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Attention: CMS-1678-P

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RE: Comments to CMS-1676-P (Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program)

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-1676-P.

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 proposed rule.

Proposed Valuation of Specific Codes for CY 2018

Bone Marrow Aspiration (CPT Code 2093X)

At the September 2016 CPT Editorial Panel meeting, a new Category I add-on code (2093X) was approved to report aspiration of bone marrow for bone grafting in surgical spine procedures. Previously, CPT code 38220 (*Bone marrow aspiration*) was used to report this service.

However, in early 2016, CPT code 38220 was redefined to reflect bone marrow aspiration for diagnostic purposes only. The newly developed CPT code 2093X was valued at the January 2017 RUC meeting.

| Code | Descriptor | RUC-Recommended Work RVU | CMS-Proposed Work RVU | Facility Practice Expense RVU | Mal-Practice RVU | Total Facility RVU |
|-------|---|--------------------------|-----------------------|-------------------------------|------------------|--------------------|
| 2093X | Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision | 1.16 | 1.16 | 0.59 | 0.18 | 1.93 |

ISASS participated in the CPT and RUC processes for this code and is pleased to see CMS is proposing to finalize the RUC-recommended value. However, CMS expressed some concerns with the proposed value of the code and considered alternative crosswalks to codes with assigned work RVUs of 1.00. ISASS would like to address these concerns below.

CMS Concern:

CPT code 2093X is a global ZZZ add-on code for CPT code 38220, and CMS is concerned with maintaining relativity among PFS services, considering that an add-on code typically has significantly less intra-service time and total time compared to the base code.

ISASS Comment:

CMS is correct in its assessment that 2093X is an add-on code, however, 38220 is not the base code with which 2093X will be reported. 2093X will be used to report bone marrow aspirations for bone grafting in spinal fusion procedures. The base codes for 2093X include the following spinal fusion codes: 22319, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22634, 22800, 22802, 22804, 22808, 22810, and 22812. Since these spinal fusion codes are assigned much higher work RVUs than 2093X, CMS should not have concerns about maintaining relativity among PFS services.

CMS Concern:

CMS considered an alternative crosswalk to CPT codes 64494 and 64495, which share the same intra-service and total time with CPT code 2093X and have a work RVU of 1.00.

ISASS Comment:

2093X has a higher intensity than the crosswalks considered by CMS. 2093X describes harvesting bone marrow which involves performing a corticotomy, often with a trephine, in order to gain access to and withdraw the bone marrow, comprised of both hematogenous and trabecular bone tissue. The procedure requires targeting, confirmation of position, and retrieval/acquisition of bone marrow to mix with allograft. With corticotomy, there is risk for complication including excessive bleeding and infection in the bone tissue. ISASS maintains that 1.16 is an appropriate work RVU for 2093X based on survey responses at the 25th percentile and validation crosswalks to CPT codes 64491 and 64636, each having identical intra-service time, total time, and intensity to 2093X.

| | Code | Pre-Service Time | Intra-Service Time | Immediate Post-Service Time | Facility Post-Op Time | Office Post-Op Time | Total Time | IWPUT |
|----------------------|-------|------------------|--------------------|-----------------------------|-----------------------|---------------------|------------|-------|
| | 2093X | - | 15 | - | - | - | 15 | 0.077 |
| RUC Crosswalk | 64491 | - | 15 | - | - | - | 15 | 0.077 |
| RUC Crosswalk | 64636 | - | 15 | - | - | - | 15 | 0.077 |
| CMS Crosswalk | 64494 | - | 15 | - | - | - | 15 | 0.066 |
| CMS Crosswalk | 64495 | - | 15 | - | - | - | 15 | 0.066 |

ISASS Recommendation:

CMS should finalize the RUC-recommended work RVU of 1.16 for CPT code 2093X.

Potentially Misvalued Code - CPT Code 27279

ISASS is pleased to see CMS designate CPT code 27279 (*Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device*) (“MIS SIJ fusion”) as a potentially misvalued code. ISASS has repeatedly communicated with CMS regarding the value of this code:

- December 2014 – ISASS submitted comments to CMS in response to the final 2015 Physician Fee Schedule requesting refinement of the interim final work RVU
- August 2015 - ISASS participated in the 2015 Multi-Specialty Refinement Panel and presented data from Lorio et al.¹ on two separate paired comparison surveys utilizing Rasch methodology examining the work involved in MIS SIJ fusion and recommended a work RVU of 14.23 to the Panel
- December 2015 – ISASS submitted comments to CMS in response to the final 2016 Physician Fee schedule expressing disagreement with the outcome of the 2015 Multi-Specialty Refinement Panel in which CMS determined to maintain the work RVU of CPT code 27279 at 9.03
- September 2016 – ISASS submitted comments to CMS in response to the proposed 2017 Physician Fee Schedule expressing disagreement with the final work RVU assigned to CPT code 27279

ISASS became an approved member of the AMA House of Delegates at the June 2014 meeting. As such, we were not able to participate in the April 2014 RUC meeting when CPT code 27279 was presented and discussed for valuation. In response to our members’ concerns that the work RVU assigned to the code was undervalued, and in absence of being able to conduct or participate in a formal RUC survey, ISASS utilized an alternative process to determine the work value of this procedure and conducted two separate paired comparison surveys¹ utilizing Rasch methodology. In communications with CMS, ISASS has consistently recommended a work RVU of 14.23 for CPT code 27279 based on the results of these surveys.

The goal of both ISASS surveys was to determine only the work valuation for CPT code 27279 based on the input of spine surgeon members who perform the procedure. The Rasch method has a well-established track record in education, marketing, and health economics where it has been used to find the desirability of health states or medical conditions and relative work effort of healthcare procedures. The Rasch method for healthcare procedures involves the use of paired comparisons. In a traditional Rasch analysis, each CPT code in a set is paired with every other code in that set, and each respondent indicates which of each pair requires the greater work effort. Then logistic regression methods are used to estimate the probability that each procedure is more work than the others, and to estimate the difficulty or work-effort score for each procedure in the set. The scores are logits (log of the odds ratio) and are values on a cardinal scale with one procedure set to a score of 0. After the difficulty or work effort scores are generated, RVUs are estimated by regression analysis using existing RVUs.

The first paired comparison survey was conducted as a pilot by ISASS to determine if there was validity in our members' concerns about the work RVU assigned to CPT code 27279. The survey was administered and analyzed by independent third parties in December 2014. This pilot survey utilized 10 comparator CPT codes reflective of common spine surgeries and was sent to ninety-three ISASS committee members. Twenty spine surgeons who perform the procedure completed the survey. The survey presented each comparator CPT code with its code descriptor as well as the description of CPT code 27279 and asked the surgeon to indicate whether CPT code 27279 was greater, equal, or less in terms of work effort to the comparator code. Work effort was defined as "the time and skill level required to perform the procedure." The results of the pilot analysis suggest that the work RVUs for CPT code 27279 should be 14.36.

The second paired comparison survey was conducted by ISASS and the Society for Minimally Invasive Spine Surgery and was administered and analyzed by independent third parties in March and April 2015. This survey was sent to a larger group of surgeons and used a broader set of comparator CPT codes (27 versus 10). Importantly, neither survey included/excluded responses based on the type of fusion device implanted. The data gathered by both surveys was procedure-based and is representative of various surgeon techniques and multiple fusion devices for this procedure. Thirty-four surgeons met the criteria and completed the survey. The methodology of the second survey mirrored the methodology of the first survey. The results of the second analysis suggest that the work RVU for CPT code 27279 should be 14.1. This finding of a higher work RVU than assigned by CMS through a crosswalk methodology was consistent with the first analysis. ISASS believes that 14.23 is an appropriate work RVU for CPT code 27279 based on an average of the results of these two surveys.

Two additional publications examine the time and intensity involved in performing this procedure and both provide additional data showing undervaluation of the work RVU. Garber et al.² show that MIS SIJ fusion requires more physician time and effort than lumbar microdiscectomy and the work RVU for MIS SIJ fusion should be at a minimum equal to the work RVU for lumbar microdiscectomy (13.18 work RVUs). Additionally, Frank et al.³ show that MIS SIJ fusion has higher pre-operative time, intra-operative intensity, and post-operative time than lumbar microdiscectomy (13.18 work RVUs). These publications provide additional evidence that supports a higher work RVU for CPT code 27279. It is important to note that data

gathered and analyzed by Polly et al. and Frank et al. is based on the time and intensity to perform MIS SIJ fusion with one specific fusion device. Similar to a RUC survey, the ISASS paired comparison surveys were sent to a broad group of surgeons who perform MIS SIJ fusion using a broad range of fusion devices. Realizing that there could be variation in the time, intensity and technique to perform MIS SIJ fusion across fusion devices, we support our two survey findings as accurate representations of the work valuation of this procedure.

ISASS believes that CPT code 27279 is misvalued. In this circumstance, based on the data presented above, ISASS believes CMS has adequate information to unilaterally issue a revised final work RVU of 14.23 for CPT code 27279 in the final 2018 Physician Fee Schedule.

ISASS appreciates the opportunity to comment on the proposed 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

Enclosure:
Lorio et al. (2016)

References

1. Lorio, M.P. Martinson, M. Ferrara, L. Paired comparison survey analyses utilizing Rasch methodology of the relative difficulty and estimated work relative value units of CPT code 27279. *International Journal of Spine Surgery*. 2016;10(40). doi: 10.14444/3040
2. Garber, T. Ledonio, C.G.T. Polly D.W. How much work effort is involved in minimally invasive sacroiliac joint fusion? *International Journal of Spine Surgery*. 2015;9(58). doi:10.14444/2058.
3. Frank, C. Kondrashov, D. Meyer, S.C. Dix, G. Lorio, M. Kovalsky, D. Cher, D. Work intensity in sacroiliac joint fusion and lumbar microdiscectomy. *ClinicoEconomics and Outcomes Research*. 2016;8:367-376.

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