April 16, 2019

National Correct Coding Initiative/Capital Bridge LLC
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NCCIPTPMUE@cms.hhs.gov

Dear NCCI Administrators:

On behalf of the International Society for the Advancement of Spine Surgery (ISASS) we want to congratulate you on your position as contractor to the Centers for Medicare and Medicaid Services (CMS) to administer CMS' National Correct Coding Initiative (NCCI) Edits. We look forward to working with you and your team to improve coding for spine surgery and are available anytime to meet or discuss issues related to spine surgery coding with you and to provide insight into the clinical work of spine surgery. We would welcome to opportunity.

We are writing as a follow up to CCI edits created in 2017 bundling anterior spinal 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).

ISASS, along with the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), and the North American Spine Society (NASS) wrote letters objecting to the edits at the time (please see attachments A and B).

Several years ago, the CPT Editorial Panel changed standard CPT nomenclature from "with or without" to "when performed." For codes 22853 and 22854, 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, hence the "when performed" language contained in the code descriptors.
It is important to note that the majority of intervertebral body devices that will be placed using CPT codes 22853, 22854 and 22859 will **not** have integral fixation. These devices are designed to be placed with the option for additional placement of anterior instrumentation. In these cases, the anterior instrumentation is designed to separately support the biomechanical loads being applied to affected disc space(s), without the

associated cage. The **integral** instrumentation described in the CPT descriptors for 22853, 22854, and 22859 does not function separately from the intervertebral device and does not support biomechanical loading of the spinal segment; it serves only to keep the intervertebral device in place.

Figure 1 A and B below help illustrate the important clinical differences. They show 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 below show an intervertebral device **with** integral instrumentation. Here, screws traverse the intervertebral device and 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.

We were concerned at the time that some physicians were reporting 22851 (prior to the change to 22853-22859) **and** 22845 incorrectly as the work that is the integral screw fixation did not comprise the work required in performing anterior plate fixation. One of the goals in crafting the CPT descriptors for this code family was to limit inappropriate coding of 22845-22847, by insuring that devices with integral fixation were not also coded with anterior plate fixation. While we agreed that separate anterior instrumentation (22845-22847) should **not** be reported with the insertion of biomechanical devices **with** integral anterior instrumentation for device anchoring, unless the additional anterior instrumentation is unrelated to anchoring the device, we maintained and continue to maintain that it is appropriate to report separate anterior instrumentation (22845-22847) with the insertion of biomechanical devices **without** integral anterior instrumentation for device anchoring. The descriptions of intra-service work for CPT codes 22853 and 22854 clearly state, "(**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**.)" Since CPT codes 22853 and 22854 capture both types of devices 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. These changes in CPT coding for intervertebral device placement were completed to ensure appropriate reporting of spinal biomechanical devices and instrumentation and we believe are being used incorrectly.

Since the edits were enacted, ISASS' surgical members have experienced denials from Medicare based on incorrect and inappropriate interpretations of these edits even with the correct modifiers. We recommend that these edits be removed, and the original intended coding be allowed by Medicare. The current denials are inappropriate and warrant a removal of the 2017 edits in question.

Thank you for your time and consideration of our comments. Please contact ISASS via Matthew Twetten at matthewtwetten@gmail.com or at 773-678-5705 with questions or requests for additional information. We again look forward to working with you to address this concern and future concerns.

Sincerely,

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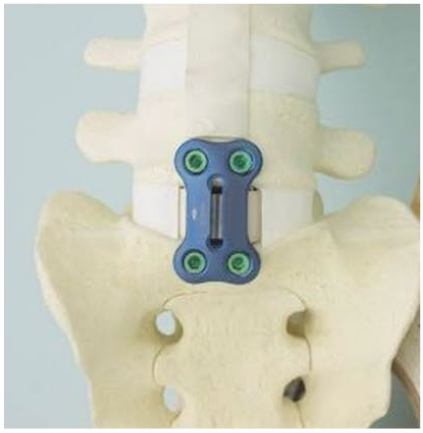
CPT Advisor
International Society for the Advancement of Spine Surgery

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

Attachment 1: Spine Society NCCI Letter, 9.1.17
Attachment 2: Spine Society NCCI Follow Up Letter, 11.21.17

Figure 1, A and B



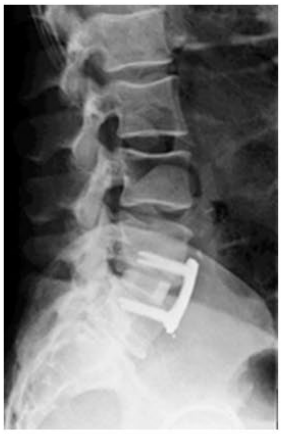


Figure 2, A and B