



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

President Obama Signs the Pathway for SGR Reform Act

On Dec. 26, 2013, President Obama signed into law the [Pathway for SGR Reform Act of 2013](#), which was attached as an amendment to the [Bipartisan Budget Agreement of 2013](#). As a result of this legislation, rather than a 24-percent cut, physicians will receive a 0.5-percent increase in Medicare pay on Jan. 1, 2014, through March 31, 2014.

The AANS and CNS supported passage of a short term "bridge" to prevent the Medicare pay cut since it will allow for additional time to continue work on a permanent sustainable growth rate (SGR) replacement policy that [meets our principles](#).

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■ TBI Bill Approved by House Energy & Commerce Committee

In December 2013, the [U.S. House Energy & Commerce Committee](#) approved legislation to reauthorize the Traumatic Brain Injury (TBI) program for five years. Introduced by Rep. **Bill Pascrell** (D-NJ), H.R. 1098, the [Traumatic Brain Injury Reauthorization Act of 2013](#), authorizes \$6 million annually to carry out [Centers for Disease Control and Prevention](#) (CDC) research on traumatic brain injury preventions and for surveillance of traumatic brain injuries. The bill also authorizes roughly \$10 million annually (for fiscal years 2014 through 2018) for state grants to boost access to traumatic brain injury rehabilitation and provide advocacy services for people with traumatic brain injuries.

Committee Chairman **Fred Upton** (R-MI) announced that he expects the legislation will be considered by the House of Representatives in the first month or two of 2014.

If you have questions about these or other legislative issues, please contact Katie Orrico, director of the AANS/CNS Washington Office, at korrico@neurosurgery.org

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Coding and Reimbursement

■ Aetna Revises Coverage Policy for Spine Cages

In response to comments from the neurosurgery-led Council of Surgical Spine Societies (COSSS) and other organizations, on Dec. 24, 2013, Aetna issued an [updated policy](#) for spine surgery, stating spine cages for cervical fusion are considered medically necessary for individuals with any of the following indications for use: 1) multilevel corpectomy for tumors, compression fractures, retropulsed bone fragments, or central canal stenosis with myelopathy; 2) multilevel pseudarthrosis in persons with prior fusion; or 3) Jehovah's Witness with poor bone stock. In addition, Aetna will cover sacroiliac joint fusion for tumors involving the sacrum and for sacroiliac joint infection.

The policy revises a previous proposal not to cover spinal fusion with cages based on an Aug. 31, 2013, review. COSSS sent a [letter](#) on Dec. 11, 2013, requesting a change in the proposed policy, pointing out that the literature cited by Aetna designating the use of cervical cages as experimental and investigational was outdated, incomplete, and did not reflect standard best practice.

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.

Quality Improvement

■ **John K. Ratliff, MD, FAANS, Appointed to NQF Steering Committee**

In December 2013, **John K. Ratliff**, MD, FAANS, Co-Director of Stanford University's Division of Spine and Peripheral Nerve Surgery and Vice-Chair of the AANS/CNS Quality Improvement Workgroup (QIW), was selected to serve on the [National Quality Forum's \(NQF\) Cost and Resource Use Measure Endorsement/Maintenance Standing Committee](#). This multi-stakeholder committee is tasked with evaluating newly submitted cost and resource-use measures, as well as measures undergoing maintenance review for use in federal and private payer accountability programs. Dr. Ratliff has extensive experience related to quality and cost measure development. He previously represented organized neurosurgery on NQF workgroups focusing on overuse and resource use related to bone and joint procedures, as well as on a [Centers for Medicare & Medicaid Services \(CMS\) work group](#) tasked with developing episodes of care and other strategies for bundling spinal procedures.

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■ **Additional Guidance: How the Proposed New Timeline for the EHR Incentive Programs Affects You**

The [Centers for Medicare & Medicaid Services \(CMS\)](#) and the [Office of the National Coordinator \(ONC\)](#) [recently announced](#) the intent to change the Stage 3 timeline and extend Stage 2 of meaningful use through 2016.

It's important to note that the proposed timeline does not delay the start of Stage 2 of meaningful use. Also, it does not affect the current reporting periods and deadlines for 2014 participation.

Neurosurgeons must demonstrate meaningful use according to the following reporting periods in order to avoid penalties in 2015:

- Those who will start their first year of Stage 1 participation for the Medicare EHR Incentive Program in 2014 must begin the 90 days of Stage 1 of meaningful use no later than July 1, 2014, and submit attestation by Oct. 1, 2014, in order to avoid the 2015 payment adjustment.
- Those who have completed a full year of Stage 1 meaningful use must demonstrate a second year of Stage 1 meaningful use in 2014 for a three-month reporting period fixed to the quarter for Medicare or any 90 days for Medicaid. Additionally, you will need to demonstrate Stage 2 of meaningful use for two years (2015 and 2016) and you will begin Stage 3 of meaningful use in 2017.
- Those who have completed two or more years of Stage 1 of meaningful use will still need to demonstrate Stage 2 of meaningful use in 2014 for a three-month reporting period fixed to the quarter for Medicare or any 90 days for Medicaid. Additionally, you will need to demonstrate Stage 2 of meaningful use for three years (2014, 2015 and 2016) and you will begin Stage 3 of meaningful use in 2017.

For more information, visit the CMS EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

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- **New Interactive Tool from CMS Helps Health Professionals Determine Eligibility for eHealth Programs**

The [Centers for Medicare & Medicaid Services](#) (CMS) now offers an interactive [eHealth Eligibility Assessment Tool](#) to help professionals determine their eligibility in the following eHealth programs:

- [Medicaid and Medicare EHR Incentive Program](#)
- [Physician Feedback/Value-Based Payment Modifier Program](#)
- [Physician Quality Reporting System \(PQRS\)](#)
- [Maintenance of Certification Program Incentive](#)

Neurosurgeons need only answer a few questions to determine the eHealth programs for which they may qualify.

If you have any questions regarding these or other quality-related issues, please contact Rachel Groman, Vice President for Clinical Affairs and Quality Improvement at Hart Health Strategies, at rgroman@hhs.com.

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Emergency-Trauma Care

- **VA Adds Five Conditions Linked to Service-related Traumatic Brain Injury**

The [Department of Veterans Affairs](#) (VA) has issued [new regulations](#) effective Jan. 16, 2014, easing the burden of proof required for veterans to receive healthcare and compensation for certain illnesses, including Parkinsonism, dementia, and depression, which have been linked to traumatic brain injury. In addition, the policy includes unprovoked seizures and hormone-deficiency diseases related to the hypothalamus, pituitary or adrenal glands. Under the new rules, if a veteran with an established service-related moderate-to-severe brain injury develops one of the five conditions within the stated time period, the condition will be considered service-related. More information is available by clicking [here](#).

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Communications

- **Deborah L. Benzil, MD, FAANS, Appointed as New CPR Chair**

Congratulations to **Deborah L. Benzil**, MD, FAANS, who has been appointed to serve as the new chair of the AANS/CNS Communications and Public Relations (CPR) Committee. Dr. Benzil replaces former CPR chair, **Monica C. Wehby**, MD, FAANS, who resigned from this position to launch her campaign for the United States Senate in the state of Oregon.

Dr. Benzil, who served as the *AANS Neurosurgeon* liaison to the CPR, and is the current associate editor for *AANS Neurosurgeon*, has an extensive communications background and will most certainly help take the committee to the next level. Please join us in congratulating Dr. Benzil on her new role as the new CPR chair!

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- **Brain R. Subach, MD, FAANS, Appears on NPR Regarding Spinal Fusion Surgery**

On Dec. 12, 2013, **Brian R. Subach**, MD, FAANS, a practicing spine-neurosurgeon from northern Virginia, was invited to serve as a panelist on National Public Radio's (NPR's) [Diane Rehm Show](#). The program, "[Concerns About The Increase In Spinal Fusion Surgery](#)," featured a number of other panelists, including **Richard Deyo**, MD (a professor, physician and researcher from the Oregon Health and Science University), and **Dan Keating** (a reporter from *The Washington Post*). This program was an outgrowth of an article in [The Washington Post](#) and subsequent [letter to the editor](#) that Dr. Subach submitted.

Dr. Subach did an outstanding job highlighting the benefits of spinal fusion surgery for appropriate indications, while supporting continued outcome studies to refine those indications. He also firmly supported the benefits of appropriate conservative therapy.

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■ **Connect with Neurosurgery's Social Media Platforms**

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), and health reform in general. We look forward to connecting with you online, and welcome your content ideas and contributions.

We invite you to visit the blog and subscribe to it, as well as connect with us on our various social media platforms, so that you can keep your pulse on the many health-policy activities happening in the nation's capital.

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

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