

Neurology Representatives to Medicare Carrier Advisory Committees: The AAN NeuroCAC

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Each month, members of the AAN Medical Economics and Management (MEM) Committee answer questions from AAN members about coding and reimbursement issues. Should you have a question you'd like to have answered, submit it for consideration to NeuroToday@LWWNY.com.

WHAT IS A CAC?

Carrier Advisory Committees (CACs) help Medicare carriers implement policies and provide physicians with a voice at the local level. The committees meet approximately three times per year to discuss Medicare policy and comment on proposed language for Medicare carrier local coverage decisions (LCDs) that affect physician reimbursement.

The CACs may focus on issues that have not been addressed by CMS through its statutes or agency regulations such as diagnostic or therapeutic technologies, or emerging facets of established technologies. For example, recent discussions have focused on the increased use of automated nerve conduction devices and how they compare to conventional nerve conduction study devices.

DOES EVERY SPECIALTY SOCIETY HAVE A CAC?

The AMA and other societies do not have CACs. The AAN has tried to coordinate the efforts of neurologists who serve on various CACs by establishing the NeuroCAC as an umbrella organi-



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zation for neurologists. It is not an official Medicare body, just a group of like-minded advisors who can network with each other and other AAN members and staff. The NeuroCAC meets during the AAN Annual Meeting and keeps in contact about emerging issues via an e-mail listserv throughout the year.

WHAT IS THE ROLE OF A CAC MEMBER?

CAC members help improve relations and communication between Medicare and the physician community. They discuss and disseminate proposed LCDs to colleagues in their state and specialty societies to solicit comments, share information about the Medicare program, and discuss inconsistent or conflicting poli-

cies. Through the CACs, physicians can develop collegial relationships with representatives of other medical specialties and Medicare staff at many levels. Such relationships foster trust and mutual respect. Participation in the CAC is considered a service to physician colleagues.

WHAT IS A LOCAL COVERAGE DECISION (LCD)?

An LCD is a decision by a carrier whether to cover a particular service on a carrier-wide basis. Contractors are obliged to review and appropriately revise LCDs at least annually based on CMS National Coverage Determinations, coverage provisions in interpretive manuals, national payment policies, and national coding policies.

WHAT DOES THE NEUROCAC DO?

NeuroCAC representatives attend their state's Medicare CAC meetings, provide input on LCD drafts that are up for review, and submit comments about relevant LCD proposals and revisions. For example, after reviewing a draft LCD for National Heritage Insurance Company (NHIC — the Medicare carrier in California), NeuroCAC members determined a need for a more comprehensive list of related ICD-9 diagnosis codes that are associated with nervous system studies: autonomic function, nerve conduction, and electromyography. The group worked to create that comprehensive list and submitted it, along with suggested wording changes, to NHIC during its

open comment period for the draft LCD.

WHAT IS THE IMPORTANCE OF DATA AT CAC MEETINGS?

Utilization data include information on the instances of use for certain procedures: who does them, for what indication, and how many are done within a specified period of time. Each CAC meeting should include a discussion of utilization data related to the proposed LCD that has undergone preliminary analysis by the carrier. Carriers solicit input from CAC representatives to help explain or interpret the data and give advice on how over-utilization should be addressed.

HOW CAN I CONTACT MY STATE'S NEUROCAC REPRESENTATIVE?

A list of NeuroCAC representatives and email addresses is posted on a secured area of the AAN website (www.aan.com). ■

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