

2019 SME HOD ACTIONS

Resolution 250 - Nicotine Replacement Therapy Payment

Introduced by Schoharie County Medical Society, Third District Branch, Fourth District Branch
REAFFIRMED POLICY 75.985 and be aware of the ACA LAW in terms of insurance coverage.

RESOLVED, That all insurance prescription plans must pay for any OTC or prescription medications that are FDA approved for treating nicotine dependence when prescribed for an appropriate nicotine- dependent patient.

Resolution 251 - Congenital Anomaly Insurance Coverage

Introduced by New York State Society of Plastic Surgeons and NY Chapter American College of Surgeons

ADOPTED

RESOLVED, that the Medical State Society of the State of New York seek legislation or regulation to require insurance coverage for reconstructive services for congenital defects or anomalies which have resulted in a defect as determined by the attending physician; and be it further

RESOLVED, that Medical State Society of the State of New York seek legislation or regulation to require insurance benefits for rehabilitative services when such treatment is incidental to or follows surgery resulting from injury, sickness or other diseases of the involved part or when such treatment is provided to a covered dependent child because of congenital disease or anomaly which has resulted in a defect as determined by the attending physician.

Resolution 252 - Capitation Carve Outs for High-Value Primary Care Services

Introduced by Eighth District Branch

ADOPTED

RESOLVED, that MSSNY recognize that care transition visits and preoperative consultation visits should not be included in global capitation budgets in primary care capitation payment models but should be paid on a fee for service basis carved out from the global capitation budget; and be it further

RESOLVED, that MSSNY recognize that care transition visits and preoperative consultation visits should have unique CPT codes allowing those visits to be identified to insurers when such services are submitted for payment; and be it further

RESOLVED, that MSSNY actively support carving out both care transition and preoperative consultation visits from global primary care capitation rates, and continuing fee for service payments at appropriate reimbursement levels for both of these services by educating physicians and insurers about this issue and supporting and assisting efforts to make these adjustments in any capitation programs that have not already carved out these services.

Resolution 253 – Obtain Reimbursement for Medical Clearance Codes

Introduced by Eighth District Branch

ADOPTED

RESOLVED, that MSSNY recognize and educate payers on the importance and extra effort that is being put forth as far as time, liability and inconvenience on the part of primary care physicians; and, be it further

RESOLVED, that in fairness to primary care physicians, MSSNY intercede with certain payers in Western New York to ensure that medical clearance codes be "carved out" and reimbursed separately in addition to the global payment.

Resolution 254 – Request for Action on MSSNY Position Statement 165.933-Managed Care Organization Downcoding

Introduced by New York County Medical Society

ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York as per MSSNY Position Statement 165.933, inform the New York State Department of Financial Services (NYSDFS) that managed care organizations are still routinely downcoding or reducing the initially submitted code level to a lesser code level for the Evaluation and Management codes (99XXX), the Eye Exam codes (92XXX) and the Psychiatric Exam codes (90XXX); and be it further

RESOLVED, That the Medical Society of the State of New York seek legislative relief to bar New York State healthcare plans from automatically downcoding any medically necessary service, and from making it necessary *de facto* for the physician to submit medical record documentation at the time of claim submission; and be it further

RESOLVED, That in the absence of legislative relief, the Medical Society of the State of New York initiate a settlement action against any non-compliant health plan similar to the 2006–2007 action brought against the Blue Cross Blue Shield Association under Love et al V. Blue Cross Blue Shield Association – Case #CV-03-21296, in which the Blue Cross Blue Shield Association was required to rescind its practice of routine downcoding.*

Resolution 255 - Urgent Care in the Doctor's Office

Introduced by New York County Medical Society

REFERRED TO COUNCIL

RESOLVED, That the Medical Society of the State of New York seek payment reform to ensure site neutrality such that urgent, same-day services provided in evenings or on weekends are paid equivalently regardless of the site of service.

Resolution 256 - Reimbursement for Health Information Technology

Introduced by Richmond County Medical Society

ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York seek the passage of state regulation and/or legislation that mandates that third party payers allow physician practices to charge a technology fee to the payer equal to the copayment of the patient's plan; and be it further

RESOLVED, That the Medical Society of the State of New York send a resolution to the national office of the American Medical Association to seek the passage of federal regulation and/or legislation that mandates that third party payers allow physician practices to charge a technology fee to the payer equal to the copayment of the patient's plan.

Resolution 257 - Group Visits for the treatment of Obesity*Introduced by Richmond County Medical Society***REAFFIRMED Policy 320.995**

RESOLVED, That the Medical Society of the State of New York seek the passage of state regulation and/or legislation that mandates that third party payers allow group visits and allow physicians to bill for group visits to address this growing problem that requires medical supervision; and be it be further

RESOLVED, That the Medical Society of the State of New York seek the passage of state regulation and/or legislation that mandates that third party payers reimburse for diet and nutritional counseling separately in a way that makes it financially viable for practices to do so; be it further

RESOLVED, That the Medical Society of the State of New York request that the New York State Department of Health and the state legislature ask employers to provide employees with the opportunity to exercise during the workday.

Resolution 258 - ECG / Stress Test Billing Bundle*Introduced by Medical Society of the County of Kings, Medical Society of the County of Queens and Richmond County Medical Society***ADOPTED AS AMENDED**

RESOLVED, that the Medical Society of the State of New York seek legislation and regulation to prevent insurers from being permitted to bundle an ECG (CPT code 93000) with a stress test (code 93015) when these separate procedures are medically necessary to be performed on the same day.

Resolution 259 - ECG / Office Visit Billing Bundle*Introduced by Medical Society of the County of Kings, Medical Society of the County of Queens, Richmond County Medical Society and MSSNY Young Physicians Section***ADOPTED AS AMENDED**

RESOLVED, that the Medical Society of the State of New York seek legislation and regulation to prevent insurers from being allowed to bundle an ECG (CPT code 93000) with a visit, when medically necessary.

Resolution 260 – Eliminate the Word “Provider” from Healthcare Contracts*Introduced by Ninth District Branch***ADOPTED AS AMENDED**

RESOLVED, that the Medical Society Of the State of New York seek legislation to ensure that all references to physicians in government and insurance contracts, agreements, published descriptions, and printed articles eliminate the word “provider” and substitute the accurate and proper term “physician”; and be it further

RESOLVED, that this resolution be forwarded to all health insurers and state, local, and federal agencies to urge their compliance.

Resolution 261 - Ensure Post Discharge Follow-Up Care with Original Treating Physicians

Introduced by Medical Society of the County of Kings

ADOPTED

RESOLVED, that Medical Society of the State of New York work with NYS legislature and other appropriate state agencies to ensure that patients treated by non-participating providers in the hospital be promptly authorized out of network coverage for follow up care to complete current episode of care by original provider.

Resolution 262 - Payment for Medications Used Off Label for Treatment of Pain

Introduced by Richmond County Medical Society and Onondaga County Medical Society

ADOPTED

RESOLVED, That the Medical Society of the State of New York seek the passage of state regulation and/or legislation that mandates that third party payers as well as Centers for Medicare Services (CMS) allow reimbursement for off label use of these medications like gabapentin or lidocaine patches at the lowest copayment tier so that patients can effectively be treated for pain and decrease the number of opioid prescriptions written; and be it further

Resolved That the Medical Society of the State of New York send a resolution to the AMA to petition CMS to allow reimbursement for off label use of these medications like gabapentin or lidocaine patches at the lowest copayment tier for the indication of pain so that patients can be effectively treated for pain and decrease the number of opioid prescriptions written.

Resolution 263 - Payment for Brand Medications When the Generic Medication is Recalled

Introduced by Richmond County Medical Society

ADOPTED

RESOLVED, That the Medical Society of the State of New York seek the passage of state regulation and/or legislation that mandates that third party payers as well as Centers for Medicare and Medicaid Services allow reimbursement for brand medications at the lowest copayment tier so that patients can be effectively be treated until the medication manufacturing crisis is resolved and be it further

RESOLVED, That the Medical Society of the State of New York send a resolution to request that the American Medical Association petition CMS as well as third party payers to allow reimbursement for brand medications at the lowest copayment tier so that patients can be effectively treated until the medication manufacturing crisis is resolved.

Resolution 264 - Compensation Reflect the True Cost of Providing Information

Introduced by Michael Ziegelbaum, MD, Delegate, Nassau County

ADOPTED AS AMENDED

RESOLVED, that MSSNY seek legislation or regulations requiring fair compensation for the information requested by governmental agencies for their registries and research purposes, and that such compensation reflect the true cost of providing such information.

Resolution 265 - Medicare Vaccine Billing

Introduced by Seventh District Branch of MSSNY

REAFFIRMED Policies 125.996, 312.972, and 312.977.

RESOLVED, MSSNY advocate to AMA such that a physician's office can bill Medicare for all vaccines and that the patient shall only pay the applicable copay to prevent fragmentation of care.

Resolution 266 - Medicare Plan Survey for Patients

Introduced by New York County Medical Society

REFERRED TO COUNCIL

RESOLVED, That the Medical Society of the State of New York should conduct anonymous surveys regarding both traditional Medicare and Medicare Advantage plans and analyze the data; and be it further

RESOLVED, That this information should be available to the public so that the enrollees can better understand from the physician's perspective the pros and cons of all the plans prior to the end of the 2019 Medicare enrollment period; and be it further

RESOLVED, That the Medical Society of the State of New York through social media and publicity should make the public and the physician community aware of this information so as to better disseminate it.

Resolution 267 – Geriatric Workforce Reimbursement

Introduced by Richmond County Medical Society

NOT ADOPTED

Resolution 268 - Raising Medicare Rates for Physicians

Introduced by Michael H. Brisman, MD, Delegate, Nassau County

ADOPTED

RESOLVED, that the Medical Society the State of New York advocate strongly for raising the Medicare Fee Schedules for Physicians; and be it further

RESOLVED, that the Medical Society the State of New York urge the AMA to support raising the Medicare Fee Schedules for Physicians.

Resolution 269 - Reimbursement for Care of Practice Partner Relatives

Introduced by David Podwall, MD, Delegate, Nassau County

ADOPTED

RESOLVED, that the Medical Society the State of New York support changes in the Medicare guidelines to allow a physician, who is a partner in the practice, to care for and receive appropriate reimbursement for immediate relatives of one of the other partners in their practice; and be it further

RESOLVED, that MSSNY, at the 2019 AMA meeting, urge and partner with the AMA to amend the current Medicare guidelines, to allow a physician, who is a partner in the practice, to care for and receive appropriate reimbursement for immediate relatives of one of the other partners in their practice.

Resolution 270 - Expand NY State Medicaid Benefit coverage for Implantable Infusion Pumps for Non-Cancer Pain

Introduced by Seventh District Branch of MSSNY

ADOPTED AS AMENDED

RESOLVED, that MSSNY advocate to expand coverage of Medicaid Benefits for proven comprehensive pain management programs such as motivational counseling, physical and/or occupational therapy and if that fails, to include coverage for implantable Infusion Pumps for Non-Cancer Pain.

Resolution 271- Shortage of Specialists in Workers' Compensation System

Introduced by New York County Medical Society

REFERRED TO COUNCIL

RESOLVED, That the Medical Society of the State of New York work with the Workers' Compensation Board and, if necessary, the legislature to promulgate new regulations or laws that are necessary to increase voluntary participation of necessary specialists and subspecialists in locations and in specialties and subspecialties where there is a shortage of qualified providers; and be it further

RESOLVED, That the Medical Society of the State of New York work with specialty societies that represent the specialties that are in short supply in the Workers' Compensation to develop a joint strategy to resolve this public health problem including review of the current inadequate payment structure.

Resolution 272 - Timely Payment for Testimony in Worker's Compensation Cases

Introduced by Sana L Bloch, MD, Delegate, MSSNY Assistant Secretary

NOT ADOPTED

**Resolution 273 (Late C)– Hospice recertification for Non- Cancer Diagnosis
(i.e. Dementia)**

Introduced by Thomas J. Madejski, MD, President, MSSNY and John Maese, MD, Delegate Richmond County

REFERRED TO COUNCIL

RESOLVED, that the Medical Society seek the passage of state regulation and/or legislation that allows automatic reinstatement for hospice if a patient survives for more that six months with a non-cancer diagnosis and the prognosis remains terminal; and be it further

RESOLVED, that the Medical Society send a resolution to request that the American Medical Association petition CMS for regulation and or legislation that allows automatic reinstatement for hospice if a patient survives for more than six months with a non-cancer diagnosis and progress remains terminal.

Resolution 274 (Late D)– End of Life Care Payment

Introduced by Thomas J. Madejski, MD, President, MSSNY and John Maese, MD, Delegate Richmond County

REFERRED TO COUNCIL

RESOLVED, that the Medical Society of the State send a resolution to the American Medical Association (AMA) requesting that the AMA petition CMS to allow patients in hospice to cover the cost of housing ("room and board") a patient in a nursing home or assisted living facility ("room and board") and/or allow the use their skilled nursing home benefit while receiving hospice services.