



NAEC Activities and Accomplishments – 2017

NAEC Membership Update

As of November 30, 2017, membership in NAEC reached a total of 247 centers, with 181 centers accredited as level 4 centers and 52 as level 3 centers. Seven centers joined NAEC after the 2017 accreditation cycle was completed and are applying for accreditation in 2018.

US News and World Report continues to recognize level 4 epilepsy centers as a component of its national ranking of hospitals with top Neurology/Neurosurgery services. Each year, NAEC reports the names of hospitals with accredited level 4 epilepsy centers to *US News*.

NAEC Standard Setting Activities

NAEC is committed to continuously improving its accreditation process to ensure that the NAEC Guidelines and accreditation standards and process are comprehensive, evidence-based and follow best practices. In 2017, NAEC centers participated in the NAEC accreditation process via two pathways: those that received two-year accreditation in 2016 only needed to complete their Center Annual Report, and centers that received one-year accreditation in 2016, first-time applicants, and level 3 centers applying for level 4 accreditation completed the full accreditation process by submitting the Center Annual Report and documents.

2017 Accreditation Cycle

Below is an overview of NAEC's accreditation decisions for 2017 compared to 2016.

Summary	2017	2016
Level 4 Centers	181	184
Level 3 Centers	52	41
Total Accredited Centers	233	225

2018 Accreditation Criteria and Process Changes

For 2018, the NAEC Board revised some of the accreditation standards and considered a number of accreditation governance policies to strengthen the program in 2018. To accommodate these new requirements, NAEC signed an updated Memorandum of Understanding with ABRET, which will begin requiring submission of pediatric reports for pediatric and adult/pediatric centers to align with NAEC accreditation standards.

On an annual basis the NAEC Board assesses the standards and criteria for epilepsy center accreditation with the goal of continually improving the quality of care provided by epilepsy centers. NAEC is instituting several changes to strengthen the accreditation program in 2018:

- Pediatric and Adult/Pediatric centers must meet an enhanced set of accreditation requirements in 2018, including submitting specific pediatric protocols for “Measures to be taken if number, duration, or severity of seizures observed is excessive” and “Management of status epilepticus in hospitalized patients,” and provide one EMU vEEG report for a patient under the age of 10.
- NAEC is providing centers with greater guidance on the key elements to include in the center protocols required for the 2018 Accreditation Cycle. Updated sample protocols are available on the [NAEC website](#). All centers will also be asked to upload a sample admission order set.

More information on accreditation may be found on the [Get Accredited page of the For Members section of NAEC’s website](#).

Accreditation Governance

NAEC contracted with an attorney with significant experience assisting accreditation organizations. She conducted an overview of our current accreditation process and made recommendations on ways to improve NAEC’s process according to best practices for accreditation programs. With her assistance, NAEC has developed an Accreditation Policy and Procedures Manual, Conflict of Interest and Confidentiality Policy, which will be posted on the NAEC website following the Annual Meeting. Also, NAEC is exploring creating an Accreditation Committee that would have some independence from the Board of Directors.

NAEC Advocacy Activities

NAEC sees advocacy as a multi-pronged approach to promoting the work of epilepsy centers and to assure patient access to their services. Significant efforts were undertaken this year to improve coding for epilepsy center services by working with AAN and ACNS. In addition, NAEC leaders published a paper in *Epilepsia* on the Criteria for Admission to an EMU, which we believe will assist epilepsy centers with public and private insurers. NAEC also collaborates with our sister epilepsy organizations, including the Epilepsy Foundation, American Epilepsy Society, and the Epilepsy Leadership Council, to promote epilepsy centers and advocate on their behalf. All of these activities are described in more detail below.

NAEC Collaborates with American Academy of Neurology (AAN) and American Clinical Neurophysiology Society (ACNS) on CPT Coding

Long Term EEG Monitoring Codes – With the identification by CMS in 2016 of CPT Code 95951 as being a high-volume service that will need to be reviewed by the AMA Relative Value Update Committee (RUC) NAEC has collaborated with AAN and ACNS to review the current coding structure for CPT Code 95951 and the other long term EEG monitoring codes (95950, 95953, and 95956). CMS considers a service “high volume” if its Medicare utilization equals 10,000 or more claims annually and has increased by at least 100% from 2009 through 2014. CPT Code 95951 exceeded these thresholds as its utilization has increased from 53,000 claims in 2009 to 128,000 claims in 2015.

A proposal to make changes to the existing long-term EEG monitoring codes (including 95951) was presented by AAN, ACNS, and NAEC at the June 2017 CPT Panel Meeting and was further revised and presented at the September 2017 CPT Panel Meeting. At the September meeting, the CPT Editorial Panel asked the medical societies along with other interested parties, which included multiple companies that provide EEG monitoring services and ASET to work together to make additional changes to the proposal discussed at the September meeting and to present the codes again at the CPT Panel Meeting in February 2018. If the proposal is accepted the codes will be surveyed by the medical societies and presented to the

RUC at either its April or October 2018 meetings. Based on timing of the CPT and RUC process along with CMS review, any new codes will likely take effect in CY 2020.

New ECoG Code for RNS - NAEC has been working closely with AAN and ACNS on the request for a new code for the review and interpretation of electrocortigram data collected under the RNS system (NeuroPace). This is a separate and independent procedure from RNS programming and represents a new way to recognize the extra effort needed to care for RNS patients. NAEC provided AAN with subject matter experts in developing the new code and joined AAN and ACNS at the CPT Panel meeting in 2017 to present the new code to the CPT Panel. The survey to value the new code has recently been completed and its data will be presented at the February 2018 Meeting of the AMA RUC. Based on timing of the RUC process along with CMS review, the ECoG code will likely become effective in CY 2019.

NAEC Publishes Criteria for EMU Admission Paper

While the epilepsy and neurology communities have position papers on a number of topics pertaining to epilepsy diagnosis and management, there was no published article describing the rationale and appropriate indications for epilepsy monitoring unit evaluation. To fill this gap and create a resource that NAEC and its member centers can use to advocate for coverage for EMU admissions, the NAEC Board wrote [Indications and Methodology for Video-EEG Studies in the Epilepsy Monitoring Unit](#), which was published in *Epilepsia* in November 2017. The paper outlines the indications for long-term video-EEG (VEEG) for typical elective admissions to a specialized inpatient setting and reviews common techniques used in EMUs to obtain diagnostic information in a safe environment. NAEC will be promoting the paper to public and private payers and encourages centers to share the paper with your center personnel that handle prior authorization requests and other questions and issues received from local insurers.

NAEC Comments on Epilepsy Quality Measures

In October 2017, NAEC submitted comments to AAN on the 2017 Epilepsy Quality Measurement Set Update. NAEC commended AAN's continued work to refine and expand quality measures in epilepsy and supported their interest in moving from process- to outcome-oriented measures. NAEC also expressed concern about the proposed measures related to quality of life and psychiatric comorbidities as being difficult to report, and opposed the retirement of the 2014 Epilepsy Quality Measures on seizure frequency; seizure intervention; etiology, seizure type or epilepsy syndrome; and querying and intervention for side effects of anti-seizure therapy. NAEC will continue to work with AAN to improve quality measures so that providers at epilepsy centers can participate in these programs.

NAEC Comments on DRG Assignment for NeuroPace RNS System

In June 2017, NAEC submitted comments to the Centers for Medicare and Medicaid Services (CMS) in support of CMS' proposal to assign all hospital admissions involving the NeuroPACE RNS System to higher paying MS-DRG 023 even if there is not a major complication or comorbidity reported for the patient. CMS adopted this policy in its FY 2018 Medicare Inpatient Prospective Payment System Final Rule. This will facilitate access to the NeuroPace treatment for patients with intractable epilepsy and will ensure that hospitals providing this very specialized and expensive procedure are more adequately reimbursed.

Analysis of Epilepsy DRGs

NAEC centers have frequently raised concerns that the reimbursement for the Epilepsy Monitoring Unit inpatient admission is inadequate, not covering the needed longer length of stay and high cost diagnostic

procedures provided to patients and forcing centers to discharge patients earlier than desired. In the past, NAEC worked with data analysts to evaluate the Medicare claims data to determine if we could show the higher costs of intractable epilepsy patients evaluated in the EMU to create a new DRG for epilepsy center patients or to move these admissions to a higher paying DRG. Past analysis showed a cost difference, but it was not significant enough for CMS to make a DRG change.

In 2017, the NAEC Board decided to take another look at the most recent Medicare claims data (2016) to see whether we could make the case for a higher paying DRG. The analysis found that cases for patients coded with intractable epilepsy and those that receive VEEG services (95951) have higher costs and are more likely to qualify for an outlier payment than other patients admitted under the same DRGs. Unfortunately, the costs for intractable epilepsy cases are not high enough to make a strong case for moving them to a higher paying DRG.

As part of this project, NAEC received hospital-specific data on costs and charges for epilepsy center admissions. Any centers that seek more information about their specific hospital are welcome to contact NAEC for more information at info@naec-epilepsy.org.

NAEC Collaborative Activities

Epilepsy Foundation – In 2016, EF received a CDC grant to establish the National Epilepsy Education and Awareness Collaborative (NEEAC). NEEAC seeks to increase public and professional understanding of epilepsy by mobilizing community partnerships to improve coordination and delivery of community resources. NAEC is an active participant in this collaborative effort and earlier this year held a webinar for EF affiliates on the NAEC, the epilepsy center accreditation process, and the benefits to affiliates in partnering with local accredited epilepsy centers. This webinar was recorded for future educational purposes. In 2018, NAEC will work with EF to hold a corollary webinar for NAEC members to learn more the work of EF affiliates.

Networked Learning Health System – NAEC partnered with EF, the American Epilepsy Society (AES), the Rare Epilepsy Network (REN), the Pediatric Epilepsy Research Consortium (PERC), and the Epilepsy Study Consortium (ESC) to apply for a PCORI grant that will allow the partners to create a collaborative patient-centered research network, allowing for seamless exchange of information from electronic medical records to an epilepsy registry, creating a personal epilepsy medical record owned by the person with epilepsy, and facilitating quality improvement research in epilepsy. NAEC's Vice President, Susan Herman, MD serves as NAEC's liaison to this effort and a primary investigator on the grant application.

National Institute of Neurological Disorders and Stroke – NAEC representatives participated in the annual Nonprofit Forum sponsored by the NIH National Institute of Neurological Disorders and Stroke (NINDS). For the first time, NAEC presented a poster at the Forum on the NAEC accreditation process. A number of rare epilepsy patient groups were represented at the meeting and were able to learn more about NAEC accreditation.

NAEC Member Center Resources

NAEC Videos

In collaboration with the CBS Community Partnership Division, NAEC developed a [30-second video](#) designed to promote NAEC accredited epilepsy centers as providers of expert care for people with epilepsy and

seizures. The 30-second video is appearing on TVs in 65 airports across the United States and Canada from November 20, 2017 – December 31, 2017, and is estimated to be viewed more than 30 million times. NAEC will develop a longer video describing the benefits of an accredited epilepsy center in early 2018. *Centers are permitted to place both videos on their website and social media pages.*

Analysis of Medicare Regulations

NAEC provides its members with analysis of the major Medicare regulations on the physician fee schedule and the hospital inpatient and outpatient prospective payment systems annually. Summaries of these rules and charts showing payment rates for epilepsy center services may be found in the [Policy Analysis page in the NAEC Updates and Resources section](#) of the NAEC website. Overall payments for most epilepsy services are unchanged in 2018 – with some showing improvement and few declining in value.

Coding Information for Centers

Beyond its analysis of Medicare regulations distributed to all centers, NAEC staff also responds to coding and reimbursement questions raised by member centers throughout the year. Centers with questions about coding or reimbursement for epilepsy center services should email info@naec-epilepsy.org.

Webinars

NAEC held a webinar in May 2017 to review the common CPT Codes used in epilepsy centers and provided vignettes and rules for their use. In addition, the official AMA Relative Value Update Committee (RUC) video on the relative value update process and RUC survey instrument was shown. A similar webinar will likely be held in 2018 prior to the likely release of surveys for the long term EEG monitoring codes. The recording of the webinar is available [here](#) and the AMA video on the RUC survey process is available [here](#).

NAEC Continues to Update Website

After launching our renovated website in 2016, we worked with our web company to perform an analysis of traffic and usage of the new website. As a result, NAEC made minor modifications to its website to make it more useful to NAEC members and more informational to people with epilepsy and the general public. In particular, NAEC improved the “Find an Epilepsy Center” function by making the map easier to read, to identify centers, and to link to NAEC member center sites. NAEC is also able to track traffic from NAEC’s “Find an Epilepsy Center” directory to individual epilepsy center websites. Centers seeking this information can contact NAEC at info@naec-epilepsy.org.

All NAEC center Medical Directors, Co-Medical Directors, and Administrators received access to the For Members section with the 2017 accreditation instructions. Other professionals at NAEC member centers may request log-in credentials to access this section via [the NAEC website](#).

NAEC Activities in 2018

NAEC will undertake a number of operational, advocacy, standard setting and member support activities in 2018. As the CPT coding proposal for long term EEG monitoring codes moves through the CPT Panel and RUC process we will need NAEC members to take part in the surveys of physician work involved in the revised codes. More information will become available over the next four to six months regarding the survey process.

Plans are also underway by the NAEC Board to update its 2010 guidelines – *Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers*. As a means to inform the guideline revision, NAEC plans to survey its members on the state of epilepsy care in the US. The survey is being crafted to collect information on both inpatient and outpatient epilepsy care with a broadened scope to not just identify what services are provided, but how care is being delivered. The NAEC Board will utilize the survey data in reorganizing and updating the NAEC Guidelines so that they are reflective of the value of epilepsy center care.