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**INTERNATIONAL**  
SOCIETY *for the* ADVANCEMENT of  
**SPINE SURGERY**  
**THE INNOVATION SOCIETY**





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### About ISASS:

The International Society for the Advancement of Spine Surgery (ISASS) is committed to enhancing the science and practice of non-operative and surgical interventions to restore and improve function to the spine. In keeping with the rapidly developing aspects of spine care, ISASS serves as a platform for the exchange of experience, ideas, and evidence regarding technologies, procedures, and modalities for the diagnosis and treatment of spinal conditions.

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## About ISASS Monthly Newsletter:

The monthly ISASS eNewsletter is sent to over 12,500 subscribers each month, providing a comprehensive look at trending topics in spinal surgery, association news, and other industry related items.

Each placement allows for your company message to be displayed prominently throughout the publication.

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## Policy & Advocacy News

We've Got Your Back

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ISASS is an international, scientific, and educational society organized to discuss and assess existing strategies and innovative ideas in the clinical and basic sciences related to spine surgery to enhance patient care.

**August News**

**CMS Releases 2024 Medicare Physician Fee Schedule Proposed Rule**

On July 13, 2023, CMS released the **2024 Medicare Physician Fee Schedule (PPS)** proposed rule, which addresses Medicare payment and quality provisions for physicians in the coming year. Under the proposal, physicians will see a decrease to the conversion factor of 0.36% on Jan. 1, 2024, going from \$33,887.2 to \$33,747.6.

CMS projects that overall reimbursement for spine surgery services will remain flat compared to 2023, with changes to policies and individual services roughly balancing out. This estimate is based on the entire interventional path management protection and can vary widely depending on the mix of services provided in a practice.

The confluence of conversion factor cuts for budget neutrality, statutory cuts on the horizon from acquisition and PPS/CO rules, and a 7% payment update that fails to account for significant inflation in practice costs creates long-term financial instability in the Medicare physician payment system, threatening patient access to Medicare-participating physicians and services.

ISASS, along with other medical societies, has aligned with the American Medical Association (AMA) on a set of **principles** to guide advocacy efforts on Medicare physician payment reform and **strongly supports H.R. 2611, the Strengthening Medicare for Patients and Providers Act**, which would provide a permanent, annual update equal to the increase in the Medicare Economic Index, allowing physicians to invest in their practices and implement new strategies to provide high-value care.

One new spine surgery code Cervical Total Disc Replacement, Each Additional Level (CPT code 22868) was proposed for value at a relative value unit (RVU) lower than what ISASS and other societies recommended through the AMA RUC. The RUC recommended a work RVU of 7.50, and CMS proposed 6.88. ISASS will work with other stakeholders to increase the RVU to 7.50 in alignment with the RUC recommended RVU in comments to CMS. The primary level code for Cervical Total Disc Replacement (CPT code 22867) was also reviewed by CMS and was maintained at its current work RVU of 27.13, which ISASS agrees with for appropriate payment.

Comments are due on September 11, 2023.

To read the full rule see here: [2024 Medicare Physician Fee Schedule \(PPS\) proposed rule](#)

**FEATURED CONTENT**  
(180x180px image, 50 Words of Text)

**CMS Announces Revision to New Payment Edits for Spine Surgery**

The July 1, 2023, National Correct Coding Initiative Procedure-to-Procedure (PTP) edit for Medicare claims includes Column 1 codes 22830, 22832, 22833, and 22834 with Column 2 codes 63052 and 63053 with Correct Coding Modifier Indicator (CCI) of 1. This means that CMS will deny 63052 and 63053 when billed with 22830, 22832, 22833, or 22834 unless an appropriate payment modifier such as 59 is included.

Upon receiving notice of the edits, ISASS immediately worked with other stakeholders to reach out to CMS to contest the edits. 63052 and 63053 are add-on codes for decompression when done with a PLU/TLF and should not be subject to denial when billed with the correct codes. CMS had previously attempted a similar edit in 2021 and ISASS and other stakeholders succeeded in reversing that attempt.

In response to the rapid response, CMS quickly announced plans to delete these edits retroactive to their implementation date of July 1, 2023. CMS implements changes to edits as soon as technically possible. CMS stated they expect to implement this change in the January 1, 2024 edit file. Changes to edits are not final until publicly released by CMS at a future date.

As part of the 2024 Medicare Physician Fee Schedule, CMS stated they are soliciting feedback on assigning practice expense relative value units (RVUs) in the office setting for sacrospinous (S) joint fusion, CPT code 22729. "Arthroscopic, sacrospinous joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of expanding device." In the rule, CMS stated they are concerned about potential safety risks for patients if this procedure is performed in the office setting. ISASS agrees with this concern and plans to submit comments agreeing with CMS and opposing non-facility (office-based) setting payment for 22729.

In addition, CMS is proposing to allow office-based dorsally placed bone allograft within the sacrospinous joint ("dorsal allograft" procedures, CPT 22800). The total RVU to a physician performing this procedure in the office is proposed at \$64.74, which would make it among the highest paid procedures in the entire Medicare Physician Fee Schedule.

ISASS will submit comments relating to the significant safety concerns affecting patients if these proposals for CPT 22800 were to become final. The dorsal allograft SI joint procedures are more invasive than other spine procedures, which Medicare currently does not allow to be performed in office settings. Some concerning observations made by ISASS about allowing this type of spine surgery to be payable by Medicare in office settings include:

1. 22800 is still undergoing clinical study (PharTEO SECURE trial is underway). The SECURE study had 1 patient death, and no study procedures were performed in an ASC, let alone an office setting. Only the hospital site of service was discussed.
2. The safety profile of 22800 is more akin to ASC-based procedures like minimally invasive and Vertebroplasty. It is not a needle-based procedure like kyphoplasty.
3. CMS should be concerned with, and anticipate, overutilization if 22800 is allowed in the office. There is evidence of office-based vascular procedures (e.g., atherectomies) doubling and even tripling in Medicare procedure volumes and payments to physicians over the past 5-10 years.
4. Potentially, 22800 would be among the highest-paying codes in the PPS if CMS accepts the RUC recommendations.

We encourage individual members and practices to submit comments on this proposed rule.

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Questions? Please contact Audrey Lusher at [audrey@isass.org](mailto:audrey@isass.org) for more information.

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## About ISASS Policy & Advocacy Newsletter:

The monthly Policy & Advocacy eNewsletter from ISASS is sent to over 12,500 subscribers each month, providing up to date and relevant information related to ISASS's commitment for furthering the field of spine surgery.

Each placement allows for your company message to be displayed prominently throughout the publication.

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VERTEBRAL COLUMNS

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Vertebral COLUMNS

Gain valuable insights into the business and practice of spine surgery with a host of knowledgeable editors providing their takes on hot-button issues, techniques, and tools in spine surgery.

Read the full issue

Advancements in Biomaterials and Implications for Spine Surgery

During the 19th century, Dutch surgeon Job Van Meulen reported the first autologous graft success with subsequent reports of allogeneic grafts, which are still in use today. In the modern era, more than 2 million bone graft procedures are reported annually worldwide. [READ MORE](#)

Use of Artificial Intelligence and Machine Learning in Spine Surgery

The rapid development of artificial intelligence is reaching all aspects of our world, and it has already made inroads in spine surgery. [READ MORE](#)

Current State of Artificial Intelligence in Spine Imaging

As AI continues to mature and applications become more tangible, these technologies will become increasingly ubiquitous within our daily lives. Thus, understanding the current state of AI is crucial. This article focuses on the current state of AI in spine imaging, specifically regarding training data, clinical use, and research applications. [READ MORE](#)

Lumbar Bone Density Measurements: Using CT and MRI as Alternatives to DEXA

Although DEXA is the reference standard for classifying bone as normal, osteopenic, or osteoporotic, it has shortcomings for spinal applications due to the inclusion of endplates and cortical bone, which may lead to falsely elevated BMD results. [READ MORE](#)

Lumbar Muscle Health

Like other skeletal muscles, lumbar muscle groups play an important role in movement, stability, perfusion, and nutrient storage. When coupled with regular resistance training and exercise, it is generally associated with reduced injury and better overall health. Hence, it is crucial to understand the role of lumbar muscle health in patients undergoing spine surgery. [READ MORE](#)

FEATURED CONTENT

(800x180px image, 50 Words of Text)

CMS Announces Revision to New Payment Edits for Spine Surgery

The July 1, 2023, National Correct Coding Initiative Procedure-to-Procedure (PTP) edit for Medicare claims includes Column 1 codes 22630, 22832, 22833, and 22834 with Column 2 codes 63052 and 63053 with Correct Coding Modifier Indicator (CCM) of 1. This means that CMS will deny 63052 and 63053 when billed with 22630, 22832, 22833, or 22834 unless an appropriate payment modifier such as 59 is included.

Upon receiving notice of the edit, ISASS immediately worked with other stakeholders to reach out to CMS to contest the edit. 63052 and 63053 are add-on codes for decompression when done with a PLIF/LIF, and should not be subject to denial when billed with the parent codes. CMS had previously attempted a similar edit in 2017 and ISASS and other stakeholders succeeded in reversing that attempt.

In response to the rapid response, CMS quickly announced plans to delete these edits retroactive to their implementation date of July 1, 2023. CMS implements changes to edits as soon as technically possible. CMS stated they expect to implement this change in the January 1, 2024 edit file. Changes to edits are not final until policy released by CMS at a future date.

As part of the 2024 Medicare Physician Fee Schedule, CMS stated they are soliciting feedback on assigning practice expense relative value units (RVUs) in the office setting for sacrospinous (S) joint fusion, CPT code 22779: "Achondroplasia, sacrospinous joint, percutaneous or minimally invasive (direct visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device." In the rule, CMS stated they are concerned about potential safety risks for patients if this procedure is performed in the office setting. ISASS agrees with this concern and plans to submit comments agreeing with CMS and opposing non-facility (office-based) setting payment for 22779.

In addition, CMS is proposing to allow office-based dorsally placed bone allograft within the sacrospinous joint ("dorsal allograft" procedure, CPT 22000). The total RVU to a physician performing this procedure in the office is proposed at \$4,744, which would make it among the highest paid procedures in the entire Medicare Physician Fee Schedule.

ISASS will submit comments relating to the significant safety concerns affecting patients if these proposals for CPT 22000 were to become final. The dorsal allograft S1 joint procedure is more invasive than other spine procedures, which Medicare currently does not allow to be performed in office settings. Some concerning observations made by ISASS about allowing this type of spine surgery to be payable by Medicare in office settings include:

1. 22000 is still undergoing clinical study (PainTEC SECURE trial is underway). The SECURE study had 1 patient death, and no study procedures were performed in an ASC, let alone an office setting. Only the hospital site of service was discussed.

2. The safety profile of 22000 is more akin to ASC-based procedures like mild and Vertiflex. It is not a needle-based procedure like kyphoplasty.

3. CMS should be concerned with, and anticipate, overutilization if 22000 is allowed in the office. There is evidence of office-based vascular procedures (e.g., atherectomy) doubling and even tripling in Medicare procedure volumes and payments to physicians over the past 5-10 years.

4. Potentially, 22000 would be among the highest-paying codes in the MPFS if CMS accepts the RUC recommendations.

We encourage individual members and practices to submit comments on the proposed edit.

Informed Consent in Spine Surgery

The doctrine of informed consent refers to the requirement that a patient have sufficient information and understanding prior to making decisions about their medical care. However, the precise legal definition of what constitutes adequate informed consent has evolved over time and varies between jurisdictions. [READ MORE](#)

Read the full issue

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ISASS is an international, scientific, and educational society organized to discuss and

## About Vertebral Columns:

Each issue of the Vertebral Columns newsletter showcases a wide range of topics related to spine surgery. Sent out every quarter (February, May, August, November), the ad placements allow for your message company message to be displayed prominently throughout the publication.

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About IJSS:

The International Journal of Spine Surgery (IJSS) is published by the International Society for the Advancement of Spine Surgery (ISASS). It is the official scientific journal of ISASS, the International Intradiscal Therapy Society, the Pittsburgh Spine Summit, and the Büttner-Janz Spinefoundation, and it is an official partner of the Southern Neurosurgical Society.

The IJSS website banners allow for your company message to be displayed prominently throughout IJSS.org

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## About IJSS Online First Newsletter:

The International Journal of Spine Surgery (IJSS) is published by the International Society for the Advancement of Spine Surgery (ISASS). It is the official scientific journal of ISASS, the International Intradiscal Therapy Society, the Pittsburgh Spine Summit, and the Büttner-Janz Spinefoundation, and it is an official partner of the Southern Neurosurgical Society.

The IJSS Online First bi-monthly newsletter is sent to over 12,500 subscribers each January, March, May, July, September, and November. Each placement allows for your company message to be displayed prominently throughout the publication.

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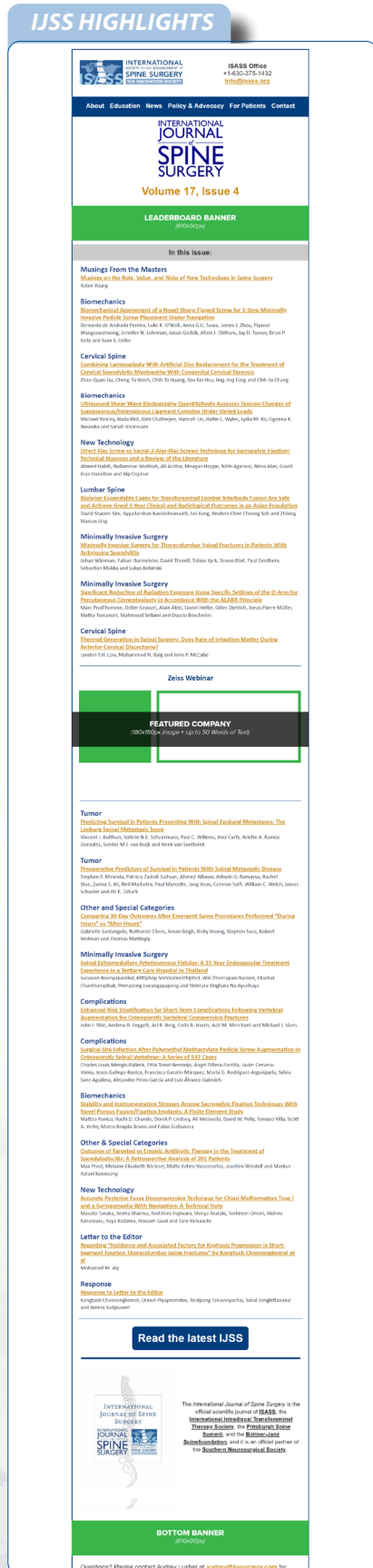
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## About IJSS Highlights Newsletter:

The International Journal of Spine Surgery (IJSS) is published by the International Society for the Advancement of Spine Surgery (ISASS). It is the official scientific journal of ISASS, the International Intradiscal Therapy Society, the Pittsburgh Spine Summit, and the Büttner-Janz Spinefoundation, and it is an official partner of the Southern Neurosurgical Society.

The IJSS Highlights bi-monthly newsletter is sent to over 12,500 subscribers each February, April, June, August, October, and December. Each placement allows for your company message to be displayed prominently throughout the publication.

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