December 21, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1678-FC
P.O. Box 8013
Baltimore, MD 21244-1850

RE: Comments to CMS-1678-FC (Medicare Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs)

Dear Administrator Verma:

On behalf of the International Society for the Advancement of Spine Surgery (ISASS), I am writing to submit comments in response to CMS-1678-FC.

ISASS is a global, scientific, and educational society of spinal surgeons and scientists organized to provide an independent venue to discuss and address the issues involved with the basic and clinical science of surgical spine care. Thank you for the opportunity to provide comments on the final rule.

ASC Payment Indicators
The ASC Payment Indicator for several CPT® codes across specialties changed from J8 in the proposed 2018 rule to G2 in the final 2018 rule including the following surgical spine codes:

CPT Code 22867 - Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
CPT Code 22869 - Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

CPT Code 62380 – Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar

The CMS policy, effective January 1, 2017, is to assign a default device offset percentage of 41 percent “for new HCPCS codes describing procedures requiring the implantation (or in some cases insertion) of a medical device that do not yet have associated claims data,”¹ thereby designating the procedure as device-intensive. All three codes listed above went into effect on January 1, 2017 and therefore have no claims data available for review at this time. All three codes were also assigned a J8 ASC Payment Indicator in the 2017 proposed rule, the 2017 final rule, and the 2018 proposed rule; there was no discussion of changing the ASC Payment Indicator for these codes in the 2018 proposed rule or the 2018 final rule and ISASS believes this change may have been an inadvertent error on the part of CMS. We ask that CMS correct this error in a final rule correction notice for 2018 by changing the ASC Payment Indicators for all three codes from G2 back to J8.

ISASS appreciates the opportunity to comment on the final rule. Thank you for your time and consideration of our comments. Please contact Liz Vogt, Director of Health Policy & Advocacy by email at liz@isass.org or by phone at (630) 375-1432 with questions or requests for additional information.

Sincerely,

Morgan P. Lorio, MD, FACS
Chair, Coding and Reimbursement Task Force
International Society for the Advancement of Spine Surgery