



## Breaking News

### [Academy Meets with CMS to Advocate for You](#)

On November 7, 2013 the Academy met with top officials at CMS to discuss payment reform efforts, the need for development of additional clinical quality measures to ensure successful participation in the PQRS and Value Based Modifier programs, and inquired as to why five of the nine sinusitis measures were not accepted within the 2014 proposed fee schedule. Health Policy staff and physician leaders also outlined our continued concerns regarding CMS' proposed OPPS cap policy which would reduce practice expense relative value units for 13 otolaryngology services when performed in the office setting, if finalized in the 2014 rule. This meeting was yet another effort by the Academy to ensure CMS understands the critical role otolaryngologists play in the health care system and the impact these programs and policies have on our specialty.

## Regulatory Briefing

### [Academy Comments on Proposed Clinical Quality Measures for Stage 3 Meaningful Use](#)

Recently, CMS sought comments on new Clinical Quality Measures (CQMs) for use by Eligible Professionals (EPs) in Stage 3 of the Electronic Health Record (EHR) Meaningful Use Incentive Program. The Academy submitted comments on the proposed measure: Overuse of Diagnostic Imaging for Uncomplicated Headache. Consistent with past efforts, the Academy raised concerns about the timing pressures and increased penalties associated with Stage 2 and 3 of the Meaningful Use program and continued to advocate for delays in implementation to allow providers additional time to meet the heightened thresholds of Stages 2 and 3. [Click here](#) to access the letter

## Coding Corner

### [Academy Releases New CPT for ENT Coding Guidance](#)

You may have noticed that your 2014 CPT Code Books include several modifications and additions to CPT codes used to report otolaryngology services. To assist members in understanding these changes and achieving correct coding, the Academy has revised our CPT for ENT articles on CPT 69210 Removal Impacted Cerumen and CPT 64617 Chemodeneration of Larynx (formerly reported by CPT 64613). These articles can be found in our [Coding Corner](#) of the website.

## Private Payer Advocacy



Learn how to avoid penalties and earn an incentive payment in 2013 with the PQRS system.

[Learn more](#)



[Learn more](#)

Sign up for legislative and political updates via the [ENT Advocacy Network](#).

### **Physicians Dropped from Medicare Advantage Plans**

In early November the Academy learned that a number of physicians had been dropped, without notice, from some Medicare Advantage plans. Physicians in Connecticut, Florida, Indiana, New Jersey and Rhode Island were just some of those impacted. The Academy is working with the AMA to resolve the issue and will keep members updated. [Click here](#) to view a letter sent to CMS to address the failures of Medicare Advantage plans.



## **CMS Quality Reporting Initiatives**

### **Access CMS' New Interactive Quality Reporting Timeline**

As the New Year approaches, it is important for members to stay abreast of the upcoming quality reporting initiative deadlines. In an effort to provide clarity and to aid members in achieving successful quality reporting, the Academy encourages you to utilize the new CMS [interactive quality reporting timeline](#). In addition to CMS's interactive timeline, the Academy has numerous quality reporting resources available to members, including: the [PQRSwizard](#); and [Fact Sheets](#) on PQRS, EHR Meaningful Use, and ePrescribing.

### **2012 PQRS Feedback Reports Available**

Access your 2012 PQRS Feedback Reports today. If you participated in the Physician Quality Reporting System (PQRS) from January 1 and December 31, 2012, you may now access feedback on your 2012 performance. Additionally, provider Quality Resource Use Reports (QRURs) are available on the CMS website for providers to assess their resource use and cost performance for CY 2012. [Click here](#) to obtain both reports.



## **New & Alternative Payment Models**


### **Congress Releases Bipartisan Solution to SGR Repeal**

In late October, the House Ways & Means and Senate Finance Committees released a bipartisan "discussion draft" outlining their legislative proposal to repeal and replace the flawed Medicare SGR payment formula. On November 12, 2013, the Health Policy and Government Affairs teams submitted comments, based on input from the Physician Payment Policy (3P) Workgroup, in response to the proposal. We will continue to monitor any legislative action and keep members informed of any proposed changes and associated implications for our specialty. [Click here](#) to view a copy of the letter sent.

### **Ad Hoc Payment Model Workgroup Collaborates on Tonsillectomy Episode Bundle**

A goal of the Ad Hoc Payment Model Workgroup is to provide information and education to members on episode bundling and efforts to collaborate with groups such as Health Care Incentives Improvement Institute, Inc. (HCI3), who are working on developing episode bundles for commercial payers and provider groups. These efforts aim to cut down on variability in cost, help address under and over use, and reduce cost of complications to help create a shared savings opportunity. Tonsillectomy has been selected as the first procedure that is being reviewed to learn about the process of

developing an episode bundle. For more information on the episode bundle tools developed by HCI3, [click here](#).

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