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Subject: Spine Surgery CCI Edits

Dr. Rosen:

On behalf of the American Association of Neurological Surgeons (AANS), Congress of Neurological Surgeons (CNS), and AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves, we are writing to request a re-evaluation of item 24 from Chapter 8 of the NCCI Policy Manual released on January 1, 2015.

The comment reads as follows:

24. CMS payment policy does not allow separate payment for CPT codes 63042 (laminotomy...; lumbar) or 63047 (laminectomy...; lumbar) with CPT codes 22630 or 22633 (arthrodesis; lumbar) when performed at the same interspace. If the two procedures are performed at different interspaces, the two codes of an edit pair may be reported with modifier 59 appended to CPT code 63042 or 63047.

The item refers to reporting of lumbar decompression via laminectomy (*63047, laminectomy, facetectomy and foraminotomy [unilateral or bilateral] with decompression of spinal cord, cauda equina and/or nerve root[s], single vertebral segment; lumbar*) in conjunction with performing a lumbar interbody fusion (*22630, arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace [other than for decompression], single interspace; lumbar* or *22633, arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace [other than for decompression], single interspace and segment; lumbar*).

It is our opinion that laminectomy should be reported in addition to the interbody fusion codes in patients where a decompression is performed in addition to a lumbar interbody fusion. It is noteworthy that 22633 was recently created as part of the Relativity Assessment Workgroup process via the Common Procedural Terminology Editorial Board and evaluated by the RBRVS Update Committee. The intra-service designation of this code specifies that "Additional decompression (e.g., lumbar disc herniation or lumbar stenosis), if required, is reported separately." This designation was incorporated in the RUC process of valuing this code, complying with the CPT descriptor of this procedure and in harmony with the base code (22630) for this family.

The CCI edit hews closely to a recent article in the *Spine* publication of the North American Spine Society (NASS). In their publication, the author noted "Posterior fusion codes that involve disc preparation (22630, 22633) already take into account the decompression work. Using additional decompression codes (63005, 63012, 63030, 63042, 63047) is not allowed." (*Spine* July/August 2014, accessed from www.spine-digital.org). This is an error, and was pointed out to the publisher and author of the original comments. In the next issue of the *Spine* periodical, a retraction of the previous error was issued: "From the AMA CPT guidelines, decompression when performed IS [Author's emphasis] separately reportable with the interbody fusion codes, 22630 and 22633. The point made in the original article is that a certain amount of laminectomy is required for the approach in order to perform the interbody fusion. However, when decompression of the nerve roots requires more laminectomy than necessary for the performance of the interbody fusion, this is separately reportable." (*Spine* September/October 2014, accessed from www.spine-digital.org).

We believe the above CCI is in error, and should be corrected in a timely fashion. At present, the CCI edit requires surgeons to violate CPT coding guidelines and to erroneously report physician work. When patient pathology requires more extensive decompression than routinely performed in exposing and preparing for an interbody fusion at the same spinal segment, this additional physician work should be appropriately reported through addition of 63047 to the interbody code

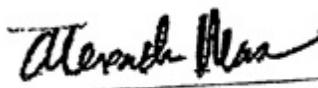
The undersigned would emphasize that this working definition of the intra-service work performed in 22630 and 22633 was utilized by the RUC during the valuation of these codes. To remove laminectomy obviates the RUC process and produces an inaccurate valuation of physician work.

Thank you again for your consideration of this issue. Please feel free to contact us if you have any questions.

Sincerely,



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