



2015- 2016

ISASS BOARD OF DIRECTORS

President

Gunnar B. J. Andersson, MD, PhD, USA

Co-President

Hee Kit Wong, MD, PhD, Singapore

Treasurer

Jeffrey Goldstein, MD, USA

Michael Ogon, MD, PhD, Austria

Marek Szpalski, MD Belgium

Jack Ziegler, MD, USA

Frank Phillips, MD, USA

Immediate Past President

Luiz Pimenta, MD, PhD, Brazil

ISASS Past Presidents

Steven Garfin, MD USA

Jean-Charles LeHuec, MD, France

Thomas Errico, MD, USA

Chun-Kun Park, MD, PhD, South Korea

Karin Büttner-Janz, MD, PhD, Germany

Hansen A. Yuan, MD, USA

Founding Members

Stephen Hochschuler, MD, USA

Thierry Marnay, MD, France

Rudolf Bertagnoli, MD, Germany

(the late) Charles Ray, MD, USA

December 23, 2015

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1631-FC
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Comments to CMS-1631-FC – Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2016

Dear Acting Administrator Slavitt:

On behalf of the International Society for the Advancement of Spine Surgery (ISASS), I am writing to submit comments to CMS-1631-FC – Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2016.

ISASS is a global, scientific and educational society organized to provide an independent venue to discuss and address the issues involved with all aspects of basic and clinical science of motion preservation, stabilization, innovative technologies, MIS procedures, biologics and other fundamental topics to restore and improve motion and function of the spine. ISASS appreciates the opportunity to comment on the final rule.

Final Work RVU – CPT® 27279

ISASS submitted comments on the final 2015 Physician Fee Schedule to CMS in December 2014 requesting refinement of the interim final work RVU for CPT® 27279. ISASS requested refinement of CPT® 27279 in December 2014 because our members strongly feel that the work valuation that was assigned to this code through a crosswalk

methodology is undervalued at 9.03 work RVUs. Total physician time, technical skill, extensive use of multi-directional image guidance, global service time, and total resource utilization required to complete the procedure is greater than is represented in a work value of 9.03.

Prior to requesting refinement of CPT[®] 27279 to CMS in December 2014, ISASS conducted a paired comparison survey utilizing Rasch methodology and submitted the results of the survey in conjunction with our request for refinement to CMS. The Rasch method has a well-established track record in education, marketing, and health economics where it has been used to find the desirability of health states or medical conditions and relative work effort of healthcare procedures. The Rasch method for healthcare procedures involves the use of paired comparisons. In a traditional Rasch analysis, each CPT[®] code in a set is paired with every other code in that set, and each respondent indicates which of each pair requires the greater work effort. Then logistic regression methods are used to estimate the probability that each procedure is more work than the others, and to estimate the difficulty or work-effort score for each procedure in the set. The scores are logits (log of the odds ratio) and are values on a cardinal scale with one procedure set to a score of 0. After the difficulty or work effort scores are generated, RVUs are estimated by regression analysis using existing RVUs.

The first paired comparison survey was conducted as a pilot by ISASS to determine if there was validity in our members' concerns about the work RVU assignment to CPT[®] 27279. The survey was administered and analyzed by non-affiliated third parties in December 2014. This pilot survey utilized ten comparator CPT[®] codes reflective of common spine surgeries and was sent to ninety-three ISASS committee members. Twenty spine surgeons who perform this type of procedure completed the survey. The survey presented each comparator CPT[®] code with its code descriptor as well as the description of CPT[®] 27279, and asked the surgeon to indicate whether CPT[®] 27279 was greater, equal, or less in terms of work effort to the comparator code. Work effort was defined as "the time and skill level required to perform the procedure". The results of the pilot analysis suggest that the work RVU for CPT[®] 27279 should be 14.36.

In March/April 2015, ISASS conducted a second paired comparison survey utilizing Rasch methodology and submitted the results to CMS in May 2015 as a supplement to the results of the first survey and our request for refinement. The second paired comparison survey was conducted by ISASS and the Society for Minimally Invasive Spine Surgery (SMISS) and was administered and analyzed in March and April 2015. This survey reached a broader set of surgeons and used a broader inclusive set of comparator CPT[®] codes (27 versus 10). Thirty-four surgeons met the criteria and completed the survey. The methodology of the second survey mirrored the methodology of the first survey. The results of the second analysis suggest that the work RVU for CPT[®] 27279 should be 14.10. This finding of a higher work RVU than assigned by CMS through a crosswalk analogy was consistent with the first analysis.

CMS notified ISASS in July 2015 that our request for refinement panel had been granted and ISASS presented information on the methodology and results of the two paired comparison surveys in addition to a separate study by Garber, Ledonio and Polly "How Much Work Effort is Involved in Minimally Invasive Sacroiliac Joint Fusion?" to the refinement panel in August 2015. The study by Garber, Ledonio and Polly compared the work effort of minimally invasive

sacroiliac joint fusion (MIS SIJ fusion) to open primary lumbar microdiscectomy (PLD), which has a work RVU of 13.18, using work effort data collected among three surgeons who have performed multiple lumbar microdiscectomies and MIS SIJ fusions. The authors looked at surgeon room time, length of hospital stay and physician work effort (pre-operatively, intra-operatively and post-operatively) for both procedures and found that while intra-operative time is similar between MIS SIJ fusion and PLD, work effort was found to be greater for MIS SIJ fusion than PLD due to pre-op and post-op patient care. The authors' findings suggest that at a minimum the physician work and effort for MIS SIJ fusion should be at least the same as PLD (13.18) and most likely greater than PLD.

Despite this new data from the first paired comparison survey conducted by ISASS in December 2014 suggesting that the work RVUs for CPT[®] 27279 should be 14.36, the second paired comparison survey conducted by ISASS and SMISS in March and April 2015 suggesting that the work RVU for CPT[®] 27279 should be 14.1 and the recent study by Garber, Ledonio and Polly suggesting that MIS SIJ fusion requires more physician time and effort than PLD and that the work RVU for MIS SIJ fusion should be at a minimum equal to the work RVU for PLD (13.18), CMS finalized the interim final work RVU for CPT[®] 27279 at 9.03 RVUs in the final 2016 Physician Fee Schedule.

ISASS does not agree with the final assignment of 9.03 work RVUs for CPT[®] 27279; we believe a work RVU of 14.20 more accurately reflects the time and intensity of pre-operative, intra-operative and post-operative physician work. For your reference, I have attached the final reports from both paired comparison surveys in addition to Garber, Ledonio and Polly's paper "How Much Work Effort is Involved in Minimally Invasive Sacroiliac Joint Fusion?". ISASS will continue to advocate for an appropriate work RVU for CPT[®] 27279 and appreciates the opportunity to comment on the final rule.

Thank you for your time and consideration of our comments. Please feel free to contact Liz Vogt, Director of Health Policy & Advocacy by email at liz@isass.org or by phone at 630-375-1432 with questions or requests for additional information.

Sincerely,



Morgan P. Lorio, MD, FACS
Chair, Coding and Reimbursement Task Force
International Society for the Advancement of Spine Surgery

Enclosures:

1. Final Report – Survey 1
2. Final Report – Survey 2
3. "How Much Work Effort is Involved in Minimally Invasive Sacroiliac Joint Fusion?" by Garber, Ledonio and Polly