

Dear Dr.

My name is Jim Lindley. I am a neurosurgeon in Savannah, Georgia and would like to solicit your help in attempting to change the Blue Cross Blue Shield approval policy in Georgia for cervical disc arthroplasty. I believe in this therapy for carefully selected patients and I am certain you will share my concern that this therapy should not be denied as a covered benefit by BCBS of Georgia.

I am writing you because I understand you presently perform cervical disc arthroplasty, have participated in an IDE trial or will be trained on the applications for ProDisc-C or Prestige in the near future. I have been performing the procedure for five years but have had a very positive experience. I believe physicians in Georgia should be able to perform the procedure where we feel it is clinically appropriate. Unfortunately, most of my patients cannot obtain insurance approval for cervical disc arthroplasty from BCBS. Appeal letters don't help and patients wait long periods of time just to find out the procedure will be denied. I feel it is important to try to help change the BCBS coverage policy and I would like your help in achieving this.

BCBS of MT, BCBS of AR, BCBS of AZ, BCBS of NJ, BCBS of NM, BCBS of OK, BCBS of SC, BCBS of IL, BCBS of TX, BCBS of ID, BCBS of WV, BCBS of HI, Premera, Highmark, Aetna and CIGNA have recently made positive coverage decisions. This is an indication that payers are beginning to see the value of this therapy.

WellPoint is the parent company for BCBS of Georgia, and they make coverage decisions for BCBS plans in fourteen states. Drs. Sandra White and Bob McCormack are the Medical Directors for Blue Cross Blue Shield of Georgia. I am hoping to arrange a meeting with them and elicit their support through education. They would hopefully make the case for a positive coverage decision to the leadership at WellPoint.

There are several points that are specific to this procedure that should cause BCBS to change their policy. First, the published data absolutely support coverage. The Prestige IDE was published in Journal of Neurosurgery Spine 6:198-209, 2007. Prestige showed superiority over fusion at 24 months with 421 patients available for 2 year follow-up. Georgia's own Kenneth Burkus and Reggie Haid were authors on this paper. More recently published in The Spine Journal 9:275-286, 2009, ProDisc-C also showed superiority over ACDF at 2 year follow-up. In both studies NDI, SF-36 and return to work were comparable or better in the investigational group. Additionally, motion was preserved and there were fewer secondary surgeries in the arthroplasty group. **Both studies provide Level 1 evidence that single level disc arthroplasty is as good if not better to fusion in carefully selected patients.**

Another important point is that cervical disc arthroplasty is not a procedure that will cause a proliferation of cervical spine surgeries. It is utilized in place of a fusion device to preserve motion in patients undergoing anterior surgery for spondylosis or disc herniation. These are patients that would be undergoing surgery anyway. It is not used to treat neck pain due to isolated degenerative disc disease. There should be less adjacent level degeneration and a theoretical decrease in the need for future surgery.

From a cost standpoint the insurance payer is the winner. The device is equivalent in price to an anterior cage and plate. The surgical charge is less. It is bundled into CPT code 22856, which has an RVU value of 43.15 units. An ACDF with allograft is valued at 55.26 RVU's. The hospital reimbursement is lower as well based on a non-fusion DRG.

Most of the above points have already been made to BCBS and their response is that cervical disc arthroplasty is still an experimental procedure and they need 5-year follow-up data. I don't believe this is a reasonable position anymore. I would therefore like your help.

I would like your permission to use your name and your BCBS provider number as evidence of your support for the procedure.

If a meeting can be scheduled I would like to present as many names as possible to Dr White and or Dr. McCormack. Anyone would also be welcome to attend or present their data at the anticipated meeting in Atlanta as well. I hope you will join my effort.

The letter and effort is motivated solely in the name of good patient care. If I had an ACD I would want an arthroplasty device as opposed to a fusion. I also have no financial relationship with Synthes or Medtronic other than teaching a few courses several years ago.

Enclosed is an affidavit I would like you to sign and send back to me so that I can say you support coverage of disc arthroplasty for labeled indications. You may fax the affidavit to 912-356-9634. If it is more convenient, my address is: Neurological Institute of Savannah, 4 Jackson Boulevard, Savannah, GA 31405. I can be reached at my office at 912-355-1010 or my email address is jlindley9@comcast.net. I will keep you in the loop as I move through this process.

Thank you for your time and your consideration.

Sincerely,

James Lindley, MD

Affidavit:

I _____ MD, support the coverage of disc arthroplasty for use in the cervical spine in patients who meet the FDA indicated criteria. I believe total disc arthroplasty can be a viable option for some patients and would support the creation of positive coverage decision by Blue Cross Blue Shield of Georgia/WellPoint.

Signed: _____

Date: _____

BCBS Provider # _____

Fax number: 912-356-9634

Email: jlindley9@comcast.net

Office Address:
James Lindley, MD
Neurological Institute of Savannah
4 Jackson Blvd.
Savannah, GA 31405