Action Item 1

**Interspecialty Committee review on recommendation of HOD Resolution referred from Council**

2015-253 **Reimbursement for Non-Bundled Lab Tests**
RESOLVED, That MSSNY seek legislation that a preoperative basic blood test bundle be defined by the insurance companies and that additional lab tests necessary to assess the patient perioperatively or to establish their baseline wellness (i.e. cholesterol level, vitamin D level) may be drawn simultaneously as the standard bundle, but be reimbursed as different and distinct labs.

The 2015 House of Delegates recommended that Resolution 253 be referred to Council for further study of the following: 1) clarification needs to be obtained in reference to the definition of a pre-operative basic blood test bundle; and 2) MSSNY needs to address who might be ultimately liable for the tests ordered and their results. Subsequently, Council recommended that Resolution 253 be referred to its Interspecialty Committee for review.

The Interspecialty Committee began to address this referred Resolution; then decided to hold further discussion in abeyance until the anticipated Orthopaedic specialty specific topic of CMS’ Comprehensive Care for Joint Replacement (CCJR) payment model is addressed. After a thorough discussion by all the members on the issue of CCJR, the committee decided to substitute the following resolution in lieu of Resolution 2015-253:

**Committee Recommendation:**
Resolved, that the Medical Society of the State of New York seek federal legislation to ensure that as the government moves forward to value based payment and reform, that the legislature and federal agencies seek direct physician input to ensure that bundled payments result in quality care and best patient outcomes rather than concentrating solely on the cost of care.

(For Council Approval)
**Action Item 2**

**Interspecialty Committee review on recommendation of HOD Resolution referred from Council**

2015-260  **Monitored Anesthesia Care & Pain Management Injections**

RESOLVED, That the Medical Society of the State of New York urge the Centers for Medicare and Medicaid Services (CMS) and the New York State Department of Financial Services to ask their carrier/insurer constituencies to reassess their coverage/reimbursement policies regarding the administration of Monitored Anesthesia Care (MAC) in conjunction with therapeutic pain injections, in light of the trend among some insurers to disallow coverage for MAC; and be it further

RESOLVED, That the Medical Society of the State of New York urge the Centers for Medicare and Medicaid Services (CMS) and the New York State Department of Financial Services to point out to insurers that disallowing Monitored Anesthesia Care (MAC) services in conjunction with therapeutic pain injections constitutes a patient safety issue — given that many patients who are facing therapeutic injections for pain management will be disinclined to undergo those procedures without sedative anesthesia, and will therefore need Monitored Anesthesia Care (MAC); and be it further

RESOLVED, That the Medical Society of the State of New York ask the Centers for Medicare and Medicaid Services (CMS) and the New York State Department of Financial Services to require insurers that are denying, or contemplating denying, MAC services in conjunction with therapeutic pain injections, to meet with the physician community via the Medicare Carrier Advisory Committee (CAC) process (or, in the case of private and managed care insurers, via their Medical Policy Advisory Boards) to discuss the clinical and patient safety issues that would be raised by the denial of those services.

The 2015 House of Delegates recommended that Resolution 260 be referred to Council since this subject matter was discussed, at length, through the Medicare Carrier Advisory Committee (CAC) process. The CAC developed their Pain Management policy under Policy Number L28529. The Medicare CAC has specific rules developed for any reconsideration of Medicare policy. Therefore, if this policy needs to be revisited, then it needs to be redressed through the Medicare Carrier Advisory Committee (CAC) process. MSSNY Council recommended that Resolution 260 be referred to its Interspecialty Committee for review.

The Interspecialty Committee addressed the concerns of the Resolution and based on its discussion with input from Dr. Laurence Clark, NGS Medicare Medical Director and CAC Co-Chair, makes the following recommendation.

**Committee Recommendation**

**Resolution 2015-260 be referred back to New York County Medical Society to refer back to the NYS Society of Anesthesiologists, Inc. and The New York Society of Interventional Pain Physicians (NYSIPP) for Medicare Carrier Advisory Committee (CAC) reconsideration.**

*(For Council Approval)*
Action Item 3

Interspecialty Committee review on recommendation of HOD Resolution referred from Council

2015-263 Appeals Process for Medications with Proscribed Dosing
RESOLVED, That MSSNY seek changes in insurance and Medicare regulations to allow trained professionals to make dosing changes for approved medications with appropriate documentation in the medical record.

The 2015 House of Delegates Reference Committee on Socio-Medical Economics heard substantial testimony with regard to this resolution. However, due to the complexities and potential risk embodied within this resolution, your Reference committee recommended that Resolution 263 be referred to Council for further consideration and study. MSSNY Council recommended that Resolution 263 be referred to its Interspecialty Committee for review.

The Interspecialty Committee discussed the sentiments of this resolution. After continued discussion, Dr. Ronald Kaufman, Urologist and Dr. Inderpal Chhabra, Internist said they would discuss the issue of the resolution with the author, Dr. Michael Ziegelbaum and craft a more specific resolution. The following is the result of their work and is the Committee’s recommendation as a substitute Resolution in lieu of resolution 2015-263.

Committee Recommendation:

RESOLVED, That the Medical Society of the State of New York seek legislation to ensure that Medicare, Medicaid and insurance plans in NYS allow physicians to make dosing adjustments for approved medications to allow the patient to achieve therapeutic levels regardless of their body mass index, as well as differing metabolic considerations. The dose administered should be within the purview of the treating practitioners based on clinical parameters, documented in the medical record.

(For Council Approval)