



AAO-HNS New Technology Pathway Requests

Policies and Procedures

Adopted May 2014

Revised May 2015, April 2016, October 2017

AAO-HNS Statement on New Technology

The American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) supports new technology and welcomes the opportunity to engage with members and industry in addressing coding and reimbursement issues that impact our membership. This includes issues involving established or proposed Category I CPT codes, those involving development of Category III CPT codes for emerging technologies, as well as those involving development of HCPCS codes.

Background on AAO-HNS New Technology Pathway Process

There are specific procedures in place both at the Academy and within the AMA to evaluate recommendations to change the Current Procedural Terminology (CPT) code set. Physician Payment Policy Workgroup (3P) is the senior advisory body to Academy leadership and staff on issues related to socioeconomic advocacy, regulatory activity, coding/reimbursement, and practice services/management. This committee is comprised of experienced physicians who have served as AAO-HNS representatives to the AMA CPT Editorial Panel and the RVS Updating Committee (RUC). The committee also includes a dedicated staff member to interact with interested stakeholders in the CPT code development and revision process.

Stakeholders interested in working with the AAO-HNS to obtain a new CPT code, or revise an existing CPT code set, should begin by obtaining a copy of the AAO-HNS' New Technology Application: Request for CPT/RBRVS Assistance. The process, formalized by the Board of Directors in September 2010, includes information outlining the coordination between 3P and experts from other applicable AAO-HNS Committees and subspecialty societies as a way to incorporate all of the resources of the Academy in the interest of the members. Additional information on the New Technology Pathway process can be found [here](#).

The New Technology Pathway process and the communications guidelines, provided below, have been developed to provide a framework for transparent, ethical engagement between the AAO-HNS and industry representatives and to foster thoughtful and responsible decision

making. Requirements for information exchange are also provided to facilitate appropriate evaluation of all requests within the stated timeline.

Communication with AAO-HNS

- 1) The applicant submits the AAO-HNS New Technology Application: Request for CPT/RBRVS Assistance, including references with levels of evidence noted, to the AAO-HNS Director of Health Policy. If appropriate, the application should include a reference list of three practicing physicians who have extensive experience with the novel procedure or device. A disclosure form for the application and the referenced physicians also must be submitted prior to review of the application. **The packet of information must be received at least 180 days before the scheduled Code Change Proposal (CCP) submission to the AMA CPT Editorial Panel.**
- 2) Within *10 days of receipt* of a New Technology Pathway application, applicants will receive a confirmation of receipt email and the Health Policy staff will relay the New Technology Pathway policies and procedures to the applicant.
- 3) A primary contact person should be identified with submission of the New Technology Pathway application for all communications. An internal industry staff person (not an external consultant) or AAO-HNS physician member must be the primary point of contact for New Technology Pathway applications. If an AAO-HNS physician member is listed as the primary contact for the application, they will be considered an extension of the industry member they are representing, and are not considered a spokesperson for the Academy for any matters relating to the New Technology Pathway discussions. AAO-HNS Health Policy staff will coordinate all communications between the applicant and the 3P physician leaders. All communications with Health Policy staff during the review period should be from the contact person listed in the application. Communications should not be made to individual Academy physicians or committee members.
- 4) In the event 3P or committees have any follow up questions or request additional information/materials, a request will either be sent by Health Policy staff via email and/or a meeting (conference call or face-to-face) may be arranged, if deemed necessary, by 3P. In the event that input from other specialty societies or sub-specialties is deemed necessary, this outreach will be conducted by the AAO-HNS Health Policy staff, or if needed, by the Coordinator for Health Policy or President.
- 5) 3P, and any relevant committees and subspecialty societies, will need sufficient time to review and discuss all materials. **Within 60 days of receipt, the applicant can expect either a formal determination/decision from 3P leadership, or a request for a follow up conference call will be scheduled if it is determined that continued dialogue/exploration is needed.** Response time will be contingent upon the nature and circumstances specific to the request made as well as other concurrent demands upon the society staff and physician volunteers.

6) The AAO-HNS will only accept new/additional information related to an application up until the deadline for applications for the CPT meeting during which the topic will be presented. Supplemental materials and requests for further conference calls/dialogue will not be considered once a CCP has been submitted.

7) Additionally, the AAO-HNS reserves the right to inform members (via *Bulletin* or other communications) about New Technology Pathway application requests and the rationale for the 3P determinations.

8) Per AMA CPT rules (in this context, the AAO-HNS is a Specialty Society and it has both a CPT Advisor and Alternate):

- CPT Advisors/Specialty Societies are not required to assist code change applicants or prospective applicants, including industry or other commercial interests, in the development or review of applications. CPT Advisors are not expected to endure “lobbying,” which is prohibited by the Lobbying Statement adopted by the CPT Editorial Panel and the Academy’s Anti-Lobbying Policy, below (see Statement on Lobbying posted at www.ama-assn.org/go/cpt-lobbying). **Violations of either lobbying policy will be reported to AMA staff, and if it is felt that lobbying has taken place, the Academy will cease all communications with the applicant.**
- Societies are encouraged to assist applicants and prospective applicants, including those from industry, to assure that applications are complete, coherent, and consistent with current medical practice and coding conventions. Advisors are encouraged to refer prospective applicants to either their society or to the AMA.
- CPT Advisors should be familiar with, follow, and, where appropriate, urge industry and other parties to follow the CPT Editorial Panel’s policy on lobbying and direct applicants and others to CPT staff for guidance on compliance with this policy. CPT Advisors should forward coding inquiries to their societies.
- CPT Advisors/societies/nomenclature committees must not demand that applicants submit literature demonstrating clinical efficacy that exceeds the threshold level of evidence established by the CPT Editorial Panel (see Appendix B). If a CPT Advisor engages with industry or other parties with respect to an application sought by industry, and if the CPT Advisor determines not to support the code set revisions proposed in the application, the CPT Advisor should, in a timely fashion, explain the reasons for non-support, citing specifically which of the stated criteria for Category I and Category III codes (as appropriate) have not been met. CPT Advisors, on behalf of their societies, are encouraged to adhere to the literature standards set by the Panel and to submit literature appropriately that is germane or relevant to the Panel’s requirement that the procedure has clinical efficacy and is well established.
- During development of a code change application, an applicant may seek input or assistance from a medical specialty society but may not engage, either directly or via proxies, in “lobbying,” as defined below. Requests for input or assistance should be directed to the society’s staff or leadership as indicated in the society’s guidelines. **Such**

requests may not be made after the deadline for submission of applications for an upcoming meeting of the CPT Editorial Panel. Application deadlines can be found on the [AMA website](#).

9) The Academy agrees to abide by all AMA CPT Confidentiality rules as part of our review of the New Technology Pathway application materials, which can be found here: <http://www.ama-assn.org/resources/doc/cpt/cpt-confidentiality-agreement.pdf>.

10) The applicant will be provided with a copy of the AAO-HNS Anti-Lobbying policy which is consistent with the AMA CPT Anti-Lobbying policy. This policy states:

Applicants and other interested parties must not engage in “lobbying” for or against new technology pathway applications, or any requests for coding changes made therein. “Lobbying” means unsolicited communications of any kind made at any time (including, except as permitted below, during meetings) for the purpose of attempting to improperly influence members of the AAO-HNS Physician Payment Policy Workgroup (3P), other AAO-HNS Committee members, or Board of Directors. Any communication that can reasonably be interpreted as inducement, coercion, intimidation or harassment is strictly prohibited. Violation of the prohibition on lobbying may result in sanctions, such as the application being suspended or barred from further review for consideration of support by AAO-HNS.

Information that accompanies a new technology pathway application, presentations or commentary during an in person or teleconference meeting with staff and 3P leaders, and responses to inquiries from AAO-HNS staff do not constitute “lobbying.”