties). Additionally, the report is deficient in tackling the overall shortage of physicians, and merely expanding funding for 3,000 new slots will not make a real dent in addressing the 130,600 shortfall predicted by 2025. Furthermore, COGME completely fails to recognize the need for a well-trained surgical workforce, which is certainly shortsighted.

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■ **GAO Releases GME Review**

On Aug. 15, 2013, the [Government Accountability Office](#) (GAO) released a review entitled: "[Health Care Workforce: Federally Funded Training Programs in Fiscal Year 2012](#)." As described in an update earlier this year, this report, which was requested by Sens. Tom Coburn (R-OK), Richard Burr (R-NC) and Mike Enzi (R-WY), catalogs all the federally funded training programs for healthcare providers for FY 2012.

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Drugs and Devices

■ **AANS and CNS Approve Position Statement on Hydrocodone Prescribing Policy**

On Oct. 1, 2013, the AANS and CNS approved a new [position statement](#) on hydrocodone prescribing, which was developed by the [AANS/CNS Section on Pain](#). Organized neurosurgery is concerned about reclassifying hydrocodone combination drugs — including those that contain medications such as Tylenol® — from Schedule III to Schedule II, which includes such drugs as hydromorphone, methadone, morphine, oxycodone, fentanyl, methylphenidate and barbiturates. The position is as follows:

Neurosurgeons believe that patient safety considerations need to be balanced with the need for patients to have appropriate and ready access to pain relief medications. Reclassifying

hydrocodone combination drugs would create an unreasonable burden on providers and patient care. It would require more frequent office and emergency room visits, unnecessarily increasing the time and resources allocated to refilling these medication prescriptions, which are often used in modest amounts for peri-operative pain management. A change from Schedule III where they now reside, to Schedule II would also eliminate the ability of providers to prescribe up to 5 refills on a single prescription. Classifying hydrocodone combination drugs is a further burdensome and insufficient solution.

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Of Note

■ **AMA Releases New Study of Physician Practice Arrangements**

On Sept. 17, 2013, the [American Medical Association](#) (AMA) unveiled a new study on physician practice arrangements. The study, "[New Data On Physician Practice Arrangements: Private Practice Remains Strong Despite Shifts Toward Hospital Employment](#)," found that 53.2 percent of physicians were self-employed in 2012, 41.8 percent were employed and five percent were independent contractors — demonstrating that private practice medicine remains strong, despite an increase in hospital employment.

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Communications

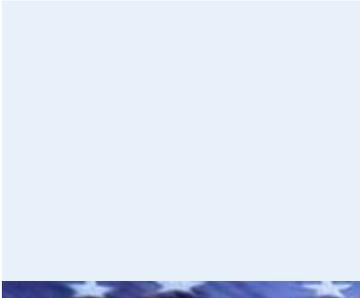
■ **Keeping the Pulse on Health Policy Activities in the Nation's Capital**

The AANS/CNS Washington Office continues to expand communication efforts both with external audiences and with neurosurgeons to better inform them of key health policy activities taking place in our nation's capital. Whether you are reading the Washington Office's Neurosurgery Blog, or engaging with us on our various social media outlets, you can always keep the pulse on what's happening in Washington, D.C. In recent weeks, we have focused on a variety of topics, including the SGR, Independent Payment Advisory Board (IPAB), Physician Quality Reporting System (PQRS) and health reform in general. We look forward to connecting with you online, and welcome your content ideas and contributions.

- [Neurosurgery Blog: More Than Just Brain Surgery](#)
- [Neurosurgery's Twitter Feed: @Neurosurgery](#)
- [Neurosurgery's Facebook Page](#)
- [Neurosurgery's LinkedIn Group](#)

If you are interested in these communications activities, please contact Alison Dye, AANS/CNS Senior Manager of Communications, at adye@neurosurgery.org.

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