

ACN e-newsletter

Association of California Neurologists

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ACN SUPPORTS THE CALIFORNIA PARKINSON'S DISEASE REGISTRY— BUT MEMBERS HAVE RESERVATIONS

In 2004 the California legislature passed the California Parkinson's Disease Registry Act, which requires physicians, pharmacists, and other healthcare practitioners, as well as healthcare facilities or other agencies treating Parkinson's disease to report their cases and allow access to their records by authorized Registry staff. An initial four-county pilot project (Santa Clara, Fresno, Kern, and Tulare) was started to "determine the best and most cost effective methods of maintaining a future high quality, statewide Registry envisioned by the legislature." According to Doctor Paul English, Branch Science Advisor of the Environmental Health Investigations Branch of the California Department of Public Health, "all data collection, storage, and use procedures will be secure and fully compliant with HIPAA and other acceptable state and federal privacy laws."

Subsequently the ACN Board received communications from a number of members expressing concerns with the Registry. The gist of the concerns regarded the possible

violation of a patient's fundamental right to privacy and informed consent, as well as the mandatory nature of the Registry. Specific comments were made regarding possible governmental overreach, in that the Parkinson's Disease Registry would have the authority to obtain and review medical records without patient's knowledge or approval, and would compel physicians to divulge patient's conditions and share their medical records without patient's knowledge. Little leeway was given to a physician's discretion regarding appropriate patients to report. Recently the Board sent a letter to Doctor English regarding these concerns. The Board reiterated its strong support of the goals of the California Parkinson's Disease Registry, but also recommended that in its final form the Registry include the proviso that the reporting process would not be mandatory and be done with the consent of both patients or their legal representatives and physicians. The Board went on to say that it would do all it could to encourage its members and

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neurologists in the state to participate voluntarily with the Registry, and encourage the participation of their patients.

The issue was again addressed at the recent American Academy of Neurology meeting, during the ACN's breakout session. Representing the Registry and one who helped spearhead its creation was Doctor William Langston. Doctor Langston expressed his appreciation to the ACN for its support of the Registry legislation in 2004, and said that the Registry was very anxious to work closely with the ACN to ensure that the project was not burdensome to our colleagues. Doctor Langston addressed several specific objections that were raised, including the cost of the PD Registry. He stated that no state funds were provided for the Registry, and that considerable effort had been expended to find alternative means to initiate the project. He went on to say, "thanks to the work of individual researchers and patient advocates convinced of the scientific value of a Registry, grant funds have been obtained to carry out a pilot project for the Registry." He also specifically addressed the need for the Registry, saying that little was known of the cause of the disease and its patterns of occurrence within the population, and that existing research into its epidemiology had been focused on limited populations. He felt that there was a critical need to be able to answer fundamental questions about disease causes and trends across the entire population in order to "ensure effective preventive measures and

adequate healthcare research allocation." Doctor Langston also explained that the Registry would be under the auspices of the California Department of Public Health, and would operate in a manner analogous to the California Cancer Registry, which had a long history of protecting patient data with no privacy breeches. As such, the Registry would adhere to all privacy requirements of the State Health Registry.

During the pilot stage different methods of data collection would be analyzed. Physicians would be asked to generate a list of their Parkinson's disease patients along with a limited number of individual identifiers and demographic information. Registry teams would work closely with physician's offices to facilitate the process. One of the concerns of the ACN Board was a statutory requirement of fines up to five hundred dollars each day that access to records was refused. Doctor Langston pointed out this was the same language that was used in the legislation governing the California Cancer Registry, which had been in existence since 1985, and that fining of physicians was not routine. Nevertheless, the ACN Board is adamantly opposed to punitive fines for non-reporting, and fears that a great deal of havoc could come about when zealous administrators are sent out to invade the sanctity of doctor's offices and their medical records. Doctor Langston feels that mandatory reporting is crucial to maintain a comprehensive demographic

analysis of the Parkinson's population.

A question was specifically raised as to whether or not the Registry would be violating HIPAA when acquiring data about specific patients without their consent. The answer given was that HIPAA specifically permits the release of patient information for public health tracking, both directly to the Public Health Department and to its legally authorized agents. The ACN Board is concerned about the nature of these "legally authorized agents" and the scope of their authority. The validity of the Registry's approach as it is now structured in order to achieve its goals is going to be thoroughly analyzed during the pilot

phase in the four counties mentioned.

The ACN Board acknowledges and champions the potential usefulness and necessity for understanding this complex disease, its causes, and its epidemiology. The Board's assessment is that the Registry would go a long way to achieving these goals. The Board will continue to monitor the development of the Registry during its pilot phase in order to ensure that the legitimate concerns of ACN members are addressed, and that the privacy and safety of all patients is ensured.

Steven J. Holtz, M.D., *ACN Director*

Legislative issues

AB602 (Price) – step therapy – This bill will prohibit the practice of step therapy or "fail first" therapy which requires patients to experiment with different medication before receiving the medication prescribed by the physician.

SB132 (Denham) – polysomnographic technologists: sleep & wake disorders
The ACN supports SB132 after it was amended to exempt electroencephalography (EEG) testing from provisions applicable to polysomnography. The ACN and the American Society of Electroneurodiagnostic Technologists, INC (ASET) were instrumental in changing the language of SB132 to include the addition of section 3579: "Notwithstanding any other provision of law, nothing in this chapter shall apply to diagnostic electronencephalograms conducted in accordance with the guidelines of American Clinical Neurophysiology Society.

SB726 (Ashburn) – corporate practice – the bill would erode the prohibition on the corporate practice of medicine. The ACN believes that patients, physicians and the practice of medicine will be harmed if this bill is passed into law. The ACN agrees that it can be difficult to attract physicians to practice in some parts of California, if passed into law; this bill will only exacerbate the current problem of rural patient access to medical care. To protect appropriate medical incentives and time-honored doctor-patient relationships, the ACN opposes SB726.

ACN SUPPORTS:

- **AB602** (Price) – Step therapy
- **SB132** (Denham) Polysomnographic technologists

ACN OPPOSES:

- **SB726** (Ashburn) Corporate practice

California Medicare Carrier Advisory Committee – July 22, 2009

Category III CPT Codes

These codes will not be paid in general. They are codes for new or research procedures that have not yet achieved sufficiently widespread acceptance to obtain a regular CPT code. Some Category III CPT codes will be paid after they have been reviewed and approved by Palmetto. The approvals will be as Local Carrier Decisions. The reviews will be based on review of the literature showing that the service improves patient outcomes.

"If users wish to submit a request to Palmetto to pay for those services, please let ACN know of your willingness to prepare a request."

The current Category III codes of particular interest for neurologists include:
Tremor analysis with gyroscopes or accelerometers
Quantitative sensory test (4 codes)

If users wish to submit a request to Palmetto to pay for those services, please let ACN know of your willingness to prepare a request.

Signatures on orders and reports

A new policy increases the documentation required to prove that each test was ordered. This is to prevent fraudulent upgrading of tests performed by testing centers.

The new rules are written in a Palmetto memorandum available on-line. Please download it and read through this four-page memorandum. It is available for download at: www.palmettoGBA.com. Choose J1B > publications > Medicare advisory > June 2009. The information starts on page 44.

Basically, the physician's order must be in writing somewhere in the medical record. It must be signed, the physician's first and last name and credential (e.g. MD) must be included legibly, the note ordering the service must be dated, and the note must be available for the auditor. The specific test ordered must be specified. The reporting physician likewise must do the same. One of the notes must mention the medical reason for the test.

Advanced Beneficiary Notice

There is a new ABR form. The old ABR forms are obsolete. The new form is CMS-R-131. The patient must sign the form for each and every time when services might be denied as non-covered.

Palmetto Contacts

Call Center is open 7 AM to 5 PM Pacific Time at 866-931-3901. They will ask for your PTAN (provider transaction number, which is your old Medicare number), NPI number, and last five digits of the tax ID number. This is to confirm the identity of the office calling.

Many calls can be resolved by lower level staff using FAQ information. If that does not resolve the question or problem, calls are sent to a second level staff who should return the call within the next day. If that does not resolve the question or problem, then the matters are referred up to a department level for consideration.

Enrollment

The PECOS on-line enrollment system is available and highly recommended. It is on line at: www.cms.hhs.gov/MedicareProviderSupEnroll.

This on-line system is much more user friendly in that it will tell you when you have not provided an answer to a question. To complete the program, the forms must be answered completely. In this way, it avoids the problems of getting a form returned a month later with an enigmatic comment that it was not filled in correctly. PECOS users have had a much easier time with enrollment.

Enrollment is needed for new physicians or whenever a person or practice changes addresses.

Even with this PECOS on-line system, there still is a need to send in by mail some paperwork, such as the dated signature, a copy of the medical license, the NPI number, and other proof of requirements.

Marc R. Nuwer, MD, PhD

Update from Palmetto GBA J1 A/B MAC

Representatives from Palmetto GBA Provider Outreach and Education have requested the following steps to resolve Medicare issues:

Step 1 – Always call the Palmetto GBA call center first – 866 931-3901 – 7:00 am to 5:00 pm, PST, call center analyst will request: PTAN (provider transaction number, old Medicare number), NPI number and last five digits – tax ID number

Step 2 - Check WWW.Palmetto.GBA.com for recent changes, updates & FAQ's

Step 3 - Still having problems contact the ACN, 916.457.2236

Step 4 – The ACN will contact the Palmetto Neurology Ombudsman for resolution

Scam Alert

The Centers for Medicare & Medicaid (CMS) has become aware of a scam where perpetrators are sending faxes to physician offices posing as the Medicare carrier or Medicare Administrative Contractor (MAC). The fax instructs physician staff to respond to a questionnaire to provide an account information update within 48 hours in order to prevent a gap in Medicare payments. The fax may have the CMS logo and/or the contractor logo to enhance the appearance of authenticity.

Medicare FFS providers, including physicians, non-physician practitioners, should be wary of this type of request. If you receive a request for information in the manner described above, please check with your contractor before submitting any information. Medicare providers should only send information to a Medicare contractor using the address found in the download section of the [CMS.gov](http://www.cms.hhs.gov) website found at <http://www.cms.hhs.gov/MLNGenInfo/> or <http://www.cms.hhs.gov/MedicareProviderSupEnroll>.



Need Help Getting Paid What You're Owed?
By Cindy Ehnes, Director
California Department of Managed Health Care

Did you know that the State of California has a quick, easy and free way for doctors and hospitals to get help with claims payment problems? The Department of Managed Health Care's (DMHC) Provider Complaint Unit has recovered more than \$16 million in additional payments owed by health plans to doctors and hospitals since it was created in 2005.

The DMHC's Provider Complaint Unit (PCU) was created as an alternative way for doctors and hospitals to resolve claims payment issues without having to go to court. We developed an online Provider Complaint System to evaluate claim reimbursement disputes such as timely submission and payment of claims, failure to pay according to contracts, coding disputes, enforcement of the provider bill of rights, and problems with post-emergency stabilization care.

We've also established an Independent Dispute Resolution Process (IDRP) to give non-contracted providers of EMTALA-required emergency hospital and physician services a fast, fair and cost effective way to resolve claim payment disputes with health care service plans and their capitated provider groups. The IDRP is voluntary for both non-contracted providers and payers. Disputes are decided by an independent third-party review organization.

If you didn't know about this free service, you are not alone. While we don't directly oversee physician practices, the DMHC is the State agency that regulates all California HMOs, and Anthem Blue Cross and Blue Shield PPOs. We make sure that health plans follow the law and that health plan members receive the right care at the right time. We recognize that health care providers are a crucial part of California's health care delivery system and we want to learn about the particular issues facing the provider community, including helping California physicians, hospitals and other licensed health care providers resolve disputed claim issues with payers.

If you are a provider and would like to report a problem regarding claims payment or learn more about the Independent Dispute resolution process, please contact us at 1-877-525-1295, or go to www.healthhelp.ca.gov



The Association of California Neurologists Foundation (The ACNF)

The Association of California Neurologists Foundation is an independent 501C3 organization that is affiliated with the Association of California Neurologists. The ACNF is a newly formed foundation. The ACNF has been established to further the goals of the ACN by supporting education of California neurologists in optimizing patient care, quality of life and public understanding of neurology and neurological disorders. The ACN Foundation emphasizes new information, changing information and issues specific to California patient care.

A special thank you!

Marilyn M. Robertson, MD - \$1,000 donation

Rebecca A. Hanson, MD, FAAN - \$100 donation to honor ACN Senior Member, Lance Fogan, MD – 70th Birthday - Happy Birthday Dr. Fogan!

“Donations to the ACNF are tax deductible

*Tax ID#
26-3814573”*

If you would like to be involved with the ACNF please contact the ACNF Executive Office, 916.457.2236, acnf_ca@sbcglobal.net

Donations to the ACNF are tax deductible – tax ID #: 26-3814573

Donations can be mailed to:

ACNF
5380 Elvas Ave., Suite 216
Sacramento, CA 95819

ACN Membership

Total Membership on Jan. 1, 2009.....	453
Total Membership July 2009	
Active	321
Senior	53
Junior.....	76
	TOTAL..... 450

Please encourage your colleagues to join the ACN!

Don't forget to mark your calendars!

2010 ACN Annual Mtg. – February 11, 2010
Ritz Carlton Hotel, San Francisco
Noon to 2:00 pm

“Driving & Neurologic Disorders – Challenges Facing the California Neurologist”