



August 16, 2019

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

Dear NCCI Administrators:

Thank you for your response to our letter of 4-16-19 regarding CCI edits for CPT codes 22845-22847 with CPT codes 22853 and 22854 and the follow up letter from ISASS on June 11, 2019.

In the 4-16-19 letter, ISASS noted that Spine Surgeons are receiving denials for these procedures even when using appropriate modifiers to indicate separate approaches and/or separate diagnoses. The 2017 CCI edits bundled 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) and noted that the edits were not consistent with CPT Professional nomenclature and guidelines. The letters from the societies at that time noted a concern that inappropriate denials would result from the edits and in early 2019, spine surgeons began to report an increase in denials.

There was a noticeable increase in denials from multiple payers beginning in early 2019, and in response to this reported uptick, ISASS submitted the April 19, 2019 letter.

In follow up to the April 19, 2019, Capital Bridge asked us to provide more detailed information and copies of denials. ISASS asked members for copies of denials and have received several that are attached to this letter. ISASS provided this information to Capital Bridge LLC in the June 11, 2019 letter, along with relevant attachments of redacted EOBs.

NCCI responded by email on August 2, 2019 indicating that because the referenced denials were from non-Medicare payers, CMS was choosing to maintain the edits for the time being.



ISASS appreciates CMS' consideration of ISASS' request and comments; however, we are disappointed with CMS' decision to maintain the edits and believe the rationale to be contrary to CCI guidelines which states that “

The purpose of the NCCI Procedure-to-Procedure (PTP) edits is to prevent improper payment when incorrect code combinations are reported. According to the information provided by CMS Medicare Administrative Contractor (MAC) Noridian's website, “NCCI edits are based on AMA CPT coding conventions and standard medical and surgical practices. Due to Medicare's requirements that hospitals must bill the same charge for the same service to all payers, correct coding rules should apply to all outpatients regardless of payer”.¹

Why is it so difficult to do the right thing with a simple cut-and-paste computer-based option to provide a National Standard thru Medicare that would serve as a beacon of light and truth to other carriers? Historically, the USA has demonstrated no hesitancy in policing the world, either with its military might, sanctions, or DIPLOMACY.

Given this guidance, we believe correcting NCCI Edits would diplomatically set a national standard through Medicare and would serve as a beacon of clinically fair and appropriate health care regulations that would serve as a model of positive and effective health care regulation for other US payers. We strongly urge CMS and Capital Bridge LLC to reconsider their response and revoke the edits as there is clear evidence as provided by ISASS, that the edits are clearly being misused by payers other than Medicare. We believe the presence of these inappropriate denials necessitates deletion of the current edits in order to allow correct reimbursement for these spine procedures.

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.

¹ The NCCI contains one table of edits for physicians/practitioners and one table of edits for outpatient hospital services, Jun 25, 2019. <https://med.noridianmedicare.com> › ...National Correct Coding Initiative Edits (NCCI) – Noridian Feedback About Featured Snippets PEOPLE ALSO ASK What is NCCI edits in medical billing? What are coding edits? Do NCCI edits apply to all payers? NCCI edits are based on AMA CPT coding conventions and standard medical and surgical practices. Due to Medicare's requirements that hospitals must bill the same charge for the same service to all payers, correct coding rules should apply to all outpatients regardless of payer. Jun 6, 2008



Sincerely,

James Yue, MD
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