January 3, 2018

Kenneth P. Brin, MD, PhD, Chairman
Current Procedural Terminology (CPT) Editorial Panel
American Medical Association
AMA Plaza
330 North Wabash Avenue, Suite 39300
Chicago IL 60611-5885

SUBJECT: Correction of October 2016 *CPT Assistant* FAQ Regarding CPT Codes 22633 and 63047

Dear Dr. Brin:

The American Academy of Orthopaedic Surgeons (AAOS), 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) request that the Current Procedural Terminology (CPT) Editorial Panel direct the *CPT Assistant* Editorial Board to publish a correction of an erroneous *CPT Assistant* Frequently Asked Questions (FAQ) article from October 2016. The FAQ contains a misinterpretation of the reporting of CPT codes 22633 and 63047 in circumstances where patients require both an interbody fusion for the stability of a segment and decompression of the neural elements for treatment of neurogenic claudication. The erroneous October 2016 *CPT Assistant* FAQ article has resulted in a *de facto* "bundling" of two distinct procedures that have been appropriately valued as separate work. At present, the response to the FAQ is in direct opposition to CPT definitions of the involved codes. Furthermore, **no spine societies were consulted in the formulation of the *CPT Assistant* FAQ answer. The undersigned spine societies are all in agreement that this FAQ is incorrect and must be changed.**

The *CPT Assistant* FAQ from October 2016 states:

> **Question**: The procedures described in code 63047 was performed for decompression, which was documented in the operative note. In addition, the procedure described in code 22633 was also performed at the same interspace. How should this be reported?
>
> **Answer**: Codes 63047 and 22633 cannot be reported for the same interspace. However, it is appropriate to report codes 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*, 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*, if the two procedures are performed at different inter- spaces. Modifier 59, Distinct Procedural Service, should be appended to indicate that these are two distinct procedures.

A National Correct Coding Initiative (NCCI) edit from Jan.1, 2015, made the same error, noting that the Centers for Medicare & Medicaid Services (CMS) would not allow separate payment for decompression codes (CPT codes 63042 and 63047) when performed at the same level as an interbody fusion (CPT codes 22630 and 22633). The NCCI edit precluded using the -59 modifier to unbundle the two procedures.

Neither of these positions is congruent with CPT definitions of the interbody fusion codes (CPT codes 22630 and 22633). CPT code 22630 includes the description "including laminectomy and/or discectomy to prepare interspace (**other than for decompression**)," and CPT code 22633 includes the description "including laminectomy and/or discectomy sufficient to prepare interspace (**other than for decompression**)." The bone and soft tissue work required to complete a decompression of neural elements to treat neurologic symptoms (distinct from the symptoms associated with spinal instability) adds time, intensity and risk to each procedure and should be appropriately valued. This distinction between surgery directed at spinal instability vs. surgery directed at neurologic symptoms is reflected by the fact that CPT code 22630 and CPT code 22633 fall under the musculoskeletal family of codes, distinct from the nervous system family of codes (where CPT codes 63042 and 63047 reside).

The faulty misinterpretation in the *CPT Assistant* FAQ and the NCCI edit may arise from the historical use of these codes; in the past, different specialties would perform different parts of a single given procedure, but with evolution in surgeon training this is no longer the case. When patient pathology requires more extensive decompression than routinely performed in exposing and preparing for an interbody fusion at the same spinal segment, it is the explicit wording of current CPT codes for which the additional physician work is appropriately reported through additional reporting of a decompression code (e.g., CPT code 63047) to the interbody fusion code (22630 or 22633) with the appropriate modifier (-59). In keeping with the correct interpretation of CPT for this circumstance, two distinct organ systems are being addressed: the stability of the spine with the musculoskeletal CPT codes 22630 or 22633, and decompression of the neural elements with the nervous system CPT codes 63042 and 63047.

A suggested modification to the FAQ is attached, with track changes used in the editing process to clearly show our recommended changes. This has previously been shared with the *CPT Assistant* Editorial Board, but the Board declined to take action at its February 2017 meeting. We request that the CPT Editorial Panel reaffirm its decisions regarding proper description and coding of physician work from 2011 and direct the *CPT Assistant* Editorial Board to publish the correction. The specialty societies understand this creates discord with NCCI edits, but the CPT Editorial Panel has not typically considered payer policy when it describes and codifies physician work. If there is a need for a new code bundling the work of decompression and interbody fusion, this code proposal should be brought forward and developed through the standard CPT Editorial process; altering coding policy via an FAQ in *CPT Assistant* is inappropriate and breaks with standard methodology for creation or modification of procedural terminology.

In addition, we ask for the opportunity for our CPT Advisors to present our concerns to the *CPT Assistant* Editorial Board in person during the February 2017 CPT Editorial Panel meeting. We remain troubled about the process for specialty society review of CPT Assistant FAQs. All society stakeholders should be given the opportunity to review the FAQs before publication to assure that the information presented is correct.

Thank you for your prompt attention regarding this matter. Please contact us if you have any questions.

Sincerely,

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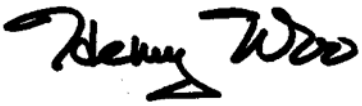

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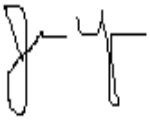

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