

# scope...



## Changes coming to moderate sedation will impact GI procedures

### American College of Gastroenterology

The ACG, AGA and ASGE continue to be dismayed with the values for colonoscopy and other GI endoscopy procedures, which have sustained drastic cuts over the past four years. In addition, in recent rulemaking CMS announced plans to remove the value of moderate sedation from nearly all GI endoscopy codes to prevent duplicative payment to the endoscopist for moderate sedation when anesthesia is provided and billed by a second provider. This means that reimbursement for GI endoscopy procedures will be further reduced if the endoscopist doesn't administer moderate sedation. The value of moderate sedation will impact the degree of the reduction.

On Feb. 29 the GI societies met with officials at CMS to discuss colonoscopy values, the Agency's plan to value moderate sedation, and the impact of these actions on the **80 by 2018** pledge taken by over 690 organizations.

We emphasized the need for appropriate valuation of moderate sedation that preserves the value of the endoscopy procedures. If too much value is assigned

to moderate sedation, the underlying procedures could be significantly devalued relative to all other procedures.


Gastroenterologists have already sustained drastic cuts. Additional cuts to colonoscopies have the potential to severely impede progress toward the goal of 80% screened for colorectal cancer by 2018.

### What Does This Mean for GIs?

- CMS plans to remove the value of moderate sedation from over 120 GI endoscopy codes. We may know more when the 2017 Medicare Physician Fee Schedule proposed rule is released this summer.
- CPT has created new codes to describe administration of moderate sedation when performed by the endoscopist, which will become effective in 2017.
- CMS says no extra value will be added when the new CPT codes for moderate sedation are reported with the GI endoscopy procedure.
- Endoscopists administering moderate sedation during procedures will likely report these new moderate sedation codes

along the underlying procedural code.

- Endoscopists not administering moderate sedation will only report with the underlying procedural code.
- Anesthesiology professionals who administer anesthesia during GI endoscopy procedures will continue to be reimbursed separately for their work.

The GI societies will continue to fight to insure that the impact of the removal of the value of moderate sedation from endoscopy procedures does not unfairly penalize gastroenterologists. 

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## Meeting first week March BCBS headquarters

1. Overall it seemed like a good meeting. I did seem like they were listening although no promises were made.

2. We shared the Milliman data regarding the southeastern reimbursement and there was very little pushback, we are in line at the 50th percentile for procedures and low for our E and M codes.

3. Comorbidities are a big deal to BCBS as it effects how they are paid so we need to really continue to encourage partners, Np's and society members to code them at each visit.

4. For now it seems the only quality measure BCBS gets scored on is whether or not a preventive service occur. For us that is colonoscopy. So make sure we are doing them. (a win win)

5. PCP's are being evaluated on the total costs of the care provided for their patient population so the ability to provide services at lower (total) costs will become more and more important to them.

6. They seemed willing to develop credentialing criteria for colonoscopy with us and to work with us to communicate these to PCP's. We will follow up with them on this. This could eventually morph into quality measures for all of GI, your input on this will be helpful.

7. More of their plans will be managed (especially any sold on the exchange). We need to be proactive about this and help them understand that we are low cost and appropriate providers such that referrals and pre approvals are not needed for our services. (#6 above could help in this regard) 8. They recognize the problems created by the cessation of coverage for non FDA approved grand fathered medications. They offered to have meetings with pharmacy managers. We will follow up with them on this.

9. We discussed the use of Quest Path and Lab carve outs and how it negatively impacts many physician policy and procedures that are in place to process path, time to get results, and quality of the read. The use of Quest is strictly based on cost and BCBS said they could spread to other products. We need your help to speak to your reps with good arguments for why this is in no ones best interest.



*Robert Shaffer, MD* | President

## Membership for 2016 is off to a great start! Not on the list? Join or renew today!

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Visit at <http://alagastro.org/joinAGS>.

★ **New Member**

# BCBS Alabama to require precertification on some physician-administered medications

Beginning April 1, 2016, a precertification will be required for some medications administered by a physician in an office setting as part of Blue Cross Blue Shield of Alabama's Physician-Administered Drug Review Program. Physicians who currently administer these types of medications will receive a letter with more information on which medications are affected and how to submit a precertification request.

If a physician requests a precertification for a medication and it's denied, it can be appealed. However, if a medication is denied without a precertification, it cannot be appealed. So far, no grace period has been announced.

Physicians should start the precertification process early by submitting a courtesy predetermination to request for approval before the April 1 deadline.

1. Go to [www.AlabamaBlue.com/providers](http://www.AlabamaBlue.com/providers) and log in to ProviderAccess to initiate a request. Member eligibility will automatically populate with this option.
2. Fax the request form found in "Physician-Administered Drug Policies and Forms" under Pharmacy Resources.

Claims for the Physician-Administered Drug Review Policy are reviewed based on oncology and non-oncology drug policies. Oncology drug precertification reviews are performed by AIM, and non-oncology drug reviews are performed by Prime Therapeutics. All requests for oncology drug reviews must go through AIM provider portal accessed through ProviderAccess Eligibility and Benefits on Blue Cross website or by calling AIM directly. Non-oncology drug review requests can be submitted by fax or through CoverMyMeds.

Questions? Contact your Provider Networks consultant at (866) 904-4130.

Physician-Administered Precertification Drug List		
Effective 4/1/2016		
The following drugs will be subject to the Physician-Administered Drug Review Program:		
Actemra	Gamunex-C*	Perjeta*
Adcetris*	Gazyva*	Privigen*
Alpel*	Garinix*	Provenge*
Arzerra*	H.P. Acthar	Remicade
Avastin*	Herceptin*	Rituxan*
Aved	Hizentra*	Ruconest
Benlysta	HyQvia*	Simpsoni ARIA
Berinerf	Kadcyla*	Stelara
Bivigam*	Kalbitor	Synagis
Botox	Keytruda*	Synvisc
Carimune NF*	Krytoxix	Synvisc-One
Cimzia	Kyprolis*	Testopel
Cinryze	Lemtrada	Tysabri
Dysport	Leukine*	Vectibix*
Entyvio	Lucentis	Visudyne
Eribufax*	Macugen	Vivitrol
Euflexa	Malena	Xeomin
Eylea	Myobloc	Xiaflex
Firazyr	Neulasta*	Xolair
Flebogamma*	Neupogen*	Yervoy*
GamaSTAN S/D*	Nplate	Zaltrap*
Gammagard S/D*	Nucala	Zarxio*
Gammagard Liquid*	Octagam*	
Gammaked*	Opdivo*	
Gammalex Liquid*	Orencia	

\* Included in Oncology Select Program

This list will be updated quarterly. Product names are the property of their respective owners. The most up to date online drug list, policies and forms can be found at [AlabamaBlue.com/providers](http://AlabamaBlue.com/providers) by selecting "Physician-Administered Drug Policies and Forms" located under Pharmacy Resources

[Click to download the Physician-Administered Precertification Drug List](#)

**AGS is accepting reservations for exhibitors at the 2016 Annual Conference.**

Please refer vendors who visit your office to our website to download information on how they can support AGS by exhibiting at our meetings.

<http://alagastro.org/exhibitors/>

**Special Thanks to the following companies who are registered to attend:**

AbbVie	ProAssurance
Allergan	Takeda Pharmaceuticals
AstraZeneca	Takeda Pharmaceuticals USA
Braintree Laboratories, Inc.	Tenet Health
CONMED	UCB, Inc.
Ferring Pharmaceuticals	US Endoscopy
Gilead Sciences	
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**Reserve your spot today!**

**Call the Hilton Sandestin at (850) 267-9500 with Group Code AGE or go online to [www.hiltonsandestinbeach.com](http://www.hiltonsandestinbeach.com)**



**scope**

**Alabama Gastroenterological Society**  
19 S. Jackson Street | Montgomery, AL 36104 | (334) 954-2500 | Fax (334) 269-5200

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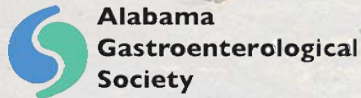
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# AGS Annual Conference

June 25-26, 2016 • Hilton Sandestin



## Agenda

### SATURDAY, JUNE 25

7:00 a.m. – 8:00 a.m.

Attendee Registration/Breakfast with Exhibitors

8:00 a.m. – 8:15 a.m.

Welcome and Opening Remarks

Robert Shaffer, MD, AGS President

8:15 a.m. – 9:15 a.m.

IBD: What to do when Anti-TNFs are not Working

David A. Schwartz, MD, FACP, AGAF

9:15 a.m. – 10:15 a.m.

Esophageal Manometry: Easier to swallow than you think

James P. Callaway, MD

10:15 a.m.

Morning Break

10:30 a.m. – 12:30 p.m.

The Anatomy of a Claim

Mallory Earley, JD, ProAssurance

12:30 p.m.

Business Session

6:30 p.m.

Welcome Dinner on the Sun Deck

*Note: Practice managers will meet in conjunction with the Annual Conference. A schedule will be available soon.*

### SUNDAY, JUNE 26

7:00 a.m. – 8:00 a.m.

Attendee Registration/Breakfast with Exhibitors

8:00 a.m. – 9:00 a.m.

An Update on Hepatitis C

Phillip K. Henderson, DO, Clinical Instructor of Medicine, USA

9:00 a.m. – 10:00 a.m.

Diagnostic and Therapeutic ERCP in 2016

Kenneth M. Sigman, MD, Birmingham Gastroenterology Associates, PC

10:00 a.m.

Morning Break

10:15 a.m. – 11:15 a.m.

Treating Hepatocellular Carcinoma:

Deciphering the Clinical Data

Derek Dubay, MD,

Associate Professor of Surgery, UAB

11:15 a.m. – 12:15 p.m.

The Dramatically Changing Healthcare Environment through Payer Encroachment and Alternatives to Patient Access to Care

Jim Stroud, CPA, Warren Averett

12:15 p.m.

Evaluation and Adjourn

### ACCOMMODATIONS: ROOMS ARE SELLING OUT QUICKLY

A limited block of rooms is available at the Hilton Sandestin with rates starting at \$299. Book a room online at [www.hiltonsandestinbeach.com](http://www.hiltonsandestinbeach.com) with Room Code AGE or call (850) 267-9500. The hotel is already sold out for June 25 except for our room block. **RESERVE YOUR SPOT TODAY!**

### REGISTRATION

Register online at [www.tinyurl.com/AGS2016Conference](http://www.tinyurl.com/AGS2016Conference) or print a registration form at [www.alagastro.org/annual-conference](http://www.alagastro.org/annual-conference).

# AGS Annual Conference

June 25-26, 2016 • Hilton Sandestin



## 2016 ANNUAL CONFERENCE REGISTRATION FORM

Name \_\_\_\_\_  MD  DO  Other \_\_\_\_\_

Address \_\_\_\_\_

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Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Office Contact \_\_\_\_\_ E-mail \_\_\_\_\_

### FEES (Before May 27 | After May 27 add \$100)

- Physician Member \$375                       Physician Non-Member \$475                       Retiree - \$150  
 Associate Member \$275                       Associate Non-Member \$375                       Resident/Student - Free  
 Practice Manager \$150  
 Spouse and guests are free  
\_\_\_\_\_ Total number of adults attending dinner.  
\_\_\_\_\_ Total number of kids attending dinner.

### ONLINE REGISTRATION

Go to [www.tinyurl.com/AGS2016Conference](http://www.tinyurl.com/AGS2016Conference) to register online.

### ACCOMMODATIONS

Call the Hilton Sandestin Beach Golf Resort & Spa at (850) 267-9500 with Group Code AGE or reserve a room online at [www.hiltonsandestinbeach.com](http://www.hiltonsandestinbeach.com). Rates begin at \$299 per night. AGS' room block expires May 24, but we expect rooms to sell out.

### DETAILS

More conference information is online at [www.alagastro.org](http://www.alagastro.org). If you have special needs and/or need assistance, please contact Jennifer Hayes, at (334) 954-2500 or [JHayes@alamedical.org](mailto:JHayes@alamedical.org).

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### MAIL REGISTRATION FORM AND PAYMENT TO

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