January 31, 2017

Janet Pogar
RVP, Provider Engagement and Contracting
Anthem Blue Cross and Blue Shield
700 Broadway
Denver, CO 80273

RE: Professional Reimbursement Policy Changes and supporting claims editing notification for CMS-1500 submitters

Dear Ms Pogar:

On behalf of the International Society for the Advancement of Spine Surgery (ISASS), I am writing regarding Anthem Blue Cross Blue Shield's recent professional reimbursement policy changes and supporting claims editing notification to providers.

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.

Specifically, ISASS is strongly opposed to two sets of edits, one set implemented September 1, 2015 and one set scheduled for implementation on March 1, 2017.

Edits Implemented September 1, 2015:

Modifiers 59 and XE, XP, XS or XU
CPT lumbar arthrodesis codes 22630 and 22633 are defined by CPT as including laminectomy services (63042 or 63047). Currently, ClaimsXten denies lumbar laminectomies as incidental to posterior lumbar arthrodesis; however, a modifier override is allowed. Anthem

considers the performance of a laminectomy to be an integral procedure to the primary arthrodesis procedure when performed at the same anatomic site. Therefore, beginning with dates of service on or after September 1, 2015, a modifier override will not be allowed when either laminectomy CPT codes 63042 or 63047 are reported with arthrodesis CPT codes 22630 or 22633. Post-payment review will be considered with medical documentation that supports separate anatomic sites. The Modifiers 59 and XE, XP, XS, or XU (Distinct Procedureal/Separate/Unusual Service) reimbursement policy will be updated to reflect this change.

It is our understanding that this edit stems from an edit issued by the Centers for Medicare and Medicaid Services (CMS) and the National Correct Coding Initiative (NCCI) on January 1, 2015 which states, "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" (Chapter 8, Item 24 of the January 1, 2015 version of the NCCI Policy Manual).

We believe that this edit is the result of a misinterpretation of the design and descriptors of CPT codes 22630 and 22633, which were not intended to capture the work involved in a decompression that is performed in addition to a lumbar interbody fusion.

CPT Code 22630 – Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace **(other than for decompression)**, single interspace; lumbar

CPT Code 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

CPT codes 22630 and 22633 were designed to capture laminectomy and/or discectomy to prepare the interspace for fusion, not to capture the work of a laminectomy for purposes of decompression of the spinal cord, cauda equina and/or nerve roots. In cases where a decompression is performed in addition to the lumbar interbody fusion at the same interspace, we maintain surgeons should separately report and be reimbursed for the laminectomy in addition to the interbody fusion.

It is important to note that CPT code 22633 was created by the CPT Editorial Panel in 2010 and valued by the Relative Value Scale Update Committee (RUC) in 2011 with the understanding that the decompression of neural elements is not captured by the code. This is clear by the following sentence included in the description of intra-service work for CPT code 22633: "Report additional decompression (eg, lumbar disc herniation or lumbar stenosis), separately, if required." This means that the RUC survey respondents, the specialty societies involved in developing RUC recommendations, and the RUC Panel valued CPT code 22633 to include only the laminectomy and/or discectomy required to prepare the interspace for fusion and expected that a laminectomy performed for purposes of decompression of the spinal cord, cauda equina and/or nerve roots at the same level, would be separately reported to account for

the surgeon's time, mental effort and judgment, technical skill and physical effort involved in performing the decompression procedure.

The misinterpretation of the lumbar interbody fusion codes and subsequent bundling of CPT codes 63042 and 63047 with 22630 and 22633 results in misreporting and inaccurate valuation of physician work for these procedures. ISASS strongly believes that the NCCI edit and the subsequent Anthem BCBS edit are in error and requests Anthem BCBS retract the edit as soon as possible.

Edits Scheduled for Implementation March 1, 2017:

Bundled Services and Supplies and Modifiers 59, XE, XP, XS, and XU – Professional
Beginning with dates of service on or after March 1, 2017, we will be implementing the following code pair edits and have documented these edits in our future Bundled Services and Supplies and Modifiers 59, XE, XP, XS, and XU reimbursement policies:

- *Current Procedural Terminology (CPT®) code 63048 (laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; each additional segment, cervical, thoracic, or lumbar) will not be eligible for separate reimbursement when reported with CPT code 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). Modifiers will not override this edit.*

- *CPT code 22614 (arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (list separately in addition to code for primary procedure)) will not be eligible for separate reimbursement when reported with CPT codes 22600 (arthrodesis, posterior or posterolateral technique, single level; cervical below c2 segment), 22610 (arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)), 22612 (arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)), 22630 (arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar), and 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). Modifiers will not override this edit.*

- *CPT codes 63081, 63082, 63085, 63086, 68087, and 63088 (vertebral corpectomies) will not be eligible for separate reimbursement when reported with CPT code 22558 (arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar). Modifiers will not override this edit.*

Modifiers 59, XE, XP, XS, and XU – Professional

Beginning with dates of service on or after March 1, 2017, modifiers will no longer override the following edits:

- *Our current edit denies 63048 (laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure) when reported with 22630 (arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar). We consider this correct coding; therefore, modifiers will not override the denial.*

The first set of edits bundling CPT code 63048 with CPT code 22633 and the last set of edits bundling CPT code 63048 with 22630 appear to be an extension of the Anthem edits bundling CPT codes 63042 and 63047 with CPT codes 22630 and 22633 effective September 1, 2015. For the reasons stated above, we believe these edits are based on a misinterpretation of the design and descriptors of the lumbar interbody fusion codes and should be retracted as soon as possible.

ISASS requests Anthem BCBS' rationale for the second set of edits bundling CPT code 22614 with CPT codes 22600, 22610, 22612, 22630, and 22633. The parentheticals contained in the CPT codebook clearly state, *Use 22614 in conjunction with 22600, 22610, 22612, 22630 or 22633 when performed at a different level. When performing a posterior or posterolateral technique for fusion/arthrodesis at an additional level, use 22614. When performing a posterior interbody fusion arthrodesis at an additional level, use 22632. When performing a combined posterior posterolateral technique with posterior interbody arthrodesis at an additional level, use 22634.* Performing posterior or posterolateral fusion at an additional level is commonly indicated to treat patients with spinal instability caused by fractures, tumors and infections of the spine, spinal deformity including scoliosis, spondylolisthesis, stenosis with other coexisting pathology, and in some cases to treat degenerative disc disease. Performing the additional level fusion takes considerable surgeon time and resources in the operating room and should not be bundled into the primary procedure. ISASS requests immediate retraction of this edit; CPT code 22614 should continue to be separately reportable and reimbursable to account for the surgeon's time, mental effort and judgment, technical skill and physical effort involved in performing the additional level fusion.

ISASS also requests retraction of the third set of edits bundling CPT codes 63081, 63082, 63085, 63086, 63087 and 63088 with CPT code 22558. To clarify appropriate reporting of vertebral corpectomy, ISASS recently supported efforts at the CPT Editorial Panel to add a definition of "partial vertebral corpectomy" into CPT guideline language. This new definition will ensure that the corpectomy codes are only being reported if the surgeon removes at least one-half of the vertebral body in the cervical spine and at least one-third of the vertebral body in the thoracic and lumbar spine. The new definition will be included in CPT guidelines in the 2018 codebook and negates the need for these coding edits. If the patient's diagnosis supports the need for a corpectomy and fusion, then both procedures should be covered based on medical necessity. Denials of vertebral corpectomy with CPT code 22558 should be based on

medical review of medical necessity, not a blanket policy bundling the two procedures.

Thank you for your time and consideration of our comments. These edits are extremely problematic for our surgeons and our patients and ISASS requests a meeting with Anthem BCBS to discuss these coding edits as soon as possible. Please contact Kristy Radcliffe, ISASS Executive Director by email at kristy@isass.org or by phone at (630) 375-1432 with questions or requests for additional information. We look forward to establishing a continued partnership with Anthem BCBS, so together we can advocate for quality patient care and superior patient outcomes.

Sincerely,

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