

Overview of Coverage Policies on Which Neurosurgery Commented: 2017 and 2018

2018:

Clinical Section	Payor/ Evidence Policy Group	Issue	AANS/CNS Action	Outcome/Status
Spine	Evicore	Neurosurgery has been approached to address coverage criteria for spine procedures	The CRC and Section on DSPN have agreed to schedule a conference call with Evicore Medical Director in November 2018	Staff will schedule call.
Spine	Aetna	Aetna issued a policy limiting use of expandable spinal cages to L5-S1	The AANS and CNS requested a policy change this change in a letter drafted by Kurt M. Eichholz , MD, FAANS, and others from the AANS/CNS Section on DSPN and sent to Aetna on 7-25-18	Aetna updated their policy to extend coverage for expandable spinal cage devices from L2 to S1, consistent with the FDA labeling of the Elevate device (the previous version of the policy limited coverage to L5-S1).
Spine	Washington State Health Care Authority (HCA) Health Technology Assessment (HTA) Program	Washington State HCA HTA initiated a review of Sacroiliac (SI) Joint Fusion Review. Justin Slavin , MD has led the multi-specialty SI Joint Fusion reviews.	The AANS and CNS have organized the following multi-specialty responses during the process of the review: Letter on selection of SI Joint for review Letter on Draft Study Questions 11-5-18 Letter on Draft evidence report 11-9-18	The Washington State HCA HTA program Health Technology Clinical Committee (HTCC) will meet to discuss and vote on coverage for SI Joint Fusion on Jan. 18, 2019
Spine	Washington State Health Care Authority (HCA) Health Technology Assessment (HTA) Program	Washington State HCA HTA initiated a review of Lumbar Radiculopathy	The AANS and CNS led multi-specialty responses during the process of the review including a letter on Draft Evidence Report 3-21-18	On 5-18-18 date the HTCC met and voted to cover surgery for lumbar radiculopathy or sciatica with some conditions. Jean-Christophe Leveque , MD, FAANS, made a presentation on behalf of the multi-specialty group. The final decision wording is here .

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Spine	Anthem	On 2-8-18, Anthem requested feedback on its policy for Sacroiliac (SI) Joint Fusion which considered the procedure investigational and not medically necessary.	The AANS and CNS cited evidence for disagreeing with the Anthem position.	On 3-8-18 The AANS and CNS submitted comments.
Spine	NASS	NASS request for comments on endoscopic decompression.	The AANS and CNS sent a letter to NASS on 9-6-18 2018	NASS model coverage policies are not public and only available by subscription or to NASS members.
Spine	NASS	NASS request for comments on Lumbar Artificial Disc Surgery	The AANS and CNS sent a letter to NASS on 9-6-18	NASS model coverage policies are not public and only available by subscription or to NASS members.
Spine	Cigna	Cigna Policy for Cervical Fusion. The primary concern about the Cigna policy is the failure to allow for certain patients the incorporation of a posterior cervical fusion procedure at the time of initial laminectomy.	The AANS and CNS developed a multi-specialty response letter sent to Cigna on 5-24-18.	Carrier Medical Director agreed to a call. On 11-1-18 Julie Kessel , MD, Cigna Medical Director, confirmed her office would arrange a call.
Spine	Cigna	Cigna adopted the NCCI edit prohibiting reporting of lumbar laminectomy (63047) when billed with a posterior lumbar interbody fusion (22630 or 22633).	On 2-29-18, the AANS, CNS and AANS/CNS Section on DSPN sent a letter to Julie Kessel , MD, Cigna Medical Director, informing Cigna about the May 2018 CPT Assistant Correction.	Carrier Medical Director agreed to a call. On 11-1-18 Dr. Kessel confirmed her office would arrange a call.
Spine	NASS	Lumbar Interspinous Devices Coverage Policy	The AANS/CNS Section on DSPN sent a statement to NASS on 3-10-18 that was generally supportive with a few recommended changes	NASS adopted DSPN recommended changes in the final policy. NASS model coverage policies are not public and only available by subscription or to NASS members.

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Spine	Blue Cross/Blue Shield Association (BC/BSA) Evidence Street	Endoscopic Discectomy. On 8-2-18 the AANS and CNS received a request from BC/BSA Evidence Street program for feedback on Endoscopic Discectomy procedures.	The AANS/CNS Section on DSPN response was submitted on 9-28-18.	BC/BSA Evidence Street is a paid subscription service that provides evidence reports. They do not make coverage recommendations. The AANS and CNS receive a free subscription in exchange for providing feedback upon request.
Spine	BC/BSA Evidence Street	On 10-23-18, the AANS and CNS received a request from BC/BSA Evidence Street program for feedback on Interspinous and Interlaminar Stabilization/Distractor Devices (Spacers).	The request was referred to the AANS/CNS Section on DSPN. DSPN RRT members Yi Lu, MD, PhD, FAANS ; Scott A. Meyer, MD, FAANS ; and Hesham Soliman, MD led the review.	Comments were submitted on 11-20-18. to BC/BSA Evidence Street is a paid subscription service that provides evidence reports. They do not make coverage recommendations. The AANS and CNS receive a free subscription in exchange for providing feedback upon request.
ASSFN	Novitas	MRgFUS	The AANS and CNS sent a letter on 10-6-18 to request a positive LCD. William Jeffrey Elias, MD, FAANS , has led the AANS/CNS MRgFUS responses.	Novitas held a conference call on 11-20-18 with Univ. of PA neurosurgeons and ASSFN President. Novitas said they need additional clinical information in order to cover MRgFUS.
ASSFN	Noridian	Noridian has issued a positive draft proposed Local Coverage Decision (LCD) on MRgFUS. The California Assoc. of Neurological Surgeons (CANS) reached out to the AANS/CNS DC Office to help prepare for Noridian Carrier Advisory Committee (CAC) meeting schedule.	John K. Ratliff, MD, FAANS , participated in a Carrier Advisory Committee (CAC) meeting on this subject on 6-20-18, and the AANS, CNS and ASSFN submitted a comment letter to Noridian on 8-6-18.	Awaiting final decision from Noridian to see if the draft positive coverage policy will be finalized with indications expanded beyond the FDA study criteria.
ASSFN	Anthem	Minimally Invasive Ablative Surgery for Epilepsy	On 8-14-18, Anthem contacted the AANS and CNS to request	Response was submitted to Anthem on 9-20-18

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			feedback on a proposed policy for Minimally Invasive Ablative Surgery for Epilepsy. Jonathan P. Miller , MD, FAANS, led the review.	
ASSFN	CMS	CMS has opened a National Coverage Analysis (NCA) for Vagus Nerve Stimulation (VNS) for Depression	The AANS, CNS and ASSFN sent a letter to CMS on 6-29-18 supporting coverage for appropriately selected patients. Brian H. Kopell , MD, FAANS, and Peter E. Konrad , MD, PhD, FAANS, led the review.	CMS Proposed Decision Memo was released on 11-19-18 and a 30-day comment period has begun. Staff will coordinate with ASSFN for response.
ASSFN	Anthem	Deep Brain, Cortical, and Cerebellar Stimulation	For several years AANS, CNS and ASSFN have advocated for Anthem to update their DBS policy. Jason M. Schwalb , MD, FAANS has led the effort in coordination with the American Epilepsy Society.	On 5-10-18, Anthem published an updated coverage policy for Deep Brain, Cortical, and Cerebellar Stimulation, incorporating a number of recommendations from neurosurgery, such as dropping the criteria that an individual must try and fail vagal nerve stimulation (VNS) first before coverage is allowed for responsive neurostimulation (RNS).
ASSFN/Tumor	Blue Cross/Blue Shield Association (BC/BSA) Evidence Street	7-30-18 BCBSA reached out to request feedback on Stereotactic Radiosurgery and Stereotactic Body Radiotherapy	Randy L. Jensen , MD, FAANS; Jason P. Sheehan , MD, FAANS; and Rohan Ramakrishna , MD, FAANS, organized a response by ASSFN and AANS/CNS Tumor Section leaders and submitted on 9-26-18	BC/BSA Evidence Street is a paid subscription service that provides evidence reports. They do not make coverage recommendations. The AANS and CNS receive a free subscription in exchange for providing feedback upon request.
All	AmeriHealth New Jersey	Reduction of payment for claims submitted with -25 modifier for use of an E/M service.	The AANS and CNS joined 45 other national and state medical specialty societies in sending a letter to AmeriHealth	AmeriHealth did not change their policy, saying the use of the -25 modifier for claims received is 10% higher than Truven Health Analytics suggests it should be.

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			to urge the payor to rescind recognition of the -25 modifier.	
All	Anthem	Reduction of payment for claims submitted with -25 modifier for use of an E/M service.	The AANS and CNS supported the AMA in efforts to convince Anthem to reverse their policy not to pay for claims submitted with -25 modifier for use of an E/M service.	2-23-18 Anthem sent a letter to the AMA stating that they would not proceed with a policy to reduce payments for E/M services reported with CPT modifier 25. More information is available here .

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ASSFN	Anthem	MRI guided focused ultra sound (MRgFUS) considered investigational and not medically necessary for all non-oncologic indications.	2-1-17 The AANS and CNS submitted comments generally supportive of coverage for MRgFUS.	Anthem considered the issue at their Medical Policy & Technology Assessment Committee (MPTAC) in May 2017 and decided not to update their policy at that time.
ASSFN	Anthem	Anthem Deep Brain, Cortical, and Cerebellar Stimulation. Anthem asked for feedback on this policy.	The AANS, CNS and ASSFN submitted comments organized by Jason M. Schwalb , MD, FAANS, which recommended a number of changes to the policy. Included in the comments was an objection to the Anthem policy to limit coverage only to FDA approved indications and a failure to accurately report current literature in support for DBS for secondary dystonia.	3-9-17, Anthem informed the AANS/CNS that they had reviewed their current policy for deep brain, cortical, and cerebellar stimulation and would not be making changes at this time (note that in 2018 after further advocacy, this was changed to positive coverage).

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ASSFN	Medicare Admin. Contractor (MAC) Palmetto GBA	MRgFUS stereotactic lesion ablation for the treatment of movement disorders	The AANS, CNS and ASSFN sent a letter to Palmetto requesting that they take MRgFUS off the list of Cat. III Codes which they consider experimental.	Palmetto removed MRgFUS from the list of Cat. III that it considers experimental and will cover.
ASSFN	National Government Services (NGS)	MRgFUS	The AANS, CNS and ASSFN sent a letter to National Government Services (NGS) MAC regarding a draft LCD designating MRgFUS for Essential Tremor as investigational.	NGS announced in Dec. 2017 that they would cover MRgFUS.
Spine	BC/BSA Evidence Street	SI Joint Fusion	6-4-17 AANS and CNS submitted comments. The response was drafted by Justin Slavin , MD, and reviewed by Luis M. Tumialan , MD, FAANS.	BC/BSA Evidence Street is a paid subscription service that provides evidence reports. They do not make coverage recommendations. AANS and CNS receive a free subscription in exchange for providing feedback upon request.
Spine	NASS	Allograft and Demineralized Bone Matrix for Spinal Fusion and Spinal Cord Stimulation	On 5-3-17, the AANS and CNS CRC RRT responded to NASS draft coverage recommendations on Allograft and Demineralized Bone Matrix for Spinal Fusion and Spinal Cord Stimulation. The RRT members were generally in agreement, but recommended that NASS add a reference to the paper by Nicholas Theodore , MD, FAANS, on occipital cervical fixation (Neurosurgery 2016 79(4):549-60) to further support the use of structural allograft.	NASS agreed to add the referenced paper. NASS model coverage policies are not public and only available by subscription or to NASS members.

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Spine	BC/BSA Evidence Street	Intraoperative monitoring (IOM)	On April 11, 2017, the AANS and CNS sent a response to BCBSA regarding their request for a review of intraoperative monitoring and stated that the surgeon's discretion should be the determining factor as to whether neurophysiologic monitoring of the recurrent laryngeal nerve is indicated in patients undergoing cervical spine surgery. References were provided for monitoring of the recurrent laryngeal nerve, outlining circumstances in which the nerve may be of higher risk of injury and, therefore, require monitoring.	BC/BSA Evidence Street is a paid subscription service that provides evidence reports. They do not make coverage recommendations. The AANS and CNS receive a free subscription in exchange for providing feedback upon request.
Spine/ Pain	California Technology Assessment Forum (CTAF)	CTAF issued a draft document prepared by ICER to assess the value of non-surgical, alternative treatment for back pain.	On April 28, 2017, the AANS, CNS and AANS/CNS Section on sent a letter noting that while there may be a role for alternative therapy for some patients, organized neurosurgery emphasized the importance of exhaustive diagnostic imaging and comprehensive neurological assessment to identify those individuals who would benefit most from timely surgical intervention as opposed to non-operative measures, regardless of modality.	On Nov. 6, 2017, the Institute for Clinical and Economic Review (ICER) issued a final evidence report following an Oct. 19, 2017 meeting of the CTAF at which the determined that there is evidence of some value for acupuncture, cognitive behavioral therapy, mindfulness, and yoga for spine patients. They did not find adequate evidence to comment on Tai Chi.
Spine	Work Loss Data Institute	The AANS/CNS Washington Office was contacted regarding concerns that the Work Loss	Kenneth M. Crandall , MD, reviewed the ODG position, comparing it to recent	

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		Data Institute Official Disability Guidelines (ODG) that are used for coverage decisions by a number of workers compensation programs criteria for sacroiliac joint fusion surgery was not based on current evidence.	information on the subject submitted by the AANS and CNS to BCBSA Evidence Street program. Dr. Crandall and the Spine Section RRT wrote a letter highlighting concerns about outdated literature upon which the ODG criteria is based. The letter was sent to the Work Loss Data Institute on 9-25-17	
Spine	Anthem	Inappropriate Bundling of Spinal Surgery Procedures	<p>Specific codes inappropriately bundled included:</p> <ul style="list-style-type: none"> • laminectomy codes 63042, 63047 and 63048 with lumbar fusion codes 22630 and 22633 • additional level posterior/posterolateral fusion code 22614 with codes 22600, 22610, 22612, 22630 and 22633 • vertebral corpectomy codes 63081, 63082, 63085, 63086, 63087 and 63088 with lumbar fusion code 22558 	On April 19, 2017, Anthem staff stated they agreed on the following: They will no longer deny CPT code 22614 when billed with CPT codes 22600, 22610, 22612 and 22630. They are targeting the end of May 2017 to have the edits removed from the appropriate systems. They will leave the edit to deny CPT code 22614 when billed with CPT code 22633 and will continue to review appeals for this combination.
Spine	Washington State Health Care Authority	In January 2017, the Washington State Health Care Authority Health Technology Assessment (HTA) program conducted a re-review of a 2008 coverage policy for artificial disc replacement for cervical and lumbar spinal discs.	On 3-1-17, the AANS, CNS, Washington State Association of Neurological Surgeons (WSANS), ISASS, and NASS sent a letter to the Washington State Health Technology Assessment (HTA) program expressing disappointment about a Jan. 20, 2017, decision by the HTA Health Technology	To see the final non-decision wording for ADR click here .

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			<p>Clinical Committee (HTCC) not to cover lumbar artificial disc replacement (ADR) procedures. The letter highlighted concerns that the technology assessment prepared by Spectrum Research over-emphasized a Norwegian study on lumbar artificial disc that described the technique and a patient population that differs significantly from the typical patient in Washington State and excluded some recent data on cervical ADR.</p>	
All	United Healthcare	<p>United Healthcare had issued a proposal to follow the CMS policy to eliminate the use of consultation codes for services reported with CPT Codes 99241-99245 for office/outpatient services and CPT Codes 99251-99255 for inpatient services provided in the office/outpatient or hospital setting.</p>	<p>The AANS and CNS have objected to the elimination of coverage for consultation codes since CMS took that action in 2010 and have worked with other specialties to urge a reversal on the issue.</p>	<p>On Oct. 1, 2017, United Healthcare announced that they would postpone until further notice plans to follow the CMS policy to eliminate the use of consultation codes for services reported with CPT Codes 99241-99245 for office/outpatient services and CPT Codes 99251-99255 for inpatient services provided in the office/outpatient or hospital setting.</p>
All	Aetna	<p>Aetna announced a new “Correct Coding” policy beginning on 12-1-17 to limit coverage for a list of hospital visits to one time per day, per patient, including critical care visit codes.</p>	<p>AANS and CNS worked with the Surgical Coalition groups, led by the American College of Surgeons, to oppose this move.</p>	<p>On 5-18-17, Aetna announced they would drop critical care codes from the list.</p>