Dear Colleagues,

It has been a busy and productive year for our society. Members of the Executive Council met with Congressional representatives in May, during the 2015 American Association of Neurological Surgeons (AANS) Annual Scientific Meeting, in an effort to inform our elected officials about what our subspecialty provides for patients. We met with members of the House Ways & Means Committee and Senate Healthcare Committee—including Senator Lamar Alexander and Representatives Philip Roe and Michael Burgess—all critical in the SGR repeal, as well as various State Representatives. These meetings took place as the House of Representatives readied legislation known as the 21st Century Cures Act, which details a roadmap for streamlining FDA process, increasing NIH funding in specific critical areas, reversing the restrictions on access to care placed by CMS and overhauling Electronic Health Record systems on a national level, to create systems that are more geared towards improving and advancing patient care. This legislation sailed through the House, thanks to broad bipartisan support. With luck, it will pass the Senate, as well.

Current American Society for Stereotactic and Functional Neurosurgery (ASSFN) membership numbers 379, including 36 residents and fellows. This number is the highest it has been in five years and reflects growing interest in our burgeoning multidisciplinary field. Society membership is now open and free to medical students, so please encourage your trainees and colleagues from other disciplines to consider joining ASSFN.

On the topic of training, the ASSFN will hold its 3rd Annual Hands-on Training Course in Stereotactic and Functional Neurosurgery—moved from Atlanta to the University of Colorado—and sponsored by the ASSFN, the Neurosurgical Research and Education Fund (NREF) and the AANS. Industry sponsorship has been significant, enabling us to keep the course free to residents. Fellows and neurosurgeons interested in brushing up on skills or obtaining hands-on experience with novel technologies are encouraged to attend.

Please look for the new donation link in your ASSFN membership dues form and consider a gift to our society. Another way to contribute is through the Roy Bakay, MD, FAANS, Honor-Your-Mentor Fund, which will be directed to research in stereotactic and functional neurosurgery. Donations can be made as a one-time gift or as online installments at the following address: http://www.nref.org/donate.aspx. Such gifts directly translate into our ability to sponsor trainees at our Biennial Meeting, to fund research pilot projects and to engage in advocacy efforts on behalf of our patients and our discipline.
The 2015 Annual Meeting of the Congress of Neurological Surgeons (CNS) is rapidly approaching, and we anticipate an excellent turnout for the Stereotactic and Functional Section Sessions, which will be held on Monday and Tuesday, Sept. 28 and 29, from 7-8:30 a.m. The topic for Monday’s Section Session is Biological Neuromodulation, including Gene and Stem-Cell Therapies (moderated by Robert Gross, MD, PhD, FAANS, and Peter Konrad, MD, PhD, FAANS). Tuesday’s Section Session topic is The Cost Effectiveness of Neuromodulation in the Real World (moderated by Aviva Abosch, MD, PhD, FAANS, and Andre Machado, MD, PhD). The Neurosurgical Forum will be moderated by Jorge Gonzalez, MD, and Erika Petersen, MD, FAANS.

Finally, planning for the 2016 Biennial ASSFN Meeting in Chicago is going well, thanks to the efforts of society past president, Konstantin Slavin, MD, FAANS, and local meeting host, Joshua Rosenow, MD, FAANS. The meeting will showcase the progress and current state of Stereotactic and Functional Neurosurgery with a stellar list of invited talks and concurrent sessions. Stay tuned for details regarding the new and improved poster session, spearheaded by Zelma Kiss, MD, PhD. The conference will take place at the Intercontinental Hotel Chicago, June 18-21, 2016. All ASSFN members are invited to attend and to participate in this meeting. We are looking forward to another spectacular meeting and hope to see you all there.

Remember that we need your help to carry out the mission of our society. Please consider getting involved. Contact ASSFN secretary-treasurer, Dr. Gross, for a full listing of committees and committee chairs and to participate in areas that are of interest to you.

In the meantime, I look forward to seeing you in New Orleans in September during the CNS Meeting.

Kindest Regards,

Aviva Abosch, MD, PhD, FAANS
Professor of Neurosurgery and Neurology
Vice Chair for Neurosurgery Research
Director of Stereotactic and Epilepsy Surgery
University of Colorado
CNS Preview

The September 2015 Congress of Neurological Surgeons (CNS) Annual Meeting will take place in New Orleans from Sept. 26-30. Functional neurosurgery continues to play an increasingly prominent role in the practice of neurosurgery and is well represented at the annual CNS meeting. Here we will highlight some of the events taking place this year that will be of particular interest to the members of ASSFN. We look forward to seeing you there!

Saturday, September 26
This day predominantly consists of practical courses (PC).

12:30-4:30 p.m.
PC08: Taking Your Innovative Ideas to Market
Course Director: L. Nelson Hopkins, MD, FAANS

12:30-4:30 p.m.
PC13: RRC Next Accreditation System, Milestones and the Neurosurgery Matrix
Course Directors: Kim Burchiel, MD, FAANS; Nathan Selden, MD, PhD, FAANS

Sunday, September 27
8-11:30 a.m.
PC17: Laser Ablation Surgery Indications Techniques and Pitfalls
Course Director: Robert Gross, MD, PhD, FAANS

Symposium 02: Neurovation
8-9:10 a.m.
Biologics Drug Delivery

12:45-12:55 p.m.
Peripheral Nerve Stimulation for Pain
Speaker: Joseph Boggs

1-1:10 p.m.
Dorsal Root Ganglion Stimulation
Speaker: Jeff Kramer

3:45-3:55 p.m.
Focused Ultrasound Present and Future Technology Applications
Speaker: Stephen Monteith, MD

6:30-8:30 p.m. Opening Reception

Monday, September 28
Section Sessions
7-8:30 a.m.
Section on Pain: Innovations in Surgery for Pain
Moderators: Jason Schwalt, MD, FAANS; Jonathan Miller, MD, FAANS

7-8:30 a.m.
Section on Stereotactic and Functional Neurosurgery: Biological Neuromodulation Gene and Stem-Cell Therapies
Moderators: Robert Gross, MD, PhD, FAANS; Peter Konrad, MD, PhD, FAANS

9-11:30 a.m.
General Scientific Section

9:08-9:23 a.m.
Honored Guest Lecture
DBS Targets, Technology and Trials: Two Decades of Progress
Presented by Kim Burchiel, MD, FAANS

12:30-2 p.m.
M01 Honored Guest Luncheon
Kim Burchiel, MD, FAANS

12:30-2 p.m.
M07 Management of Peripheral Nerve Pain Syndromes
Moderator: Line Jacques, MD, FAANS

Tuesday, September 29
Section Sessions
7-8:30 a.m.
Section on Pain: History of Pain Surgery – What is Old is New Again
Moderators: Erika Petersen, MD, FAANS; Ashwin Viswanathan, MD

7-8:30 a.m
Section on Stereotactic and Functional Neurosurgery: The Cost Effectiveness of Neuromodulation in the Real World
Moderators: Aliva Aboosh, MD, PhD, FAANS; Andre Machado, MD, PhD

9-11:30 a.m.
General Scientific Section

10:17-10:35 a.m.
Honored Guest Lecturer
Trigeminal Neuralgia New Evidence for Origins and Treatment
Kim Burchiel, MD, FAANS

12:30-2 p.m.
M18 Advances in the Management of Trigeminal Neuralgia and Facial Pain
Moderator: Kim Burchiel, MD, FAANS

continued on page 4
2:30-4 p.m.
Hot Topic 4. The Role of Laser Interstitial Thermal Therapy (LITT) in Epilepsy
Moderator: Robert Gross, MD, PhD, FAANS

4:30-5:45 p.m.
Neurosurgical Forum
Section on Pain
Moderators: Jorge Alvaro Gonzalez-Martinez, MD, PhD, FAANS; Erika Petersen, MD, FAANS

Section on Stereotactic and Functional Neurosurgery
Moderators: Sean Nagel, MD, FAANS; Jennifer Sweet, MD

Wednesday, September 30

General Scientific Session
Honored Guest Lecturer
A New Paradigm for Curriculum, Core and Subspecialty Training
Kim Burchiel, MD, FAANS

Luncheon Seminar
11:30 a.m.-1 p.m.
Update on Movement Disorders
Moderators: Parag Patil, MD, PhD, FAANS; Ali Rezai, MD, FAANS

1-2:15 p.m.
Hot Topic 5. Treatment for Facial Pain

NEUROSURGEON RESEARCH CAREER DEVELOPMENT PROGRAM

The Neurosurgeon Research Career Development Program, or K12 Award, is a federally-funded program that is specifically for the development of neurosurgeon-scientists at the earliest stages of their careers. This award provides two years of salary support plus funds for research supplies for those who are able to dedicate a minimum 50 percent effort at their institution for neurosurgical research. This is a mentored award where development of the applicant and the training plan is paramount. The program is headed by a functional neurosurgeon, Emad Eskandar, MD, FAANS, from Massachusetts General Hospital. Eligible candidates within one year of finishing their neurosurgical residency or fellowship are encouraged to apply in October 2015. Details regarding the application process and program can be found at: http://neurocdp.org/.

Biennial Leksell Gamma Knife Meeting

This spring, the Leksell Gamma Knife® Society will host its Biennial Meeting. The international meeting will be held May 15-19, 2016, in Amsterdam. The theme of the meeting is “Building Bridges…” Program co-chairs include neurosurgeon, Guus Beute, MD, and radiation oncologist, Patrick Hanssens. Both practice at Tilburg. The meeting registration and abstract submission center is now open. Further meeting information is available through the Leksell Gamma Knife Society website (https://www.lgksociety.com/home/).

ASSFN Resident & Fellow Social at CNS:
September 28, 2015, 5:45-6:45 p.m., Hilton Riverside, Room: Marlborough B

5:45 p.m. Registration
Wine and Cheese
6:15-6:45 p.m. Leadership Panel

We welcome residents and fellows interested in stereotactic and functional neurosurgery to an ASSFN event to meet the membership of ASSFN and to hear a panel discussion from the experts about achieving career success. We will provide information on obtaining fellowships, faculty positions and opportunities to network with functional neurosurgeons who have fellowship/junior faculty positions.

RSVP to Sharona at tosharona@gmail.com by September 22.

Stereotactic and Functional Neurosurgery
Hands-on Workshop for residents, fellows, and neurosurgeons.
November 13-15, 2015
Center for Surgical Innovation
Aurora, Colorado
For more information: SOPHIE.EGGERT@UCDENVER.EDU
Dear Section Colleague:

The AANS/CNS Washington Committee Coding and Reimbursement Committee (CRC) has recently undergone a restructuring to better communicate with the clinical sections. One aspect of this will be to provide quarterly updates on payor policy changes affecting us in Neurosurgery, as we all understand the impact of payor policies in our daily work of patient care. A patient’s access to beneficial medical care is frequently dictated by coverage decisions of insurance policies, and keeping up with the changing policies may help promote access to the beneficial high quality care we provide for our patients.

Thanks,

Joseph Cheng, MD, MS  
Chair, AANS/CNS Washington Committee Coding and Reimbursement Committee (CRC)  
Thomas O’Lynnger, MD  
Fellow, Council of State Neurosurgical Societies  
Charles A. Sansur, MD, MHSc  
Vice-chair, CRC Payor Policy Coverage Committee

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Functional & Stereotactic Neurosurgery (January-March 2016)

Aetna (National) now considers dorsal column stimulator patient programmers to be medically necessary and provides coverage. The HCPCS code is L8681.

Lifewise Health Plan, BCBS Alaska and Premera (WA, AK) have updated their policies regarding spinal cord stimulation to include complex regional pain syndrome as a covered indication. The CPT code for percutaneous implantation of neurostimulator electrode, epidural remains 63650, while laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural remains 63655. The code for pulse generator placement remains 63685.

CareFirst BCBS (MA) now specifies that spinal cord stimulator trial patients must demonstrate pain relief for at least seven days prior to permanent implantation. Percutaneous implantation of neurostimulator electrode array, epidural is coded separately for each electrode with 63650 for the trial as well as for permanent implantation. This will negatively impact patients by requiring a longer uncomfortable trial period for those who may show strong response within 48 hours.

BCBS Kansas (KS) has revised its policy for spinal cord stimulation and now requires patients to experience 70 percent pain relief during a five to seven day trial instead of 50 percent pain relief without a specified trial period. This will require a potentially longer trial prior to spinal cord stimulation approval and will exclude some patients with less but still significant reduction in pain. The CPT code remains 63650.

UPMC Health (PA) has revised its policy for vagus nerve stimulators and now covers patients with refractory partial onset seizures 12 years and older instead of 13 years and older. Relevant CPT codes include 64568 for incision for implantation of cranial nerve neurostimulator electrode array and pulse generator and 61885 for replacement of the pulse generator. This change increases the number of patients eligible for VNS and represents increased treatment options for pediatric patients with epilepsy.

Anthem (National) states that cortical stimulation for epilepsy using devices such as NeuroPace RNS will only be covered for patients who have failed vagal nerve stimulation or are not candidates for VNS. Cortical stimulator placement uses CPT code 61860 for cranietomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical. This change negatively impacts patients who may benefit from cortical stimulation due to their epilepsy etiology by requiring a separate procedure beforehand and may ultimately increase costs.

Humana (National) has added coverage for cortical stimulation for epilepsy when appropriate criteria are met. CPT codes 61850, twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical, and 61860, craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical, may be utilized. Cortical stimulation with devices such as RNS NeuroPace provides another treatment option for those with medically-refractory epilepsy.

BCBS Alabama (AL), BCBS Kansas City (MO, KS), LifeWise (WA), BCBS Arizona (AZ) and BCBS Kansas (KS) have updated their policies to provide coverage for bilateral thalamic deep brain stimulation for medically unresponsive tremor due to essential tremor or Parkinson’s disease. CPT codes 61867, twist drill, burr hole, craniotomy or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site, and 61863 can be utilized with or without microelectrode recording, respectively. Approval of bilateral stimulation for tremor is an invaluable tool for treatment of those with medically-refractory bilateral tremor.
1st Middle Eastern Conference for Stereotactic & Functional Neurosurgery

16th, 17th & 18th January 2016
Jumeirah Emirates Towers
Dubai, United Arab Emirates

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Official Society Journal
Stereotactic and Functional Neurosurgery
David W. Roberts, MD, Editor

Society Historian
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## ASSFN Officers and Executive Council

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### Additional Key Society Information

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