



# Payer Advocacy 2017

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## Insurance Coverage Challenges & Academy Resources

*Moderator:* Robert Lorenz, MD, MBA

*Panelist:* Lawrence M. Simon, MD



# Presentation Moderator & Panelist

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**Robert Lorenz, MD, MBA**

*Coordinator for Practice Affairs  
Physician Payment Policy (3P) Co-Chair  
Ad Hoc Payment Model Workgroup Co-Chair*



**Larry Simon, MD**

*SEGR Vice-Chair  
Physician Payment Policy (3P) Member  
CPT Advisor*

# Agenda

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- I. Physician Payment Policy Workgroup (3P)
- II. Local/State Advocacy Tips
- III. Insurance Coverage Challenges
- IV. Communication Flow with 3P & BOG SEGR
- V. Health Policy Team & Advocacy Resources
- VI. Past Academy Wins
- VII. Questions



# Physician Payment Policy (3P)

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The **Physician Payment Policy Workgroup (3P)** is the senior advisory body to Academy leadership and Health Policy staff on issues related to socioeconomic advocacy, regulatory activity, coding and reimbursement, and practice management.

## **Jane T. Dillon, MD, MBA**

- 3P Co-chair and Coordinator for Socioeconomic Affairs.
- Leads advocacy efforts on coding and payment issues related to public payers
- Oversees efforts with the AMA's CPT Editorial Panel to develop and Relative Value Update Committee (RUC)
- Advocates for fair valuation of physician services included in the Medicare physician fee schedule.

## **Robert Lorenz, MD, MBA**

- 3P Co-chair and Coordinator for Practice Affairs.
- Primarily responsible for private payer issues, including coverage, coding, and payment policies.
- Provides oversight on the Academy's Position Statements, Clinical Indicators, and ICD-10 educational efforts.
- Fosters communication between 3P and the Board of Governors



# Local / State Advocacy Tips

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- How do you verify the initial denial and collect information needed subsequently?
- Develop a relationship with the Medical Director
  - Ask for more information about the rationale used for the denial?
- Explain your practice patterns
- Try to reach reasonable and appropriate consensus
- Keep your BOG Regional Representative apprised of the issue/outcome



# Insurance Coverage Challenges

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- How to avoid a denial in the first place
  - Proper coding
  - Proper use of modifiers to break bundling edits
  - Proper documentation
- What is the difference?
  - Pre-certification
  - Pre-determination
  - Being familiar with certain carrier idiosyncrasies



# How is it actually done

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1. Get the right contact information
  - a. State Medical Society
2. Initial phone call with Medical Director
  - a. Just listen (get to know their side)
  - b. Follow up with email/letter
3. Gather your data
  - a. Specific patient denials
  - b. Local opinion/practice patterns
  - c. Literature
4. Follow up phone call with Medical Director
  - a. Discuss specifics
  - b. Group call/webinar with a committee from your state oto society
  - c. Written letter (summarize “3” above)- possibly before and after call
5. Written letter/correspondence of final request/agreements



# Communication Flow: 3P and BOG SEGR

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- BOG Regional Representatives **keep a pulse on what's happening locally within their region, keeping HP team apprised of anything that may be a national issue that needs to be reviewed by 3P**
- A regional representative from each region is charged with keeping the BOG up-to-date on issues affecting otolaryngologists that area of the country.
  - This will be done primarily through regional reports at the fall and spring BOG meetings, conference calls and direct communication with the BOG Executive Committee.
- Utilize Academy support resources developed by 3P and HP team more efficiently and effectively







# How to Submit a Request to 3P

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## 3P and the HP team

- Focus resources and efforts on National Practice Management Advocacy Efforts and provides Academy resources to members on State/Local General Practice Management Issues.
- Monitor issues to determine if it is a widespread issue impacting many states.
- Determine when a request should be routed for advocacy assistance.
- This is based on the **3P Priority of Issues Process**.
- All of this information is available on the Academy website: <http://www.entnet.org/content/3p-you>.
- To submit a National or State/Local Practice Management request, please submit your inquiry to the [Practice Management Member Inquiry Form](#).



# AAO-HNS Payer Template Appeal Letters and Advocacy Statements

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- [Cerumen Removal \(CPT 69210\) and E/M Denial Template Letter \(2014\)](#)
  - [Academy Advocacy Statement on Cerumen Removal and E/M Denials \(2014\)](#)
- [Diagnostic Imaging Studies Reimbursement / MiniCT Template Letter \(2014\)](#)
  - [Academy Advocacy Statement on Diagnostic Imaging Studies Reimbursement/MiniCT \(2014\)](#)
- [Balloon Sinus Ostial Dilation \(CPT 31295-31297\) Template Letter \(2014\)](#)
  - [Academy Advocacy Statement on Balloon Sinus Denials \(2014\)](#)

MEMBER  
BENEFIT

**View the Template Appeal Letters at**  
**[www.entnet.org/Practice/Appeal-Template-letters.cfm](http://www.entnet.org/Practice/Appeal-Template-letters.cfm)**



# Health Policy: Update on Coding Guidance & Practice Management Resources - HNS



## Clinical Indicators

### 3 Clinical Indicators Updated

- Parotidectomy
  - Tracheostomy
  - Palatopharyngoplasty (UPPP) for Obstructive Sleep Apnea\*
- [www.entnet.org/content/clinical-indicator](http://www.entnet.org/content/clinical-indicator)

### Revised CPT for ENTs

- Saccadic Testing during ENG *Revised!*
- Eagle's Syndrome *Revised!*
- [www.entnet.org/CPT-forENTs](http://www.entnet.org/CPT-forENTs)



## CPT for ENTs

### 2017 Coding Changes: What ENTs Need to Know

<http://www.entnet.org/content/cpt-changes-2017-what-ents-need-know>

- New Laryngoplasty, Laryngoscopy, Tracheostomy codes
- Updated Allergen Immunotherapy codes
- New Hypoglossal Nerve Stimulation Category III tracking code

*\*EC reviewing during Leadership Forum 2017*

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- **United Healthcare**
  - Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable Draft Medical Policy revised per Hearing Committee, IHD Committee, and 3P review
  
- **Anthem/WellPoint**
  - Assisted Anthem in developing new Diagnostic Fiberoptic Flexible Laryngoscopy Medical Policy, with input from Airway & Swallowing Committee; Voice Committee; Head & Neck Surgery and Oncology Committee and 3P
  
- **Blue Cross Blue Shield Association**
  - Invited AAO-HNS to join Evidence Street, a web-based platform that allows the Academy to access evidence reviews and provide input on issues of importance to the Otolaryngology specialty. This allows the Academy to comment on the medical coverage policy drafting process before items are released to the public.

# Private Payer Advocacy Policies Pending

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The Health Policy Team, 3P and Academy Committees also worked on a number of other policy issues that are currently in mid-review with national private payers:

- Balloon sinus ostial dilation
- Cochlear implants
- Rhinoplasty and other nasal surgeries
- FESS for CRS
- Imaging diagnostic services
- Vocal cord insufficiency

The Academy releases news updates, updates the Academy website and highlights wins in the monthly *Bulletin* once we have confirmed release of the updated medical coverage policy



## QUESTIONS?

