MSSNY COMMITTEE ON INTERSPECIALTY

Thursday, June 29, 2017

Approval of the Minutes of the October 27, 2016 Committee meeting

Dr. Steven S. Schwalbe, presiding, called the meeting for June 29, 2017 to order. The first order of business was to approve the minutes from the last meeting held on October 27, 2016. The minutes were accepted and approved as written.

Medicare CAC Local Coverage Determinations (LCDs) for consideration -

- Cognitive Rehabilitation

Dr. Laurence Clark of NGS Medicare advised the Committee that this LCD drew some significant comments and disagreements from the Medicare Carrier Advisory Committee (CAC) members. Neurologists in New York and New England voiced some very strong commentary about rehabilitative services in patients with essentially damaged brains. The controversy came up over whether Neurodegenerative disorders like MS and Parkinsonôs may also be able to benefit from Cognitive Rehabilitation. Additionally, concerns were made about the benefit for mild cognitive impairment and therapy for the earlier stages of Alzheimerôs disease. Would this person benefit from Cognitive Rehabilitation services that help train that person perhaps with memory function, activities in terms of daily living, how to drive to the market or the bank?

The LCD clearly included the traditional uses stroke/traumatic brain injury, but it is these other types of disorders add to controversy. The comment period extends to August 2nd and NGS Medicare is open to more commentary.

Dr. Van de Walle, representing PM &R, was delayed in joining; but, added concerns about coverage relating to sports related concussions. Older people that have sports injuries can become a little complicated. Patientsô prognosis can be much better if there is early intervention. Dr. Van de Walle indicated that she will discuss this policy further with her colleagues at the NYU Concussion Center and submit further commentary by email.

- Genomic Sequence Analysis Panels in the Treatment of Myelodysplastic Syndromes (MDS)

The next policy was Genomic Sequence Analysis Panels in the treatment of Myelodysplastic syndrome**.** Dr. Allen had a meeting conflict so he asked me to read his commentary allowing a discussion on whether or not more than one test should be allowed for some conditions, particularly as Myelodysplastic Syndrome progresses towards transformation to AML and his position on the potential need for multiple tests. We had pathologists from MGH and Bringhaman Womenôs immediately jumping in to support his position. We had comments from the Connecticut State Oncology Group in support of his position. Dr. Allenôs commentary triggered a very good discussion in the timing and appropriateness of genetic testing in disorders

like this that have a progression and in terms of timing, appropriate therapy. Dr. Clark acknowledged the need will appreciate further commentary about how NGS Medicare should handle this in the context of the disease.

Dr. Steve Allen advised that another main was the coverage for doing Genomics and MDS is not covered the way you have it written. It not covered unless the bone marrow showed intermediate risk or high MDS.

Dr. Clark clarified that NGS will be revising the language to reflect that it should be covered if there is a high enough clinical suspension under the initial bone marrow specimen.

- Micro-Invasive Glaucoma Surgery (MIGS)

Dr. Clark stated that this policy was very well received by the Medicare CAC. Ophthalmologists Dr. LeBlanc, from New York and Dr. Gilbert from Connecticut contributed significant commentary. Micro-invasive Glaucoma Surgery using stents such as the Xen stent as opposed to the traditional Trabulectomy Surgery seems to be a very well received procedural advance. Therefore, NGS Medicare plans to cover these devices. Are there any particular preferences or reasons using one stent over the other? We want to be broadly inclusive of coverage because it does seem to be a real advantage in patient care. NGS Medicare would like comments on that. Again, the comment period ends August 2, 2017

- EndoscopicTreatment of GERD

This was the most disputed policy for the Medicare CAC. NGS recognizes that the inclusion of the LINX reflux procedure is not technically an endoluminal procedure. This might need to be a separate policy. There was some fairly strong commentary by GI doctors from New York and Connecticut in favor of some coverage with limited coverage for the LINX procedure. So, NGS Medicare is asking gastroenterologists in the state society to submit comments by August 2nd on whether or not we are going in the right direction on the LINX procedure.

- Treatment of Varicose Veins of the Lower Extremity

Lastly, Dr. Clark discussed the treatment of Varicose Veins for the lower extremity. NGS did include the limited coverage for the mechanical chemical of glycerin called MOCA and that was well received by the CAC members. It goes by the procedural proprietary name of Clarivein, which is the most common form.

To comment on a draft LCD during a formal comment period:

PartBLCDComments@anthem.com

Dr. Clark next addressed Intersystem Ambulance Transfers. This matter is a larger problem for NGS Medicare. He explained that it is understood that facilities are joining each other in

contributory groups. The facilities do not want to be developing redundant specialty units. They do not want to be developing redundant technology with its impact on capital investments.

However, the problem is Medicare law. Ambulance transfer is very explicit in going to the next suitable facility, not the next facility in that hospitalôs system. Medicare will pay for transport to the nearest facility.

Preparation for practices for the implementation of the MACRA legislation.

Next, Kathy Dunphy of NGS Medicare made her presentation. She advised members that they need to take time and take advantage of an educational program so that practices can make an important decision for how to go forward. There are many websites, tips, suggestions and tools out there to make this a little bit easier. Please review the following sites:

https://qpp.cms.gov/ and http://www.physiciansadvocacyinstitute.org/MACRA-QPP-Center

and https://ipro.org/for-providers/medicare-qpp

Medicare Outpatient Observation Notice (MOON)

Office of Management & Budget (OMB) approved standardized notice (CMS Form CMS-10611) to inform a Medicare beneficiary they are receiving outpatient observation services and not receiving inpatient services. The form requires a statement of the beneficiaryôs health issues. Start the process after 24 after admission; issue within 36 hours. This applies to all hospitals and critical access hospitals (CAH). All hospitals, including CAHs, must begin using the MOON notice no later than 3/8/2017.

Why Issue a MOON?
1. The MOON notice assists the Medicare beneficiary in understanding their hospitalization status;
2. Allows the beneficiary to make informed health care decisions;
3. Beneficiary will better understand their Financial obligations including cost-sharing requirements; and
4. Eligibility for Medicare coverage of subsequent Skilled Nursing Facility (SNF) services/stay.

Social Security Number Removal Initiative (SSNRI)

Change is coming for Medicare beneficiary ID numbers. CMS prohibits Social Security numbers on Medicare cards starting in 2019. The will impact claims processing and other related activities. The change is called the Social Security Number Removal Initiative (SSNRI). The new Medicare Beneficiary Identifier (MBI) will be:

- Recognizably different than the Medicare Health Insurance Claim Number (HICN)
- Displayed on the new Medicare cards
- Will be used by external people with Medicare, providers, plans, etc.

The Medicare numbers are going to start to change in April of 2018. Anybody new to the Medicare program will be given this new kind of number which is not the Social Security number.

Provider Revalidation

CMS is resuming regular revalidation every 5 years Part B providers and suppliers. During a revalidation, providers receive requests to revalidate their Medicare enrollment information and can revalidate their enrollment information using the Internet-based PECOS Å https://pecos.cms.hhs.gov/pecos/login.do

CMS-855 paper application found at: http://www.cms.gov/CMSForms/CMSForms/list.asp Failure to submit a complete revalidation application may result in deactivation of Medicare billing privileges

Dual Eligibles

Dual eligibles are Medicare beneficiaries who are also enrolled in the NYS Medicaid program. When treating dual eligibles in NYS, physicians are obligated to abide by mandatory assignment. Therefore, there is no balance billing of a dual eligible patient in New York.

Important Notice Regarding Handwriting on Claims Submitted to Medicare

NGS Medicare has been notifying the providers (Important Notice Regarding Handwriting on Claims Submitted to Medicare posted 6/22/2017), beginning Monday, 7/10/2017, NGS will return to the provider any paper claim submitted with handwriting on the face of the claim that is not a signature field, (i.e., Items 12, 13, or 31). A notice will be attached to the front of the returned claim and the claim will need to be resubmitted as a new claim.

NGS is rolling this out on a State/Locality basis and by November, all handwritten claims will be returned to the provider. The schedule is as follows:

Start Date to return handwritten paper claims	State/Locality	County listing
July 10, 2017	Maine, New Hampshire, Rhode Island, Vermont	
August 7, 2017	New York (Upstate: Localities 03 and 99)	New York Locality/Area and County Information
September 11, 2017	Connecticut	
October 9, 2017	Massachusetts	
November 13, 2017	New York (Downstate: Localities 01, 02, and 04)	New York Locality/Area and County Information

The Centers for Medicare & Medicaid Services (CMS) Internet-Only Manual (IOM) Publication 100-04, *Medicare Claims Processing Manual,* Chapter 26, Section 30, "Printing Standards and Print File Specifications Form CMS-1500" (700 KB) contains the printing specifications for the CMS-1500 claim form. These printing specifications do not provide instructions to submit handwritten claims. Please use this CMS IOM reference to ensure you are completing paper claims correctly.

NGS understands this may require some substantial changes to office practices and there are two alternatives to handwritten paper claims that would be of little cost to the medical practice.

1. **NGSConnex** is the web-based self-service portal, free of charge, and available through Internet access. You can login to NGSConnex and submit claims to Medicare. In addition to claims submission, NGSConnex has other useful functions like verifying Medicare entitlement, submitting appeals on claims, and viewing and downloading your remittance advice. Take this opportunity to get started on NGSConnex today!

2. **Electronic claim submission** and other transactions submitted electronically process considerably faster than paper submission. The Electronic Data Interchange (EDI) page on the NGS website, explains how to enroll and what capabilities an office needs to be able to submit electronic claims. In addition, NGS can provide, with no cost, claim submission software, PC-ACE. Visit the NGS web site at PC-ACE to learn more.

Moe Auster's legislative update

The NY State Legislature ended its formally scheduled 2017 Legislative Session late Wednesday, June 21st. Despite being besieged with numerous adverse proposals in the final weeks of Session, we are happy to report that the Session ended with MSSNY, working together with many other allies, able to assure that the scores of the adverse legislative proposals were rejected, including legislation that would have:

- Enabled corporate-owned Retail Clinics staffed by physician extenders
- Significantly expanded the information required to be included in the Physician Profile
- Limited injured worker choice of physician in Workers Compensation, expanded the role of Non-Physicians under Workers Compensation, and eliminated the county medical society role in processing applications
- Imposed burdensome new requirements on the prescribing of pain medications to patients;
- Required urgent care office ï based surgery centers to use electronic health records
- Expanded the scope of practice of numerous non-physicians, including podiatrists, Nurse-anesthetists, optometrists, psychologists, chiropractors, and naturopaths; and
- Formally permitted non-physicians to perform laser hair removal with virtually no physician oversight.

Moreover, working with many other public health groups, we scored an important public health victory by assuring that e-cigarettes are regulated similar to other tobacco products.
However, as you will note below, we are very disappointed that the Legislature chose to pass a one-sided liability expansion bill at a time when physicians and hospitals already face exorbitant liability costs, and potentially significant cuts from Washington. With Governor Cuomo waging on aggressive public campaign to warn the public about the threat to our health care system and New Yorkers generally if cuts arising from various proposals to repeal the ACA are enacted,

please let him know that further increases in liability costs would make these health care access problems even worse.

New Business

Dr. Wolpin brought up a new issue. The NYS Orthopedic Society is addressing a concern whereby WC authorized physicians are being paid at discounted rates by plans with which they have no contract. When the physicians file a dispute, apparently, the plan says it is part of the WCBôs Preferred Provider Organization (PPO) program.

The WCB has specific list of active PPOs authorized to provide care to ill/injured workers in NYS. The list is can be found here - http://www.wcb.ny.gov/content/main/hcpp/PrefProviderOrg/ActivePPOList.pdf. Apparently, some of these PPOs have subcontracted their networks to other plans.

Regina McNally, MSSNY, has provided Babette Grey of the NY State Orthopedic Society with material and a contact for the NYS Department of Health who has oversight of the WCBôs PPO program. Regina and Babette will continue to work together to seek clarification and resolution.

Committee Nominations Needed

Vice Chair

Dr. Schwalbe advised the members of the vacancy of the Vice Chair position. Dr. Corriel left the Committee last year and we certainly miss him. But that leaves an opening for the Vice Chair of this Committee. Dr. Schwalbe suggested that nominations to fill the Vice Chair of the Interspecialty Committee be submitted by email and voted on.

Dr. Schwalbe personally nominated Dr. Gary Rudolph for the position. The nomination of Dr. Rudolph was seconded by Dr. Steven Lee Allen. Dr. Schwalbe reiterated that if members have anyone in mind, send in your nominations by email and then we will vote by email.

MSSNY Representative to the Medicare CAC

Now there is also an opening for the MSSNY representative to the CAC. This position was filled for a long while by Dr. Arthur Wise and Dr. Wise has retired so this position is open as well.

The representative for the MSSNY CAC was usually voted on by the Interspecialty Committee. The original member, going back, was the late Dr. Fred Flatau. Next, was Dr. Ralph Schlossman. Then, we had Dr. Robert Goldberg who was a CAC Co-Chair and is an advisor for the Interspecialty Committee. Then, Dr. Arthur Wise became MSSNYôs CAC Representative when he was Chair of Interspecialty. He stayed on as MSSNYôs CAC representative when Dr. Steven S. Schwalbe became Chair of the Interspecialty Committee.

Dr. Goldberg was a Co-Chair at the CAC at the same time as he held the position of MSSNYôs CAC Representative. As Dr. Schwalbe is the current Co-Chair of the CAC,

there is justification for his being MSSNYôs CAC Representative, as well. Once a decision is made, the Committee would send the decision to Council for their blessing.

There being no additional business for todayôs meeting, the call was concluded. Dr. Schwalbe thanked the attendees for their participation and the call ended.

Respectfully submitted,

Steven S. Schwalbe, MD, Chairman