November 7, 2016

Niles R. Rosen, MD, Medical Director
National Correct Coding Initiative/Correct Coding Solutions LLC
P.O. Box 907
Carmel, Indiana 46082

Dear Dr. Rosen:

We are writing on behalf of the American Association of Neurological Surgeons (AANS), American Academy of Orthopaedic Surgeons (AAOS), Congress of Neurological Surgeons (CNS), International Society for the Advancement of Spine Surgery (ISASS) and North American Spine Society (NASS) to comment on the proposed NCCI procedure to procedure (PTP) edits generated based on 2017 CPT changes and scheduled for implementation on January 1, 2017. Specifically, we oppose implementation of two sets of proposed edits, described in detail below.

Tab 2 – Operating Microscope

Our societies maintain that for revision decompression and cases of severe stenosis of the foramen, use of an operating microscope should not be bundled. There is increased risk of cerebrospinal fluid (CSF) leakage in these cases and use of the microscope should be encouraged in order to minimize the risks of CSF leakage. Use of the microscope adds extra time and effort to the standard case and helps reduce complications and as such, should not be bundled with 63042 *(Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar*) or difficult cases of 63047 (*Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; lumbar*).

Tab 5 – CPT Descriptor or Definition

The CPT Editorial Panel approved deletion of CPT Code 22851 (*Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect of interspace (List separately in addition to code for primary procedure*)) and approved creation of three new Category I codes to report insertion of biomechanical spine devices at the October 2015 meeting:

CPT Code 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)

CPT Code 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)*

CPT Code 22859 - *Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)*

The proposed PTP edits would not allow reporting of the three anterior instrumentation codes, CPT Code 22845 (*Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure*)), CPT Code 22846 (*Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure*)) and CPT Code 22847 (*Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure*)), with the three new biomechanical device codes. These proposed edits would allow use of a modifier, however it is unclear which modifier would be appropriate in this circumstance.

The new biomechanical device codes were designed so that each code captures both devices with integral instrumentation and devices without. The difference in the codes lies in the location of the device insertion (i.e. the intervertebral disc space or the vertebral body defect) and whether interbody arthrodesis is being performed. Because each code can be used to report insertion of devices with integral instrumentation and devices without, there are cases in which the surgeon inserts a device without integral instrumentation and should appropriately report separate anterior instrumentation using 22845, 22846 or 22847 in addition to the appropriate biomechanical device code and the primary procedure code.

The new codes replacing 22851 were specifically designed through the CPT editorial process and valued through the RUC assuming that anterior plate fixation, when used, would be separately reported. Some interbody devices are designed to obviate the need for anterior cervical plating. Some are not. Preserving this component coding is necessary to accurately capture and value physician work.

This new family of codes is reported per level. For some multi-level reconstructive procedures, standard practice would require anterior plate fixation. For vertebral corpectomies, where 22854 or 22859 would be used to describe placement of an intervertebral device, it is standard practice to separately place anterior plate fixation, due to the severity of instability generated in completing a vertebral corpectomy. Reporting each of these elements of a given procedure is required to appropriately capture physician work.

In cases where anterior fixation is used to augment intervertebral device placement, a modifier should not be required as there is not an appropriate option. The -59 modifier would not be appropriate as insertion of the device and placement of the anterior instrumentation are being performed during the same session, through the same incision, and at the same level. The -51 modifier would not be appropriate since the surgeon is not reporting multiple procedures. The -22 modifier would also not be an appropriate selection because the surgeon is not reporting substantially greater work than typically required.

These changes in CPT coding for intervertebral device placement were completed to ensure appropriate reporting of spinal biomechanical devices and instrumentation. We strongly oppose these edits as they would inappropriately deny payment for medically necessary and appropriate services. These edits will make it impossible to appropriately value physician work when an intervertebral body device is placed with an anterior plate. We fear these changes will drive inappropriate coding of these services and ask that NCCI reexamine these codes and not implement the proposed edits to bundle 22845-22847 with 22853-22859.

Thank you for the opportunity to comment on these proposed edits. Please contact Liz Vogt, ISASS Director of Health Policy and Advocacy at liz@isass.org with questions or requests for additional information.

Sincerely,

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