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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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Neurosurgeons Taking Action News

FDA Safety Announcement

FDA Issues Safety Communication Regarding Cranial Perforator Devices

On Sept. 28, 2015, the [Food and Drug Administration](#) (FDA) issued a safety communication to remind neurosurgeons about the techniques for the safe use of cranial perforators with an automatic clutch mechanism. The purpose of the notice is to reduce the risk that these devices will fail to disengage or stop drilling.

[Click here](#) for a copy of the notice.

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Legislative Affairs

Neurosurgery Joins Alliance in Support of "American Health Care Reform Act of 2015"

On July 20, 2015, the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) joined forces with the [Alliance of](#)

[Specialty Medicine](#) in sending a letter to Rep. **Phil Roe**, MD, (R-Tenn.), thanking him for addressing several key issues in [H.R. 2653](#), the "American Health Care Reform Act of 2015." In our [letter](#), we commended him for including medical liability reform and repeal of the Independent Payment Advisory Board and Value-based Payment Modifier. The bill currently has 96 co-sponsors.

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Neurosurgery Joins Surgical Coalition in Support of "Flex IT 2 Act"

On Sept. 8, 2015, organized neurosurgery teamed up with other surgical organizations in sending a letter to Rep. **Renee Ellmers** (R-N.C.) expressing appreciation to her for addressing the burdens of Medicare's electronic health record (EHR) meaningful use (MU) program in [H.R. 3309](#), the "Further Flexibility in HIT Reporting and Advancing Interoperability Act" or "Flex IT 2 Act." In our letter, we applauded her for providing much needed flexibility in the MU program including delaying Stage 3 rulemaking until certain conditions are met; considering the MU quality requirements to be satisfied if [Physician Quality Reporting System](#) (PQRS) Qualified Clinical Data Registry (QCDR) requirements are met; and by eliminating the all or nothing approach of the MU program. The bill currently has nine co-sponsors.

In related action, Reps. **Ellmers**, **Tom Price**, MD (R-Ga.) and **David Scott** (D-Ga.) led a Congressional [letter](#) effort urging regulatory relief for healthcare providers. The [letter](#), signed by 116 members of Congress, urged Shaun Donovan, director of the Office of Management and Budget (OMB), and Sylvia Burwell, secretary of the Department of Health and Human Services (HHS), to refrain from finalizing Meaningful Use Stage 3. The AANS and CNS worked with our allies on Capitol Hill to gather signatures for this bipartisan letter.

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AANS and CNS Urge Senate for CDC Injury Center Funding

On Sept. 16, 2015, the AANS and CNS sent a [letter](#) to the [U.S. Senate Appropriations Committee](#) requesting increased funding for injury prevention at the [Centers for Disease Control and Prevention's National Center for Injury Prevention and Control](#). This money would be used to fund [Injury Control Research Centers](#) (ICRCs) to conduct research in all three core phases of injury control — prevention, acute care and rehabilitation — as well as support training and information centers for the public.

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Congressional Neuroscience Caucus Hosts BRAIN Initiative Briefing

On Sept. 10, 2015, the [Congressional Neuroscience Caucus](#) and the [American Brain Coalition](#) hosted a briefing on Capitol Hill. Co-chairs Reps. **Cathy McMorris Rodgers** (R-Wash.) and **Earl Blumenauer** (D-Ore.) heard from GE, Inscopix and the Brain and Behavior Research Foundation — organizations that have committed to support the [Brain Research through Advancing Innovation Neurotechnologies \(BRAIN\) Initiative](#). Launched by the White House in April 2013, the BRAIN Initiative is a private-public partnership that seeks to tackle the essential question of how the brain works. The AANS and CNS are members of the American Brain Coalition and work closely with them on a regular basis.

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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NeurosurgeryPAC

Neurosurgery's Advocacy Efforts Make a Difference — Consider Donating to NeurosurgeryPAC Today!

Did you know that neurosurgery's advocacy efforts this year put nearly \$80,000 in most neurosurgeon's bank account? Yes, \$80,000! How did this happen, you ask? Because of our advocacy efforts in passing the Medicare Access and CHIP Reauthorization Act (MACRA). [Click here](#) to see the details and to learn how it's essential that neurosurgery have the political resources to help advance our advocacy agenda.

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NeurosurgeryPAC Continues to Make Progress in Meeting its 2015 Fundraising Goal

NeurosurgeryPAC raised nearly \$12,000 at the CNS Annual Meeting, bringing total contributions for 2015 to \$182,000. Unfortunately, this falls short of this year's \$250,000 fundraising goal. The stakes are as high as ever, and it is critical that NeurosurgeryPAC have the necessary resources to back Congressional candidates who support the policy positions of neurosurgery. This is not about Democrats or Republicans but about who will champion our issues and move our legislative agenda forward for the betterment of neurosurgeons and their patients. NeurosurgeryPAC is nonpartisan and does not base its decisions on party affiliation but instead, focuses on the voting records and campaign pledges of the candidates.

Contributing is easier than ever! Simply use our online donation option by logging into [MyAANS](#). Thank you for contributing!

[Click here](#) for more information on the NeurosurgeryPAC, including the current list of donors, candidates receiving NeurosurgeryPAC support and to read more about your PAC in action.

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

If you have questions about NeurosurgeryPAC, please contact Adrienne Roberts, senior manager for legislative affairs in the AANS/CNS Washington Office, at aroberts@neurosurgery.org.

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Coding and Reimbursement

ICD-10 Implemented on Oct. 1, 2015

As expected, on Oct. 1, 2015, the [Centers for Medicare & Medicaid Services](#) (CMS) implemented the ICD-10 diagnosis code set to replace the ICD-9 codes. Providers may no longer bill with ICD-9 codes after this date. However, as a result of advocacy by the AANS, CNS and others, Medicare claims in the first year will not be denied solely based on the specificity of the ICD-10 diagnosis codes provided, as long as the physician submits an ICD-10 code from an appropriate family of codes. For more information on ICD-10, [click here](#). Additionally, neurosurgeons might find it helpful to read *AANS ICD-10 Express Code*, a hand-held guide to the most common diagnoses faced by the practicing neurosurgeon, which is available at [AANS Marketplace](#). The AANS will also include ICD-10 issues in the next [Managing Coding](#) course taking place Nov. 5-7, 2015, in Philadelphia.

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Neurosurgery Responds to the Proposed 2016 Medicare Physician

Fee Schedule

On Sept. 8, 2015, the AANS and CNS sent a [letter](#) to the [Centers for Medicare & Medicaid Services](#) (CMS) regarding a number of items in the [2016 Medicare Physician Fee Schedule proposed rule](#), which was released in July 2015. Overall, the proposed changes resulted in a net 1 percent decrease in payments to neurosurgeons, due primarily to a change in the methodology for calculating malpractice relative value units. Among other items in the letter, the AANS and CNS urged CMS to:

- Clarify and assure the accuracy of the data it used to determine neurosurgery professional liability premiums and to publish the data in a format that is readily understandable;
- Maintain the current 10- and 90-day global payment policy; and
- Reject revaluing “add-on” CPT codes 22614, 22840, 22842 and 22845.

In addition to our efforts, organized neurosurgery joined forces with the [Alliance of Specialty Medicine](#) to send a separate group [letter](#) to CMS regarding the proposed rule. CMS is expected to publish the final fee schedule rule on or about Nov. 1, 2015.

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Neurosurgery Comments on Washington State Lumbar Fusion Policy

On Sept. 17, 2015, the AANS, CNS, [AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves](#) and the Washington State Association of Neurological Surgeons (WSANS) sent a [letter](#) to the [Washington State Health Care Authority Health Technology Assessment](#) (HTA) Program. The letter responded to a [draft technical assessment](#) document prepared by the [Institute for Clinical and Economic Review](#) (ICER) as part of the HTA Program’s re-review of its current coverage policy for lumbar spinal fusion, which was developed in 2008. An updated coverage policy for lumbar fusion will be considered and voted upon by the Health Technology Clinical Committee on Nov. 20, 2015. The AANS and CNS are working closely with WSANS as the review process goes forward.

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CMS Declines to Rescind Inappropriate Edit Prohibiting Reporting of Arthrodesis with Laminectomy

Despite organized neurosurgery’s ongoing efforts, on Sept. 1, 2015, the [Centers for Medicare & Medicaid Services](#) (CMS) sent the AANS and CNS a [letter](#) stating that the agency will not rescind the [National Correct Coding Initiative](#) (NCCI) edit prohibiting the reporting of CPT codes 63042 (laminotomy...; lumbar) or 63047 (laminectomy...; lumbar) with CPT codes 22630 or 22633 (arthrodesis; lumbar) when performed at the same interspace. The AANS and CNS have strongly opposed the edit, urging CMS to repeal this coding change.

If you have any questions regarding these or other reimbursement issues, please contact Cathy Hill, AANS/CNS senior manager for regulatory affairs, at chill@neurosurgery.org.

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AANS and CNS Comment on Proposed Medicare Hospital Outpatient Regulation

On Aug. 31, 2015, the AANS and CNS sent a [letter](#) to the [Centers for Medicare & Medicaid Services](#) (CMS) regarding a number of provisions in the [2016 Medicare Hospital Outpatient Prospective Payment System \(OPPS\) and Ambulatory Surgery Center \(ASC\) Proposed Rule](#). In our letter, the AANS and CNS supported the CMS proposal to remove four spine codes from the inpatient-only list — CPT codes 20936, 20937, 20938 and 22552 — requesting that these also be included on the ASC list. The letter stressed, however, that the site of service should be

determined by the operating surgeon in consultation with the patient. In addition, organized neurosurgery supported the use of a modifier for reporting a single session of stereotactic radiosurgery (SRS) to allow CMS to collect accurate cost data. We also urged CMS to eliminate the so-called "two-midnight" rule. CMS is expected to publish the final rule on or about Nov. 1, 2015.

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Neurosurgery and the Multispecialty Pain Workgroup Send Letter to Washington State Regarding Spinal Injection Policy

On Sept. 15, 2015, the AANS and CNS joined 12 specialty society members of the Multispecialty Pain Workgroup (MPW) and the [Washington State Association of Neurological Surgeons](#) (WSANS) in sending a [letter](#) to the Washington State Health Care Authority [Health Technology Assessment](#) Program regarding draft questions for an updated evidence assessment published on Sept. 1, 2015. The [Health Technology Clinical Committee](#) (HTCC) will review and update its current policy, which was developed in 2011, on March 18, 2015. [Click here](#) for more information.

If you have any questions regarding these 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

CMS and ONC Release Final Rules for EHR Incentive Programs

On Oct. 6, 2015, the U.S. [Department of Health and Human Services](#) released two major rules pertaining to the [electronic health record \(EHR\) meaningful use program](#). The "Medicare and Medicaid Programs Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 through 2017" [final rule](#) includes changes in current reporting requirements, as well as setting forth requirements for meaningful use (MU) Stage 3, which is planned for implementation in 2018. The "2015 Edition Health Information Technology Certification Criteria, 2015 Edition Base Electronic Health Record Definition, and ONC Health IT Certification Program Modifications" [rule](#) finalizes new certification criteria for EHR systems that will qualify for achieving MU in Stage 3.

With regard to the modifications rule, CMS, among other things, shortened the 2015 reporting period from a full calendar year to any 90 consecutive days in 2015 and reduced the overall number of measures required to achieve meaningful use (MU). In addition, the rule establishes the requirements for Stage 3 of the program as optional in 2017 but required for all participants beginning in 2018. CMS also continues to encourage the electronic submission of clinical quality measure (CQM) data, establishes requirements to transition the program to a single stage and aligns reporting for providers in EHR incentive programs. CMS officials acknowledged the new rules are almost guaranteed to be revised in the coming months in order to accommodate federal legislation passed earlier this year. In a press statement accompanying the release of the rules, CMS announced "a 60-day public comment period to gather additional feedback about the EHR incentive programs going forward, in particular with the [Medicare Access and CHIP Reauthorization Act](#) (MACRA)."

While not clearly explained in the rule, providers who are unable to meet the requirements of MU for the 2015 reporting period for reasons related to the timing of the publication of the final rule may apply for a hardship exception under the "extreme and uncontrollable" circumstances category. Each hardship exception application will be reviewed on a case-by-case basis. [Click here](#) for more information on how to apply for a hardship exception.

Prior to the release of the final rules, the AANS and CNS joined the [American Medical Association](#) and nearly 50 national medical specialty societies in sending a

[letter](#) to the [Department of Health and Human Services](#) and a [letter](#) to the [Office of Management and Budget](#) (OMB) urging Secretary Burwell and OMB Director Shaun Donovan to (a) pause MU Stage 3 and reevaluate the program; (b) finalize the Stage 2 modifications rule (allowing for 90-day only reporting); and (c) establish an additional hardship exemption category for physicians who could not anticipate and comply with new program mandates so late into the year. This issue unites the entire physician community, and we remain hopeful that we can make progress so as to bring neurosurgeons relief from this burdensome regulatory scheme.

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PQRS Payment Adjustment Review Period Underway

Eligible professionals (EPs) and group practices participating in the [Physician Quality Reporting System](#) (PQRS) who believe they were incorrectly assessed a negative payment adjustment for 2016 may ask the [Centers for Medicare & Medicaid Services](#) (CMS) to review their adjustment determination through Nov. 9, 2015, by submitting an informal review request at the [quality reporting portal](#). Review decisions are final and should be received within 90 days. Individual EPs, Comprehensive Primary Care practice sites and group practices participating in PQRS must satisfactorily report quality data for covered professional services in 2014 to avoid a 2 percent payment reduction in 2016. For more information, see the CMS [fact sheet](#) or watch the CMS video entitled, "[PQRS/Value-Based Provider Modifier: What Medicare Professionals Need to Know in 2015](#)."

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AANS and CNS Comment on Proposed 2016 Medicare Physician Fee Schedule Quality Provisions

On Sept. 8, 2015, the AANS and CNS submitted [comments](#) to the [Centers for Medicare & Medicaid Services](#) (CMS) on its [2016 Medicare Physician Fee Schedule](#) (MPFS) proposed rule. In our comments, the AANS and CNS cautioned against moving too quickly to make physician quality and cost performance data available to the public, especially in formats that could result in misuse or misinterpretations of the data. Additionally, with regard to the Physician Quality Reporting System (PQRS) program, we expressed support for allowing group practices to participate via [Qualified Clinical Data Registries](#) (QCDRs) and requested that CMS publish specifications for newly proposed quality measures prior to rule making. The AANS and CNS also reiterated our opposition to the measures and methodologies used to make "value" determinations under the [Value-Based Payment Modifier](#) (VM) program and encouraged the agency to continue to improve the format and accuracy of [Quality and Resource Use Feedback Reports](#) (QRURs). Finally, we offered broad initial recommendations related to the new Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) program, authorized under the [Medicare Access and CHIP Reauthorization Act](#) (MACRA), to replace existing federal quality reporting mandates.

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Comprehensive Care for Joint Replacement Model

On Sept. 8, 2015, the AANS and CNS [submitted comments](#) to the [Centers for Medicare & Medicaid Services](#) (CMS) on its newly proposed [Comprehensive Care for Joint Replacement](#) (CCJR) model, which is a bundled payment model for hip and knee replacement surgery that would target hospitals in specific locations across the U.S., starting on Jan. 1, 2016, that do not currently participate in CMS' [Bundled Payments for Care Improvement](#) (BPCI) initiative. Unlike the BPCI, targeted hospitals would be mandated to accept financial accountability for the quality and cost of treating Medicare fee-for-service beneficiaries during a hip/knee replacement "episode." Although this model would not impact neurosurgeons directly, the AANS and CNS felt the need to take advantage of this opportunity to point out weaknesses should CMS decide to apply this model to other procedures in the future. Organized neurosurgery's concerns include: the unprecedented mandatory nature of the model; CMS' aggressive timeline; the need to ensure that

physicians play a leading role; the inadequacy of the proposed risk adjustment methodology; inappropriate spending targets that could put patient access at risk and stifle innovation; a lack of incentives for patients to be more actively involved in their care; and the need to first establish a more robust foundation of data before applying such models.

The AANS and CNS reminded CMS that bundled payment models have a chance of succeeding only where care is being done in a relatively similar and predictable manner. It will be much more challenging and possibly inappropriate for other procedures that are non-elective, have lower patient volumes and are more heterogeneous in regards to approach, costs, outcomes and patient populations. Organized neurosurgery urged CMS to work closely with professional societies and their clinical experts to determine which procedures are most appropriate for this model and which will require more innovative approaches.

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AANS/CNS Nominee Appointed to HHS Advisory Committee

Nominated by the AANS and CNS, **Harold D. Miller**, president and CEO of the [Center for Healthcare Quality and Payment Reform](#), was recently [appointed](#) to the new Physician-Focused Payment Model Technical Advisory Committee. Established by the [Medicare Access and CHIP Reauthorization Act](#) (MACRA), this committee will provide comments and recommendations to the Secretary of the [U.S. Department of Health and Human Services](#) on physician payment models.

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Evaluating and Understanding New Payment Model Commercial Payer Contracts

Commercial payers are increasingly pursuing contracts with physicians based on new payment models, such as pay-for-performance and bundled or episode-based payment. These alternative payment models can rely on both cost and quality metrics to determine payment rates for physicians. Navigating the assortment of new payer contracts can be made easier by gaining an understanding of payer agreements, and the portions of those agreements that should be prioritized and can be negotiated. To this end, the [American Medical Association](#) (AMA) recently developed [two new resources](#) that explain key issues physicians should consider when evaluating such agreements.

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, via email at rgroman@hhs.com.

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Of Note

John L.D. Atkinson, MD, Receives AWS' 2015 Past President Honorary Member Award

On Oct. 5, 2015, during the [American College of Surgeons'](#) 2015 [Clinical Congress](#), at its [Foundation Awards Dinner](#), the [Association of Women Surgeons](#) (AWS) presented **John L.D. Atkinson**, MD, FAANS, with the 2015 AWS Past Presidents' Honorary Member Award. This prestigious award is given to individuals supportive of the goals of the AWS. Dr. Atkinson is a professor of Neurosurgery at the Mayo Clinic College of Medicine and currently serves on the American College of Surgeons' Board of Regents.

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Maya Babu, MD, Selected to Participate in ABMS' Visiting Scholars Program

On Oct. 5, 2015, **Maya Babu**, MD, was selected to participate in the [American Board of Medical Specialties Research and Education Foundation's Visiting Scholars Program](#) for 2015-16. Dr. Babu's project, "The Practicing Neurosurgeon: Perceptions of Maintenance of Certification (MOC) and Recognized Focused Practice," will determine clinically active neurosurgeons' perceptions about the value of MOC and Recognized Focused Practice. It will also explore the construction of a meaningful MOC process that achieves the goals of providing education and confirming clinical competency for the specialty.

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Communications

Alex B. Valadka, MD, Pens Guest Column for Morning Consult

AANS treasurer, **Alex B. Valadka**, MD, FAANS, recently authored a [guest column](#) for [Morning Consult](#) regarding patient access to specialty care. In the piece, Dr. Valadka wrote, "As a physician, I'm very concerned about the current state of our healthcare system. There are many critical issues that have the potential to jeopardize patient access to specialty care. As a nation, we cannot ignore these problems if we are serious about improving the well-being of our patients. It is time for Congress to step up to the plate and address the continued shortcomings of our healthcare system." Dr. Valadka pointed out the problems associated with the implementation of the Independent Payment Advisory Board (IPAB), a lack of funding for graduate medical education (GME) and the myriad problems associated with electronic medical record (EMR) systems.

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AANS and CNS Sponsor Ad Supporting Fast Act

In August 2015, the AANS and CNS joined the [American Heart Association/American Stroke Association](#) in sponsoring an [advertisement](#) in [Politico](#), urging members of Congress to co-sponsor [H.R. 2799](#), the "Furthering Access to Stroke Telemedicine Act." This legislation would expand access to certain stroke telehealth services.

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Neurosurgery Blog Takes Part in Neurosurgery Awareness Month

In August 2015, organized neurosurgery took part in a variety of activities for Neurosurgery Awareness Month. In recognition of this month, Neurosurgery Blog developed an animation entitled, "[Neurosurgeons are NOT Just Brain Surgeons](#)," which provides a brief overview about the breadth of neurosurgery and neurosurgeons. Within just the first three days, nearly 2,500 people viewed the video. To date, it has over to 5,000 views, making it our most successful video. In addition, Neurosurgery Blog posted multiple blogs with content relating to the month, including:

- [AANS Spotlight: August is Neurosurgery Awareness Month](#)
- [ThinkFirst: Raising Awareness about Brain and Spinal Cord Injuries for 30 Years](#)
- [Resident Reflection: Holding the Line against Apathy](#)
- [Neurosurgeons are NOT Just Brain Surgeons](#)

Additionally, we invite you to visit the blog and subscribe to it, as well as connect with us on our various social media platforms. This will allow you to keep up with the many health-policy activities happening in the nation's capital and beyond the Beltway.

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

- [Neurosurgery's Facebook Page](#)
- [Neurosurgery's LinkedIn Group](#)
- [Neurosurgery's YouTube Channel](#)
- [Neurosurgery's Google+ Page](#)

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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