

AMERICAN ASSOCIATION OF  
NEUROLOGICAL SURGEONS

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American  
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CONGRESS OF  
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May 26, 2023

John G. Finkenberg, MD, President  
North American Spine Society  
7075 Veterans Blvd.  
Burr Ridge, IL 60527

**SUBJECT: NASS Cervical Laminectomy and Laminoplasty Draft Coverage Policy**

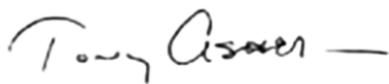
Dear Dr. Finkenberg:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS) and the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves (DSPN), we appreciate the opportunity to comment on the North American Spine Society's (NASS) Draft Coverage Policy for cervical laminectomy and laminoplasty. The DSPN Payor Response Committee has reviewed the NASS coverage policy, and we have several recommendations:

1. Cervical radiculopathy is not explicitly mentioned as a criterion throughout the entire recommendation. Instead, it seems to be vaguely included as "symptoms causing lifestyle changes ..." in items 1e and 2d, which might cause confusion and misinterpretation. We recommend clarifying it by stating in items 1e and 2d: **"Symptoms including radiculopathy are causing lifestyle changes that have failed nonoperative treatment."**
2. For the infection, the recommended criterion for cervical laminectomy or laminoplasty is lack of clinical response to an appropriate course of antibiotics unless it is associated with neurological deficits, systemic sepsis or need for diagnosis. This could be misconstrued. A cervical epidural abscess can lead to rapid neurological decline if not receiving prompt, effective treatment. Multiple publications have indicated that prompt surgical evacuation of the cervical epidural abscess in patients with comorbidities such as methicillin-resistant Staphylococcus aureus or diabetes in older patients, even without neurological deficits, is better than medical treatment. Delaying surgical treatments for cervical epidural abscesses in these patients would have a high risk of devastating neurological outcomes. We are concerned that the wording in the NASS recommendation could lead to inappropriate payor denials, putting the patient at risk for poor clinical outcomes and subjecting the surgeon to potential legal liability consequences. We recommend changing the wording regarding patients with epidural abscess to "neurological deficits, systemic sepsis, needing for diagnosis or **other conditions with a high chance of rapid progression.**"
3. The recommendation does not include other intradural conditions such as cervical arachnoid cyst, vascular malformation and intradural hematoma. We recommend adding **"Any intradural conditions such as intradural tumor, arachnoid cyst, vascular malformation and hematoma that require laminectomy or laminoplasty to access the thecal sac."**
4. The recommendation does not include **Chiari malformation**, for which a C1 laminectomy (sometimes more) is needed. We recommend adding that as well.

Thank you for the opportunity to provide our feedback. The AANS, the CNS and DSPN look forward to further collaboration with NASS on coverage recommendations to provide valuable clinical expertise and guidance to payors and other stakeholders.

Sincerely,



Anthony L. Asher, MD, President  
American Association of Neurological Surgeons



Elad I. Levy, MD, President  
Congress of Neurological Surgeons



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