



International Society for Advancement of Spine Surgery Media Kit.
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ISASS Homepage

ISASS is an international, scientific and educational society of over 3,100 members. They are organized to discuss and assess existing strategies and innovative ideas in the clinical and basic sciences related to spine surgery to enhance patient care.

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Our Mission Statement
SAS+ISASS: ISASS is an international, scientific and educational society organized to discuss and assess existing strategies and innovative ideas in the clinical and basic sciences related to spine surgery to enhance patient care.

78 countries
ISASS is an international organization dedicated to spine professionals across the globe.

3122 members
Thousands of spine surgeons and related professionals are ISASS members.

15 conferences
ISASS hosts annual conferences in the US and other countries around the world.

4267 scientific papers
Thousands of scientific papers have been presented at ISASS annual conferences and other educational events.

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Not for Profit
ISASS is a New York Not for Profit Corporation under section 201 and section 102, subparagraph (a) (5) of the New York Not for Profit Corporation Law, and exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code.

Newsletter Subscription
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Home Page Sample

INTERNATIONAL SOCIETY for the ADVANCEMENT of SPINE SURGERY

ISASS: The Spine Surgeon Focused Society

Welcome to ISASS!
ISASS - The International Society for the Advancement of Spine Surgery - is a global, scientific and educational society organized to provide an independent venue to discuss and address the issues involved with all aspects of basic and clinical science of motion preservation, stabilization, innovative technologies, MIS procedures, biologics and other fundamental topics to restore and improve motion and function of the spine for surgeons, scientists, inventors and others. ISASS is dedicated to advancing major evolutionary steps in spine surgery.

ISASS Co-Presidents 2015-2016
Gunnar B.J. Andersson, MD, PhD, USA
Hee Kih Wong, MD, PhD, Singapore

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ISASS Policy & Advocacy News - January 2016
ISASS Policy & Advocacy News - January 2016
ISASS Policy & Advocacy News - January 2016

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ICD-10 News
On August 31, ISASS staff participated on a National Provider Call hosted by the Centers for Medicare and Medicaid Services (CMS). "Countdown to ICD-10", where CMS [...]

ISASS ICD-10 Guide for Spine Practices
For services provided on and after October 1, 2015, U.S.-based entities covered under the Health Insurance Portability and Accountability Act (HIPAA) are required to use ICD-10 [...]

ICD-10 Is Coming. Are You Prepared?
For services provided on and after October 1, 2015, U.S.-based entities covered under the Health Insurance Portability and Accountability Act (HIPAA) are required to use ICD-10 [...]

Stay in Touch with Us
Have any questions? info@isass.org
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Newsletter Subscription
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Quarterly E-News

INTERNATIONAL JOURNAL of SPINE SURGERY

The scientific journal of Spine Surgery is the official scientific journal of ISASS, the International Intradiscal Transformational Therapy Society, TURKMISS, the World Federation of Minimally Invasive Spine Surgery, the Pittsburgh Spine Summit, and the Büttner-Janz Spinefoundation, and is an official partner of the Southern Neurosurgical Society.

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Published in *IJSS* - Volume 11, Issue 3

Inpatient versus Outpatient Anterior Cervical Discectomy and Fusion: A Perspective Comparison Analysis of 206,414 Patients From the Healthcare Cost and Utilization Project Database

Shrawan M. Chandra, MD, Peter D. Pessini, MD, Thomas J. D'Arcy, MD, R. Brian Stein, MD, Theodoros S. Protopoulos, MD

Division of Spine Surgery, Department of Orthopaedic Surgery, Hospital for Joint Diseases, NYU Langone Medical Center, New York, NY

Bilateral C6 Motor Palsy after Anterior Cervical Decompression and Fusion: A Case Report and Review of the Literature

Steven M. Anderson, MD (1), Steven J. McHenry, MD (2), Steven A. Quensen, MD (1), Andrew C. Hahn, MD (1)

(1) Mount Sinai Icahn School of Medicine Department of Orthopaedic Surgery, Mount Sinai Hospital, New York, NY; (2) Haringham University Department of Orthopaedic Surgery, St. Louis, MO

Regression of Disc-Orthopedic Complexes Following Laminotomies Versus Laminectomy with Fusion for Cervical Spondylotic Myelopathy

Hans M. Aghayev, MD (1), Stephen D. Zuber, MD (1), Adriano A. Ashana, MD (1), Markham Strama, MD (2), William Shropshire, BS (1), Langston F. Hays, MD (1)

(1) Department of Orthopaedics, Cleveland State University School of Medicine, Los Angeles, USA; (2) Case Western Reserve School of Medicine, Cleveland, USA; (3) Department of Neurosurgery, David Geffen UCLA School of Medicine, Los Angeles, USA

Fortifying the Bone-Implant Interface Part 1: An In Vivo Evaluation of 3D-Printed and TPS Porous Surfaces

Hegna P. Macfarland, PhD (1), David P. Lumbos, MS (1), Christine S. Bailey, PhD (2), Sheral A. Woods, MS (3), Isaac L. Wells, BS (3), Scott A. Yehya, PhD (1)

(1) 3D-BONE, Inc., San Jose, CA, USA; (2) Department of Orthopaedic Surgery, University of California, San Francisco, CA, USA; (3) MRI Research, Matteson, IL, USA

Fortifying the Bone-Implant Interface Part 2: An In Vivo Evaluation of 3D-Printed and TPS-Coated Triangular Implants

Hegna P. Macfarland, PhD (1), David P. Lumbos, MS (1), Sheral A. Woods, MS (2), Peggy A. Lutz, PhD (2), Markham Strama, MD (3), Scott A. Yehya, PhD (1)

(1) 3D-BONE, Inc., San Jose, CA, USA; (2) MRI Research, Matteson, IL, USA; (3) Heller LLC, Everett, WA, USA; (4) Brown Spine, College Station, TX, USA

Clinical Gait Analysis on a Patient Undergoing Surgical Correction of Kyphosis from Severe Ankylosing Spondylitis

Isaac Haddad, PhD (1), Theodoros Protopoulos, MD (2)

(1) Texas Tech Institute Research Foundation, Permian, TX, USA; (2) Texas Tech Institute, Permian, TX, USA

Integrated Fixation Cage Locking Under Fatigue Loading

Joseph Rodriguez, PhD, Jason Patten, PhD

US Food and Drug Administration, Center for Devices and Radiological Health, Office of Science and Engineering Laboratories, Division of Applied Mechanics, Silver Spring, Maryland, USA

Most Cited Publications in Cervical Spine Surgery

Yu-Chieh Lin, Frances Brooks, Simon Sander, Yan-Hsin Yen, Richard Sedjo, Brian Freeman, Royal Adelaide Hospital, Adelaide, Australia

The Influence of Lordotic cages on creating Sagittal Balance in the CMB5 Treatment of Adult Spinal Deformity

Neal Isaacs, MD (1), Ross S. Cohen, BS (2), Jason Cohen, BS (2), Blake Katsopoulos, MD (1), Sheila Kulkarny, PhD (1), Ed Burns, MD (1)

(1) Cedars-Sinai Medical Center, Los Angeles, CA; (2) Boston University School of Medicine, Boston, MA; (3) Mount Einstein College of Medicine, New York, NY

Read the Latest IJSS

Questions? Please contact Jonny Dover at jonny@issurgery.com for more information.

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INTERNATIONAL JOURNAL of SPINE SURGERY

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Monthly E-News

ISASS Policy & Advocacy News
September 2017

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News and noteworthy information for September 2017:

- ISASS Comments on 2018 Proposed Physician Fee Schedule
- ISASS Comments on Proposed Hospital Outpatient and ASC Rule
- Quality Payment Program - Pick Your Pace - Avoid Losing 4% of your Medicare Reimbursements
- Regulatory Relief Initiatives

ISASS Comments on 2018 Proposed Physician Fee Schedule

On July 13, 2017, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that updates payment policies, payment rates, and quality provisions for services furnished under the Medicare Physician Fee Schedule (PFS) on or after January 1, 2018. The PFS pays for services furnished by physicians and other practitioners in all sites of service. These services include but are not limited to visits, surgical procedures, diagnostic tests, therapy services, and specified preventive services. CMS will issue the final 2018 rule by November 1, 2017.

ISASS submitted comments to CMS in support of the RUC recommended value of the new bone marrow aspiration code for spine surgery (00282) as well as comments in support of CMS' proposal to designate CPT code 72729 (arthroscopy, sacrocaudal joint, percutaneous or minimally invasive indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of banding device) as potentially reimbursable. [Click here to read ISASS' comment letter](#). [Click here for a full summary of the proposed rule and here for a comprehensive comparison of RVUs and reimbursements of spine procedures from the 2017 final rule to the 2018 proposed rule.](#)

ISASS Comments on 2018 Proposed Hospital Outpatient and ASC Rule

On July 13, 2017, the Centers for Medicare & Medicaid Services (CMS) released the 2018 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System policy changes, quality provisions, and payment rates (proposed rule). CMS will issue the final 2018 rule by November 1, 2017. (Please note that physician payment is made under the Physician Fee Schedule; hospitals are paid for outpatient services under the OPPS) and ASCs are paid under the ASC payment system, both detailed in the rulemaking.)

ISASS submitted comments to CMS in support of the addition of CPT codes 22860 (Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes radiofrequency for nerve root or spinal cord decompression and microdissection), single interspace, cervical) and 22866 (Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes radiofrequency for nerve root or spinal cord decompression and microdissection), second interspace, cervical) (not separately added in code for primary procedure) to the list of ASC-covered procedures. ISASS also provided comments on CMS' proposed new all-cause ASC quality measure, ASC-17, to measure expanded hospital visits within seven days of an orthopedic procedure performed at an ASC.

[Click here to read ISASS' comment letter](#). [Click here for a full summary of the proposed rule and here for a comprehensive comparison of reimbursements for spine procedures in both the Hospital Outpatient and ASC settings from the 2017 final rule to the 2018 proposed rule.](#)

Quality Payment Program - Pick Your Pace - Avoid Losing 4% of your Medicare Reimbursements

Have you picked your pace for reporting in 2017? The Quality Payment Program (QPP) is the new physician payment system created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and is administered by the Centers for Medicare and Medicaid Services (CMS). Because the QPP is new in 2017, you need to know how to participate in the QPP's "pick your pace" options for reporting. This is especially important for those who have not participated in past Medicare reporting programs and may be less knowledgeable about the steps to avoid being penalized under the QPP.

The AMA, ISASS and other specialty societies stressed to CMS the importance of establishing a transition period to QPP and, as a result, you still need to report at least one quality measure for one patient during 2017. You also need to report at least one quality measure in 2018 under the Merit-based Incentive Payment System (MIPS).

A short video developed by the AMA, "One patient, one measure, no penalty. How to avoid a Medicare payment penalty with basic reporting," offers step-by-step instructions on how to report so you can avoid a negative 4 percent payment adjustment in 2018. Also on this website, there are links to CMS' quality measure tools, an example of what a completed 1500 billing form looks like, a link to the CMS MIPS eligibility tool, and other materials. Additionally, the AMA recently released a new customizable resource, the MIPS Action Plan, to help you think strategically about how to successfully participate in MIPS in 2017.

If you need more information on the QPP and are wondering how to start participating, [plan on joining this 1-hour webinar](#) hosted by the AMA that breaks down the complexity of the MIPS task of the QPP into specific actionable steps. [Click here to register for the webinar on Wednesday, October 18, 2017 from 1:00PM to 2:00PM ET.](#)

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Regulatory Relief Initiatives

Elected officials and policymakers are slowly shifting attention to regulatory relief efforts including ways to decrease regulatory burden on surgeons and other healthcare professionals. Following an announcement of a bipartisan Health Care Relief Project this summer by House Health Subcommittee Chairman Pat Tiberius (R-VA), the Centers for Medicare and Medicaid Services (CMS) asked stakeholders to submit comments on ideas for regulatory, subregulatory, policy, practice and procedural changes to improve the health care system by reducing unnecessary burdens for clinicians, other providers, patients and their families as part of the 2018 proposed rulemaking.

ISASS E-Newsletters

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