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Dear Drs. Hambrick, Villanyi & Rosen, Ms. Mason-Wonsley & Ms. Dietz:

On behalf of the International Society for the Advancement of Spine Surgery (ISASS), thank you for meeting with us via conference call on August 30, 2017 to discuss the National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) edits bundling CPT codes 22845, 22846 and 22847 with CPT codes 22853 and 22854. We appreciate your time and willingness to engage with us on this issue.

In follow-up to our meeting, we ask that you reconsider and retract the edits effective April 1, 2017 that bundle anterior instrumentation codes 22845-22847 with CPT codes 22853 (*Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)*) and 22854 (*Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)*).

Creation and Valuation of the Codes

NCCI edits bundling anterior instrumentation codes 22845-22847 with CPT codes 22853 and 22854 run contrary to the intended appropriate use of these new codes. CPT codes 22853 and 22854 were created and valued with the intent and understanding that separate fixation, not integral to the device, would be separately reported as evidenced by the description of intra-service work, “**additional fixation not integral to the device**, other provision for arthrodesis, or bone grafting are coordinated with the placement of the biomechanical device and **are coded separately**.” A blanket edit bundling the anterior instrumentation codes with CPT codes 22853 and 22854 makes it impossible to appropriately report physician work when an intervertebral body device is placed with an anterior plate.

Confusion Over Descriptors of the Codes

We realize there is confusion surrounding the following phrase in the descriptors of CPT codes 22853 and 22854, “with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed.” Several years ago, the CPT Editorial Panel changed standard CPT nomenclature from “with or without” to “when performed.” In this instance, the change in standard nomenclature has led to some confusion and potential for misinterpretation of the descriptors of CPT codes 22853 and 22854. CPT codes 22853 and 22854 were designed so that each code captures both biomechanical devices **with** integral instrumentation for device anchoring and biomechanical devices **without** integral instrumentation for device anchoring regardless of approach (anterior, posterior or lateral), hence the “when performed” language contained in the code descriptors.

Attachment 1 illustrates the difference between biomechanical devices **with** integral instrumentation for device anchoring and biomechanical devices **without** integral instrumentation for device anchoring. Figure 1 A and B shows a patient who has had an anterior lumbar interbody fusion with placement of an interbody device **without** integral instrumentation and separate placement of an anterior lumbar plate. The anterior lumbar plate can support loads applied to the vertebral interspace and is placed as a separate stage in the operative procedure to provide additional stabilization. The instrumentation in this procedure would be reported with 22853 and 22845, appropriately describing the two steps of intervertebral device placement and the wholly separate step of anterior plate instrumentation. In this case, either of the instrumentation elements could have been placed independently; the intervertebral device could be placed without the anterior plate, or the anterior plate could be placed without the intervertebral device.

Figure 2 A and B shows an intervertebral device **with** integral instrumentation. Here, screws traverse the intervertebral device and act to secure the device to the vertebral body. The screws are not placed separately from placement of the intervertebral device, cannot be placed independently, and do not support biomechanical loading of the spinal segment. In this case, appropriate coding would be 22853.

A Modifier to Bypass the Edit is Inappropriate

In finalizing and implementing the edits effective April 1, 2017, CMS has allowed use of NCCI-associated modifiers to bypass the edits if the surgeon performs additional anterior instrumentation unrelated to anchoring the device. In this scenario, a -59 modifier has been discussed. Per the CMS/NCCI Modifier 59 Article,¹ “Modifier 59 is used to identify procedures/services, other than E/M services, **that are not normally reported together**, but are appropriate under the circumstances. Documentation must support a **different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury** (or area of injury in extensive injuries) **not ordinarily encountered or performed on the same day by the same individual.**”

It is important to note that the majority of biomechanical devices that will be placed using CPT codes 22853 and 22854 will not have integral instrumentation. These devices are designed to be placed with the option for additional placement of anterior instrumentation. It is not abnormal for biomechanical devices and anterior instrumentation to be reported together.

We feel Modifier 59 would not be appropriate as insertion of the device and placement of the anterior instrumentation are being performed during the same surgical session, at the same site, through the same incision, at the same level.

Since CPT codes 22853 and 22854 capture both devices **with** integral instrumentation and devices **without** integral instrumentation and were created and valued with the intent that separate anterior instrumentation would be reported with devices **without** integral instrumentation, a blanket edit bundling the anterior instrumentation codes with these biomechanical device codes is inappropriate. Further, use of modifier -59 to bypass the edit is inappropriate as insertion of the device and placement of the anterior instrumentation are being performed during the same surgical session, at the same site, through the same incision, at the same level. Based on this information, we ask that you reconsider and retract the edits effective April 1, 2017 that bundle anterior instrumentation codes 22845-22847 with CPT codes 22853 and 22854.

We sincerely appreciate your time and thank you for meeting with us to discuss this important issue. Please contact Liz Vogt, ISASS Director of Health Policy and Advocacy at liz@isass.org with questions or requests for additional information. We look forward to hearing back from you soon regarding these edits.

Sincerely,

¹Modifier 59 Article -
<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/modifier59.pdf>

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Attachment 1:

Figure 1, A and B



Figure 2, A and B

