

Dermatology Section Council showcases leadership at AMA Annual Meeting

The American Medical Association (AMA) Annual Meeting of the House of Delegates (HOD), held in Chicago, June 12-15, 2010, provided many opportunities for the Dermatology Section Council to showcase its leadership and expertise.

Cyndi Yag-Howard, MD, was elected to serve on the AMA Council on Constitution and Bylaws. The Council on Constitution and Bylaws advises the AMA Board of Directors in reviewing rules, regulations, and procedures for the AMA Sections, and also recommends changes to the constitution and bylaws as appropriate to the HOD. An AMA Delegate since 1991, Dr. Yag-Howard currently chairs both the AMA Specialty and Service Society (SSS) Governing Council and the AMA House of Delegates Compensation Committee.

The American College of Mohs Surgery (ACMS) was inducted into the HOD with its first official representative. While the ACMS has long been an active participant of the Dermatology Section Council, having an official delegate within the HOD means one more vote on behalf of dermatology. With the addition of the new ACMS Delegate, the Dermatology Section Council currently has 16 votes in the HOD, including seven representing national specialty societies, eight representing state medical societies, and one representing the Navy. The ACMS Delegate is Michel McDonald, MD, and the Alternate Delegate is Ali Hendi, MD.

At the Scope of Practice Partnership Summit, ASDSA Director of Advocacy and Public Policy Lisle Soukup gave a presentation on patient safety issues surrounding the non-physician practice of medicine in medical spa settings before an audience of approximately 150

federation staff and AMA Delegates. In addition to describing the problem, Soukup offered several practical policy strategies for addressing the issue, including enforcement of corporate practice of medicine prohibitions, truth in advertising, regulation of the facilities themselves, inclusion of cosmetic medical procedures in the state's definition of the practice of medicine, increased physician supervision and oversight requirements, and regulation of medical spa directors. The ASDSA was the only presenter on the subject of medical spas, which the AMA described as an "emerging issue."

Resolutions of particular interest to the Dermatology Section Council included Skin Cancer in Communities of Color, AMA Endorsement of the World Health Organization (WHO) Surgical Checklist, Medical Practice Guideline Development, Medical Practice Guidelines and Conflicts of Interest, and Direct Supervision of Non-Physician Providers Performing Invasive Procedures. Reports of particular interest included the Council on Ethics and Judicial Affairs (CEJA) Report Financial Relationships with Industry in Continuing Medical Education.

The HOD passed Skin Cancer in Communities of Color, which charges the AMA with supporting and encouraging efforts to increase awareness of skin cancer risks, skin cancer screening, and sun-protective behaviors in communities of color. The resolution acknowledges the lower 5-year survival rate from melanoma in African Americans, and the lower frequency in skin cancer screenings among African Americans and Hispanics.

The resolution on Direct Supervision of Non-Physician Providers Performing Invasive Procedures was introduced by the Society for Interventional Radiology

with the intent of addressing the performance of radiological procedures, such as fluoroscopy and computed tomography by non-physician allied health professionals. However, the broad language in the resolution as introduced makes certain provisions applicable to all invasive procedures, while leaving the definition of "invasive procedures" nebulous. In reference committee, several speakers spoke to problems surrounding the vague language, including ASDSA Alternate Delegate, Jessica Krant, MD. The resolution was ultimately referred for decision.

The introduction of the CEJA Report Financial Relationships with Industry in Continuing Medical Education at the 2010 AMA HOD represents the third time that CEJA has brought the issue to the HOD, after being sent back twice previously for further study. This version, which acknowledges the pragmatic need for industry support for Continuing Medical Education (CME) to offset costs, is significantly less extreme than previous versions.

Instead of focusing on egregious examples of corruption, the report focuses on potential unintended consequences with "the subtle bias that financial ties create," including the notion that "the *appearance* of conflict of interest can be as damaging as the existence of an actual conflict."

The report calls for transparency in disclosing potential financial conflicts of interest, creating a "firewall" between industry funders and educational goals, and allowing provider, content developers, or faculty participation in CME in "exceptional cases," such as when the individuals have a unique area of expertise. ■

update: CMS releases facial lipoatrophy billing information

In the last issue of *Currents*, an article featuring an interview with Alastair Carruthers, FRCPC, highlighted the ASDSA's work on advocating Medicare coverage of the use of dermal fillers to treat HIV-associated facial lipoatrophy. At that time, the Centers for Medicare and Medicaid had not issued guidance on how to appropriately bill for the treatment.

The following information is taken from CMS guidance released June 4, 2010.

What date is the coverage for this treatment effective?

In order to be eligible for payment by CMS, claims must be based on treatments which occurred on and after March 23, 2010. Providers will not be eligible to bill and receive payment for these codes until after July 6, 2010. Medicare contractors will not search their files to reprocess claims already processed, but will adjust such claims that you bring to their attention.

What products may be used?

Medicare coverage is reserved solely for dermal fillers which have been approved by the Food and Drug Administration (FDA) for this purpose. Currently, these include Sculptra® and Radiesse®.

What conditions are eligible for coverage?

In order to be covered under Medicare for these treatments, HIV-beneficiaries must manifest depression secondary to the physical stigma of HIV treatment.

How are these treatments coded?

Your claim will need to include following:

- HIV Diagnosis code: ICD-9-CM diagnosis code 042

- Lipodystrophy diagnosis code: ICD-9-CM diagnosis code 272.6
- Code for the injection procedure: G0429
- Code for the product: Either Q2026 for Radiesse or Q2027 for Sculptra

Is a diagnosis of depression necessary for a patient to be considered eligible for coverage under this payment policy?

An ICD-9-diagnosis code for depression comorbidity may also be present, but is not mandatory, as will be determined by the individual contractor. Please contact your individual Medicare contractor to determine if this is a requirement. Toll-free numbers for carriers are available here: <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>

How much will I be reimbursed for this treatment?

The codes for the dermal fillers themselves, Q2026 and Q2027 are contractor-priced under the July Medicare Physician Fee Schedule (MPFS). The code for the injection, G0429, will be included in the July MPFS. As of this writing, the July MPFS had not yet been released.

For more information and links to other resources about facial lipoatrophy please go to www.asds.net/lipoatrophy/

It is understood that the American Society for Dermatologic Surgery Association is not rendering any legal or other professional services or advice in providing these codes and that the ASDSA bears no liability for any results or consequences which may arise from the use of this information.

call for nominations: Patient Safety Hero Awards

The Patient Safety Hero Awards promotes patient safety through the recognition of leaders who have taken an active role in the promotion and protection of patient safety for cosmetic medical procedures. Patient Safety Heroes are nominated by ASDS members and awards will be presented at the ASDS Annual Meeting in the following categories:

- **State Legislative Patient Safety Hero:** Awarded last year to California Assembly member Wilmer Amina Carter, the State Legislative Patient Safety Hero Award is presented to a state legislator who took a leadership position in creating, supporting or passing legislation that protects patient safety for cosmetic medical procedures.
- **State Regulatory Patient Safety Hero:** The State Regulatory Patient Safety Hero is presented to a regulatory individual or agency that took a leadership position in the creation or enforcement of regulations that protect patient safety for cosmetic medical procedures. In 2008 it was awarded to the Illinois Department of Professional and Financial Regulation.
- **State Dermatological Society Patient Safety Hero:** Awarded last year to the Connecticut Dermatology Society. Presented to a state dermatological society that worked innovatively and effectively on behalf of protecting patient safety for cosmetic medical procedures.

Nomination letters are due September 1, 2010. Please send to Director of Advocacy and Public Policy Lisle Soukup at lsoukup@asds.net, fax: (847) 957-0999 or via mail at 5550 Meadowbrook Drive, Suite 120, Rolling Meadows, IL 60008.