

**National Correct Coding Initiative**  
**Correct Coding Solutions, LLC**  
**A Medicare and Medicaid Contractor**  
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December 13, 2016

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Dear Drs. Cheng, Woo, Voss, Stryker, Yue, Lorio, and Mitchell:

I thank you for your letter dated November 7, 2016 in which you comment about two active and nine proposed National Correct Coding Initiative (NCCI) procedure to procedure (PTP) edits. We discussed your letter with CMS (Centers for Medicare & Medicaid Services) which owns NCCI and makes all decisions about its contents. The Attachment lists the specific edits.

The PTP edits with column one CPT codes 63042 (Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar) and 63047 (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; lumbar) each with column two CPT code 69990 (Microsurgical techniques, requiring use of operating microscope (List



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separately in addition to code for primary procedure)) are based on a provision in the CMS *Internet Only Manual, Claims Processing Manual*, Publication 100-04, Chapter 12, Section 20.4.5 (Allowable Adjustments) which states:

“Effective January 1, 2000, the replacement code (CPT 69990) for modifier -20 - microsurgical techniques requiring the use of operating microscopes may be paid separately only when submitted with CPT codes:

61304 through 61546  
61550 through 61711  
62010 through 62100  
63081 through 63308  
63704 through 63710  
64831  
64834 through 64836  
64840 through 64858  
64861 through 64871  
64885 through 64891  
64905 through 64907.”

Since CPT codes 63042 and 63047 are not in the listed code ranges, these edits must be retained because NCCI is required to adhere to provisions in the CMS *Internet Only Manual*.

CMS will implement the edits with column one 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)) each with column two anterior instrumentation CPT codes 22845-22847. 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.

CMS will not implement the edits with column one CPT code 22859 (Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or

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vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)) with column two anterior instrumentation CPT codes 22845-22847.

The new PTP edits will be implemented in the April 1, 2017 version of NCCI.

CMS and we appreciate your assistance with the NCCI.

Sincerely,

**Signed electronically by Niles R. Rosen, M.D.**

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Cc: Erika D. Armstrong, CMS COR for the NCCI/MUE Programs  
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Attachment (one page)

**ATTACHMENT – CMS DECISIONS ON PROPOSED NCCI PTP EDITS TO WHICH AANS/CNS/AAOS/ISASS/NASS OBJECTED IN A JOINT LETTER DATED NOVEMBER 7, 2016**

Modifier indicator of “0” means that modifiers associated with the NCCI **MAY NOT** be used to explain any **circumstances** where both procedures/services of a code pair edit may be reported on the same date of service by the same provider.

Modifier indicator of “1” means that modifiers associated with the NCCI **MAY** be used to explain the **circumstances as described in the letter** where both procedures/services of a code pair edit may be reported on the same date of service by the same provider.

<u>Column 1 Code</u> (Payable service)	<u>Column 2 Code</u> (Denied Service)	<u>Modifier Indicator / Action</u>
63042	69990	<b>0 / No change</b>
63047	69990	<b>0 / No change</b>
22853	22845	1 / Edit will be added to NCCI on 4/1/2017
22853	22846	1 / Edit will be added to NCCI on 4/1/2017
22853	22847	1 / Edit will be added to NCCI on 4/1/2017
22854	22845	1 / Edit will be added to NCCI on 4/1/2017
22854	22846	1 / Edit will be added to NCCI on 4/1/2017
22854	22847	1 / Edit will be added to NCCI on 4/1/2017
22859	22845	<b>Edit will not be added to the NCCI at this time</b>
22859	22846	<b>Edit will not be added to the NCCI at this time</b>
22859	22847	<b>Edit will not be added to the NCCI at this time</b>