

2021 HOUSE OF DELEGATES – FINAL ACTIONS
Reference Committee on Socio-Medical Economics

- 250** Insurance Coverage for Scalp Cooling (Cold Cap) Therapy
Introduced by the 9th District Branch and Bonnie Litvack, MD
ADOPTED

RESOLVED, That our MSSNY seek by legislation and/or regulation, universal insurance coverage for Scalp Cooling (Cold Cap) Therapy; and be it further

RESOLVED, that our MSSNY work with consumer groups to challenge insurers on Scalp Cooling (Cold Cap) Therapy medical necessity denials and encourage appeals to independent third party reviewers, and be it further

RESOLVED, that our MSSNY transmit a similar resolution to the AMA.

- 251** Prohibition of Insurer Processing Fee on Claims
Introduced by the 9th District Branch
AMENDED RESOLUTION ADOPTED

RESOLVED, that the MSSNY through legislation, regulation or other appropriate means, advocate for the prohibition of health insurers charging physicians and other providers to process claims and make payment; and be it further

RESOLVED, That the MSSNY AMA Delegation introduce a similar resolution at the next meeting of the AMA House of Delegates for federal actions

- 252** Third-Party Insurer Abuse of Modifier 25 Policy
Introduced by the New York County Medical Society
MSSNY POLICY RE-AFFIRMED

165.907 Clarification of the New York State Current Procedural Terminology Uniformity Law:

MSSNY should take all the steps, including legislation, necessary to assure that health plans comply with and abide by the American Medical Association coding policy statements that are contained in the yearly AMA CPT coding manual.

165.862 Clarification of Chapter 551 Law - Insurance Law Sections 3224-b and 4803(a):

MSSNY will:

A. Initiate a legal review of the provision of the Chapter 551 Law (Insurance Law Sections 3224- b and 4803(a)) that states that “all accident and health insurers and Article 43 corporations (“insurers”) and health maintenance organizations are required to accept and initiate the processing of physicians’ claims utilizing the American Medical Association’s (AMA’s) current procedural terminology (CPT) codes, reporting guidelines and conventions and the Centers for Medicare & Medicaid Services (CMS) Health Care Common Procedure Coding system (HCPCS)”;

B. Review (1) whether that section of the law specifically requires insurers to use the AMA CPT coding manual (particularly that manual's Introductory Section and its narrative policy sections), and (2) whether the law also requires insurers to use all other standard coding conventions as well;

C. Seek legislation and/or regulatory relief, in regard to the provision in the Chapter 551 Law (Insurance Law Sections 3224-b and 4803(a)) that contains the phrase "codes, reporting guidelines and conventions," mandating that insurers incorporate all AMA CPT guidelines and conventions, as well as codes, in their payment policies.

265.871: Revision of AMA Current Procedure and Terminology (CPT) to reflect EHR/EMR documentation and work processes

MSSNY recommends that the AMA review the CPT coding guidelines with the aim of developing a new model of payment that reflects 21st century EHR technology, and that the AMA make immediate revisions to the current CPT practice performance reporting process aimed at preparing the infrastructure for new models of paying for the delivery care.

265.987 AMA-CPT Coding:

MSSNY endorses AMA-CPT as the standard accepted coding system in New York and that proper use of CPT by insurance carriers requires adherence to all of its rules and guidelines; and will recommend that the Insurance Superintendent and the New York State Legislature require health insurance carriers processing claims from New York physicians, including Workers' Compensation and No-Fault Carriers, to adhere to all CPT rules and guidelines, including code modifiers. MSSNY will request that the Insurance Superintendent make the necessary revisions of the inappropriate bundling edits in the software which erroneously processes claims from physicians and disallows legitimate claims for services.

- 253** Compensation for Appealing Denials to Insurance Companies
Introduced by the Schoharie County Medical Society
MSSNY POLICY RE-AFFIRMED

265.859 Payment for Physicians' Work: Appealing Insurance Company Denials for Payment

The Medical Society of the State of New York, by legislation or regulation, will seek payment for physicians' time and effort which is involved in preparing appeals for reversal of denials of payment for medical care, procedures and medications by insurers and other third party payers on behalf of their patients.

- 254** CPT Denials / Service / Preauthorization Denials
Introduced by the Kings and Schoharie County Medical Societies
and
- 255** Prior Authorization – CPT Codes for Fair Compensation
Introduced by the Kings County Medical Society
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that our MSSNY advocates that the AMA will include fair compensation based on CPT codes for appeal of wrongfully denied services in any Model Legislation and as a basis for all advocacy, including those for Prior Authorization reforms and that CPT codes must fully reflect the aggregated time and effort expended by physician practices.

RESOLVED, that the Medical Society of the State of New York urge the American Medical Association to establish a CPT code by the AMA CPT® Editorial Panel to account for administrative work involved in prior authorizations that reflects the actual time expended by physician practices to advocate on behalf of patients and to comply with insurer requirements; and be it further

RESOLVED, that the Medical Society of the State of New York urge the American Medical Association to establish a CPT Code by the AMA CPT® Editorial Panel to account for administrative work that reflects the actual time expended by physician practices and their billing vendors involved in successfully appealing wrongful pre-and post-service denials

RESOLVED, that the Medical Society of the State of New York re-affirm MSSNY policy 265.989;

RESOLVED, that this resolution be brought for consideration by the New York delegation at the next AMA House of Delegates meeting.

265.859 Payment for Physicians' Work: Appealing Insurance Company Denials for Payment

The Medical Society of the State of New York, by legislation or regulation, will seek payment for physicians' time and effort which is involved in preparing appeals for reversal of denials of payment for medical care, procedures and medications by insurers and other third party payers on behalf of their patients.

256 Improving Workers' Compensation Medical Treatment Guidelines Compliance by Insurers

Introduced by the 9th District Branch

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York urge the Workers Compensation Board to ensure that insurance carriers are covering injured workers' medical care that is consistent with the Board's medical treatment guidelines; and be it further

RESOLVED, that the Medical Society of the State of New York work with the Workers Compensation Board to ensure that various health care providers authorized to provide services under the Workers Compensation Law are familiar with the Board's medical treatment guidelines.