

February 13, 2017

Niles R. Rosen, MD, Medical Director  
National Correct Coding Initiative/Correct Coding Solutions LLC  
P.O. Box 907  
Carmel, Indiana 46082

Dear Dr. Rosen:

On behalf of the American Association of Neurological Surgeons (AANS), Congress of Neurological Surgeons (CNS), International Society for the Advancement of Spine Surgery (ISASS) and North American Spine Society (NASS), thank you for your letter dated December 13, 2016 in response to our letter dated November 7, 2016 in which we comment on two active and nine proposed National Correct Coding Initiative (NCCI) procedure to procedure (PTP) edits. We appreciate your response and thank you for your determination not to implement the proposed PTP edits bundling anterior spinal instrumentation codes 22845-22847 with CPT code 22859 (Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure).

However, we are very disappointed in your decision to finalize and implement the proposed PTP edits bundling anterior 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).

Your letter states, *The code descriptors for CPT codes 22853 and 22854 include “integral anterior instrumentation for device anchoring”. It is a misuse of CPT codes 22845-22847 to report this anterior instrumentation integral to the procedures described by CPT codes 22853 and 22854. CMS will allow use of NCCI-associated modifiers to bypass one of these edits if a provider performs additional anterior instrumentation unrelated to anchoring the device.*

While your letter acknowledges that the code descriptors for CPT codes 22853 and 22854 include the words with “integral anterior instrumentation for device anchoring,” the descriptors also include two very important words not mentioned in your letter, “when performed.”

CPT Code 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)

CPT Code 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)

Several years ago, the CPT Editorial Panel changed standard CPT nomenclature from “with or without” to “when performed.” In this instance, 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.

Attachment 1 may make this distinction clearer. Figure 1 A and B shows 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 shows 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.

It had been anecdotally reported to the specialty societies that some physicians were reporting 22851 (prior to the change to 22853-22859) **and** 22845 for cases similar to Figure 2. We felt this was an inappropriate use of 22845, as 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 agree with your assessment 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 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. If these edits are enacted, surgeons completing procedures similar to those depicted in Figure 1 will have no way to appropriately report physician work.

We strongly oppose these edits as they would inappropriately deny payment for medically necessary and appropriate services. These edits will make it impossible to appropriately value physician work when an intervertebral body device is placed with an anterior plate. We fear these changes will drive inappropriate coding of these services and ask that NCCI reexamine these codes and not implement the edits to bundle 22845-22847 with 22853 and 22854 on April 1, 2017.

Thank you for your time and consideration of our comments. Please contact Cathy Jeakle Hill, AANS/CNS Senior Manager of Regulatory Affairs at [Chill@neurosurgery.org](mailto:Chill@neurosurgery.org) or at (202) 446-2026 with questions or requests for additional information.

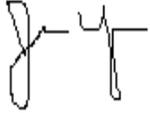
Sincerely,



Joseph S. Cheng, MD, MS  
CPT Advisor  
American Association of Neurological  
Surgeons



Henry H. Woo, MD  
CPT Advisor  
Congress of Neurological Surgeons



James Yue, MD  
CPT Advisor  
International Society for the Advancement  
of Spine Surgery



Morgan P. Lorio, MD, FACS  
CPT Alternate Advisor  
International Society for the Advancement  
of Spine Surgery



William Mitchell, MD  
CPT Advisor  
North American Spine Society

Attachment 1:

Figure 1, A and B



Figure 2, A and B

