



Vascular Society of New Jersey
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MONTHLY REPORT – February 2009

Register Now!

31st Annual Scientific Meeting
Wednesday, March 4, 2009
Nanina's in the Park
Belleville, NJ

"The Future of Vascular Disease Management"

Speakers include:

Bruce J. Brener, MD

Herbert Dardik, MD

Paul Haser, MD

Steven M. Hertz, MD, FACS

Clifford M. Sales, MD, MBA

Download registration form www.vascularsocietynj.org

From the President

Gary A. Drascher, MD, RVT, FACS

Only two things are infinite, the universe and human stupidity, and I'm not sure about the former. Albert Einstein (1879-1955)

We now have a new administration on Washington so change is here. Please plan to attend our Annual scientific meeting on March 4th 2009. The scientific presentations are set and will provide an interesting forum for discussion about the future of Vascular Disease and its treatment.

Please have your residents or fellows submit an abstract for presentation.

Hot off the presses from CMS Medicare as published by the SVS is the following information re: coding for angioplasty on a A-V Graft..

Coding Change for Percutaneous Transluminal Balloon Angioplasty

The Centers for Medicare and Medicaid Services (CMS) has decided that only one percutaneous transluminal balloon angioplasty code can be reported when intervening on a hemodialysis graft. The graft is considered a single vessel and is defined as: the arterial anastomosis and the outflow vein up to, but not including, the subclavian vein.

The two codes are G0392 (transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis access; AV fistula or graft; arterial) and G0393 (same but venous). SVS submitted comments to CMS advising the agency to define the anatomic limits of the two G-codes. The code with higher RVU value (G0392) will be used if both codes of the code pair are reported together. View the National Correct Coding Initiative letter with additional details.

From the Statehouse

Beverly Lynch

Important Patient Safety Bill Debated

On Monday, January 26, the Senate Health and Human Services Committee considered a new bill, S-2471, sponsored by Senators Vitale, Sweeney and Weinberg, that seeks to improve patient safety and reporting of medical and hospital errors. It is modeled after the work of CMS and others at the national level, who are currently prohibiting payment to hospitals and physicians for so called "never events," such as surgery on the wrong patient, body site or body part, and reduced payments to hospitals for a specific list of "hospital acquired conditions."

I have had numerous conversations with the bill's sponsors, and my physician lobbyist colleagues, about the concerns we have with the bill. In the original language, the attending physician could be held accountable for causing the hospital acquired conditions, and would not be reimbursed. We pointed out the many problems associated with this concept – and how difficult it is to attribute the cause of the condition to the physician, when so many people touch a patient in a hospital setting.

Based on our concerns, the sponsor amended the bill. I have cut/pasted the section that impacts the physician community below. But, here is a simplistic explanation of what this bill seeks to do:

If a physician admits/acknowledges that he/she caused one of the 8 hospital acquired conditions (HACs), developed by CMS and others nationally, then that physician can not bill CMS (for Medicaid and Medicare patients) or a third party payer (if private pay) or the patient him/herself (if self pay). The list of 8 HACs are:

1. pressure ulcer stages III and IV;
2. falls and trauma;
3. surgical site infection after bariatric surgery for obesity, certain orthopedic procedures, and bypass surgery (mediastinitis);
4. vascular-catheter associated infection;
5. catheter-associated urinary tract infection;
6. administration of incompatible blood;
7. air embolism
8. foreign object unintentionally retained after surgery.

Additionally, as is currently the practice with CMS, there would physician non-payment for:

Wrong surgical or other invasive procedures performed on a patient;
Surgical or other invasive procedures performed on the wrong body part;
and Surgical or other invasive procedures performed on the wrong patient.

Remember - the physician must admit wrong doing in order for any non-payment to be assessed. If the physician does not admit wrong doing, the physician is paid as always.

Here is the exact language now found in the bill:

"2b. A physician licensed by the State Board of Medical Examiners pursuant to Title 45 of the Revised Statutes, who acknowledges responsibility for causing a condition for which a hospital is prohibited from obtaining payment from a patient or any third party payer pursuant to subsection a. of this section*, shall not charge or otherwise seek to obtain payment from a patient or any third party payer for costs associated with the condition."

[*"subsection a. of this section" refers to the CMS list above]

We testified that the bill still lacks the discoverability safeguards so the

non-billing doesn't become a med mal incident. The legislators agreed and this language will be added to the Assembly version. We also asked to be included in future discussions as the bill progresses.

The bill was released from committee and moves to the Senate floor.

Please give me your feedback as to this new version of the bill - we're eager to receive comments from the physician community and will be providing them directly to the legislators involved.

Attention Vascular Surgeons: Call for Abstracts

Brajesh K. Lal, MD

The 31st Annual Scientific Meeting of the Vascular Society of New Jersey will be held on

*Wednesday, March 4, 2009
at Nanina's In The Park, Belleville, NJ.*

Winning presentation will receive:

**2nd Annual Robert W. Hobson, II, MD Award
Engraved plaque and \$500**

There will be two types of presentations again this year:

(1) Paper Session: All types of submissions - clinical, research or basic science -- are encouraged. Participation by residents and fellows with member sponsorship are encouraged. (Note - Papers remain eligible for submission to the Eastern Vascular Society or other major scientific meetings.)

(2) Case Presentation: Members are requested to submit interesting and educational cases for audience participation and discussion. Case material with pertinent laboratory and radiological data should be submitted by the above deadline.

Submissions should be sent by email to the society offices at:
lmyers@blynchassociates.com

Presenters will be responsible to provide the society with their presentation in advance of the meeting, to minimize audiovisual delays.

Registration materials will be forwarded in February outlining the entire program. For more information, or if you have questions, please contact VSNJ at 609-392-5558.

Mark your calendar for March 4 and submit your Paper/Case Presentation today!

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