Cheng, Joseph

From: Shaffrey, Chris I *HS [CIS8Z@hscmail.mcc.virginia.edu] **Sent:** Sat 2/7/2009 7:44 AM
To: Cheng, Joseph; RFessler@nmff.org; resnick@neurosurg.wisc.edu; korrico@neurosurgery.org; gprzybylski@solarishs.org
Cc: chill@neurosurgery.org; jandchill@aol.com
Subject: RE: AANS input on SURG.00071 PercEndoSpinSurg - nophi
Attachments:

For what it is worth, I agree with Joe on this point. MIS spine is too important to neurosurgery to not comment.

Christopher I Shaffrey, MD, FACS
Harrison Distinguished Professor
Neurological and Orthopaedic Surgery
University of Virginia
Phone: (434) 243-9714

From: Cheng, Joseph [joseph.cheng@Vanderbilt.Edu]
Sent: Friday, February 06, 2009 8:37 PM
To: RFessler@nmff.org; resnick@neurosurg.wisc.edu; korrico@neurosurgery.org; Shaffrey, Chris I *HS; gprzybylski@solarishs.org
Cc: chill@neurosurgery.org; jandchill@aol.com
Subject: Re: AANS input on SURG.00071 PercEndoSpinSurg - nophi

Hi Dan,
I think we need to comment and clarify to prevent just this, the lumping of endoscopes into their definition to be experimental and not medically indicated. If this goes through, it may be referenced by other carriers to deny anything "endoscopic". But we need to consider how best to differentiate this due to the ramifications. However, I am happy to defer to your judgment.
Regards,
Joe

From: Fessler, MD, PhD, Richard
To: 'resnick@neurosurg.wisc.edu' ; Cheng, Joseph; 'korrico@neurosurgery.org' ; 'CIS8Z@hscmail.mcc.virginia.edu' ; 'gprzybylski@solarishs.org'
Cc: 'chill@neurosurgery.org' ; 'jandchill@aol.com'
Sent: Fri Feb 06 19:19:09 2009
Subject: Re: AANS input on SURG.00071 PercEndoSpinSurg - nophi

As long as real procedures aren't hurt. I've recently had several denials using 63030 because they were done "MIS".
Richard G. Fessler, MD, PhD

From: Resnick (Daniel)
To: Cheng, Joseph ; Fessler, MD, PhD, Richard; Katie O. Orrico ; Shaffrey, Chris I *HS ; GPrzybylski@solarishs.org
Cc: Cathy Hill ; jandchill@aol.com
Sent: Fri Feb 06 15:19:48 2009

Subject: RE: AANS input on SURG.00071 PercEndoSpinSurg - nophi

Why don't we simply not comment and help promote the gradual death of the various and sundry "percutaneous" procedures? We don't need MIS codes and can still use of MIS procedures appropriately and get paid. If the anesthesiologists want to go to bat, let them.
Daniel K. Resnick MD, MS
Associate Professor and Vice Chairman
Department of Neurological Surgery
University of Wisconsin, Madison
Chair, AANS/CNS Joint Section on Disorders of the Spine

From: Cheng, Joseph [joseph.cheng@Vanderbilt.Edu]
Sent: Thursday, February 05, 2009 4:54 PM
To: Fessler, MD, PhD, Richard; Resnick (Daniel); Katie O. Orrico; Shaffrey, Chris I *HS; GPrzybylski@solarishs.org
Cc: Cathy Hill; jandchill@aol.com
Subject: RE: AANS input on SURG.00071 PercEndoSpinSurg - nophi

Thanks Rick. Could you help clarify by how we should have non-neurosurgeons determine the difference between a percutaneous, MIS, mini-open, etc. procedure? For example, how would an office coder differentiate 62287 and 63030 using an endoscope from reading the op note? An issue that has come up in the past is how big does the incision have to be to be determined MIS versus open? As I am working on this, it would appear that they are confusing the two as this document seems to identify 62287 (percutaenous discectomy) but they are lumping in narratives from 63030 (open discectomy including endoscopic assisted), but the document does not specifically restrict 63030. I gather from this e-mail chain that we are not supporting percutaneous procedures, but want to separate out and protect our open and MIS techniques.

And I agree that we do not need a MIS code, as typically these are valued less than open codes. But because of this, there is abuse by those who advertise percutaneous procedures and code for open procedures such as trying to code 63056 for doing a percutaneous laser discectomy which should be 62287.

Thanks,

Joe

Joseph S. Cheng, M.D., M.S.
Associate Professor of Neurological Surgery
Director, Neurosurgery Spine Program
Vanderbilt University Medical Center
T-4224 Medical Center North
Nashville, TN 37232-2380
(615) 322-1883
(615) 343-8104 Fax

From: Fessler, MD, PhD, Richard [mailto:RFessler@nmff.org]
Sent: Thu 2/5/2009 2:53 PM
To: Resnick (Daniel); Katie O. Orrico; Shaffrey, Chris I *HS; Cheng, Joseph; Przybylski Gregory (GPrzybylski@solarishs.org)
Cc: Cathy Hill; jandchill@aol.com
Subject: RE: AANS input on SURG.00071 PercEndoSpinSurg - nophi

I completely agree with your comments, Dan. I also bill these with the same codes as open surgeries. I think

your thoughts on not making separate codes for MIS are right on target. But we need to be sure the real MIS procedures don't get killed along with the APLD and laser procedures.

Rick

_____
From: Resnick (Daniel) [resnick@neurosurg.wisc.edu]
Sent: Thursday, February 05, 2009 2:46 PM
To: Fessler, MD, PhD, Richard; Katie O. Orrico; Shaffrey, Chris I *HS; 'Cheng, Joseph'; Przybylski Gregory (GPrzybylski@solarishs.org)
Cc: Cathy Hill; jandchill@aol.com
Subject: RE: AANS input on SURG.00071 PercEndoSpinSurg - nophi

Rick makes several excellent points in his review of the Wellpoint policy, the most important one being the "apples and oranges" statement. I would suggest that we focus our efforts on explaining why a MIS TLIF has nothing to do with an APLD and should be thought of as a TLIF first and MIS second.

Forgive my ignrance, but are surgeons billing separately for MIS techniques in addition to the TLIF codes? I bill open and MIS TLIF's the same thinking that it's the same operation. If I choose to do it with MIS techniques, my hospital is happy because people go home faster and they make more money from the DRG but it doesn't effect my payment from insurers.

Do we really need a code for MIS spine surgery and would it not be a good thing to let these APLD's, laser discectomies, and other minimally effective procedures fall to the wayside?

Daniel K. Resnick MD, MS
Associate Professor and Vice Chairman
Department of Neurological Surgery
University of Wisconsin, Madison
Chair, AANS/CNS Joint Section on Disorders of the Spine

_____
From: Fessler, MD, PhD, Richard [RFessler@nmff.org]
Sent: Wednesday, February 04, 2009 9:06 PM
To: Katie O. Orrico; Resnick (Daniel); Shaffrey, Chris I *HS; 'Cheng, Joseph'; Przybylski Gregory (GPrzybylski@solarishs.org)
Cc: Cathy Hill; jandchill@aol.com
Subject: RE: AANS input on SURG.00071 PercEndoSpinSurg - nophi

This analysis is an attempt to judiciously evaluate the efficacy of "percutaneous" spine procedures compared to traditional open procedures. It suffers from several flaws. First, the authors of this manuscript clearly are not thoroughly familiar with spine surgery, and certainly not familiar with the more current technologies. As a result, they confuse the now antiquated APLD and laser discectomy, with more current MIS techniques such as MED and the variety of operations which have evolved out of that technique. In calling all of these techniques "percutaneous endoscopic", and not distinguishing between them, they compare "apples to oranges" and create meaningless conclusions. In addition, this makes their very definition of percutaneous surgery inaccurate and not encompassing of the variety of procedures now available.

Second, the majority of their references are more than a decade old, and do not reflect current practice. Once again, concluding that current techniques such as MIS TLIF are not supported in the literature because of 1980's APLD references is erroneous. It results in ignoring and denying real improvements in patient care.

Third, the authors of this analysis only focus on whether pain scores were improved by the techniques. They ignore EBL, LOS, post-operative pain and pain medication, RTW, stress response, complications, and the variety of other intra- and post-operative measures which we know to be improved in the more current

techniques.

Fourth, they are, once again, trying to argue that only level one data is worth looking at in an analysis of surgical evidence based medicine. The bottom line, however, is that because of the cost, uncontrollable variables, and the very "nature" of surgical care vs (eg) drug therapy, this data is just not feasible to collect in level one studies with enough "power" to qualify as class one data. For example, who is going to pay 11 million dollars/study to analyze each and every surgical procedure that we perform? The reality is, this just isn't going to happen, and we have to do the best we can with level 3 data.

As a result, I find this analysis useless and misleading. As it reads, it will kill surgical progress, and harm patient care. The authors need to distinguish current MIS procedures done through tissue sparing techniques from the APLD and laser procedures. They also need to get someone who knows something about spine surgery to participate in their analysis.

I will include a few of my personal references which can be forwarded to them in our comments. Perhaps the other MIS surgeons getting this note can do the same. I would recommend getting references from Kevin Foley, Rob Isaacs, Larry Khoo, Jim Schwender as well.

Rick Fessler

MacMillan,M., Bhat,A.L., Gillespy,M.C., Fessler,R.G., Sherman,M.: Computer-assisted guidance (CAG) for percutaneous trans-sacral L5-S1 fusion. Neuro-orthopedics 23:53-61, 1998.

54) Roh,S.W., Kim,D.H., Cardoso,A.C., Fessler,R.G.: Endoscopic foraminotomy using microendoscopic discectomy (MED) system in cadaveric specimens. Spine 25:260-264, 2000.

59) Guiot, B.H. and Fessler, R.G.: A minimally invasive technique for decompression of the lumbar spine. Spine 27:432-438, 2002.

60) Fessler, R.G. and Khoo, L.T.: Microendoscopic Decompressive Laminotomy (MEDL) for the Treatment of Lumbar Stenosis. Neurosurgery, 51(5, Supplement), 146-154, 2002.

61) Fessler, R.G. and Khoo, L.T.: Minimally Invasive Cervical Microendoscopic Foraminotomy (MEF): An Initial Clinical Experience. Neurosurgery 51(5, Supplement), 37-45, 2002.

63) Khoo,L.T., Palmer,S., Laich,D.T., Fessler,R.G.: Minimally Invasive Percutaneous Posterior Lumbar Interbody Fusion. Neurosurgery 51(5, Supplement), 166-181, 2002.

64) Peters,K.R., Guiot,B.H., Martin,P.A., Fessler,R.G.: Vertebroplasty for Osteoporotic Compression fractures: Current Practice and Evolving Techniques. Neurosurgery 51(5 supplement), 96-103, 2002.

68) Isaacs, R.E., Podichetty, V., Fessler, R.G.: Microendoscopic discectomy for recurrent disc herniation. Neurosurgical Focus 15(3): e11, 2003.

69) Perez-Cruet, M.J., Foley, K.T., Isaacs, R.E., Rice-Wyllie, L., Wellington, R., Smith, MM, Fessler, R.G.: Microendoscopic lumbar discectomy technical note. Neurosurgery 51(5 suppl): S129-136, 2002.

72) Sandhu, F.A., Santiago, P. Palmer, S., Fessler, R.G.: Minimally Invasive surgical Treatment of Lumbar Synovial Cysts. Neurosurgery 54:107-112, 2004.

73) Isaacs, R.E., Sandhu, F. A., Santiago, P. Podichetty, V., Aaronson, O., Kelly, K., Hrubes, M., Fessler, R.G.: Thoracic Microendoscopic Discectomy: A Human Cadaver Study. Spine 30:1226-1231, 2005.

74) Isaacs, R.E., Santiago, P., Sandhu, F.A., Podichetty, V.K., Kelly, K., Rice, L., Fessler, R.G.: Minimally Invasive Microendoscopic Assisted Transforaminal Lumbar Interbody Fusion with Instrumentation. Submitted to The Spine Journal.

75) Perez-Cruet, M. J., Kim, B.S., Sandhu, F., Samartzis, D., Fessler, R.G. : Thoracic Microendoscopic Discectomy. Journal of Neurosurgery: Spine. 1(1):58-63, 2004.

77) Le, H., Sandhu, F.A., Fessler, R.G.: Clinical Outcomes of Minimal Access Surgery for Recurrent Lumbar Disc Herniation. Neurosurgical Focus 15 (3): Article 12, 2003.

78) Isaacs, R., Santiago, P., Sandhu, F., Spears, J., Podichetty, V., Kelly, K., Rice, L., Fessler, R.: Minimally invasive microendoscopic assisted transforaminal lumbar interbody fusion with instrumentation. Journal of Neurosurgery: Spine Submitted.

80) Sandhu, F.A., Santiago, Pl, Fessler, R.G.: Minimally Invasive Surgical Treatment of Lumbar Synoivial Cysts. Year Book Of Neurology and Neurosurgery, 331-332, 2005.

82) Christie, S., Song, J, Fessler, R.G..: Vertebroplasty and Kyphoplasty for Percutaneous Vertebral Compression Fractures. APS Bulletin. Summer:5-7, 2005.

83) Tredway, T.L., Santiago, P., Hrubes, M., Song, J., Christie, S.. Fessler, R.G.: Minimally Invasive Resection of Intradural-Extramedullary Spinal Neoplasms. Neurosurgery. 56:ONS-52-58, 2006.

84) Song, J., Musleh, W., Christie, S., Fessler, R.G.: Cervical Juxtafacet Cysts: Case Report and Review of the Literature. The Spine Journal 6:279-281, 2006.

85) Rosen, D.S., Fessler, R.G.: Minimally Invasive Resection of a Spinal Epidural Cavernous Hemangioma. Spinal Surgery. 19:235-240, 2005.

89) Tredway, T.L., Musleh, W., Christie, S.D., Khavkin, Y., Fessler, R.G., Curry, D.: A novel minimally invasive technique for spinal cord untethering. Operative Neurosurgery 60:ONS 70-74, 2007.

90) Rosen, D.S., O"Toole, J.E., Eichholz, K.M., Sandhu, F.A., Hrubes, M., Huo, D., Rice, L., Fessler, R.G.: Minimally Invasive Lumbar Spinal Decompression in the Elderly: Prospective Outcomes of 57 Patients Greater than 75 Years Old. Neurosurgery. 60:503-510, 2007.

91) Eichholz, K.M., O"Toole, J.E., Eichholz, A.C., Fessler, R.G.: Minimally Invasive Microendoscopic Discectomy in the Pregnant Patient: Report of Two Cases. Submitted to Perinatology

92) Eichholz, K.M., O'Toole, J.E., Fessler, R.G.: Thoracic Microendoscopic Discectomy, Pan-Arab Journal of Neurosurgery, 10 (2): in press, 2006.

93) Eichholz, K.M., O'Toole, J.E., Fessler, R.G.: Thoracic Microendoscopic Discectomy. Incications, Surgical Tecnique and Complications. Neurosurgery Clinics of North America 17(4):441-446, 2006.

95) O'Toole, J.E., Eichholz, K.M., Fessler, R.G.: Minimally Invasive Approaches to Spinal Column and Spinal Cord Tumors. Neurosurgery Clinics of North America 17(4);491-506, 2006.

96) O'Toole J.E., Sheikh, J. Eichholz, K.M., Fessler, R.G., Perez-Cruet, M.J.: Endoscopic Posterior Cervical Foraminotomy and Discectomy. Neurosurgery Clinics of North America, 17(4)411-422, 2006.

97) O'Toole J.E.,Eichholz, K.M., Fessler, R.G., Perez-Cruet, M.J.: Minimally Invasive Far Lateral Microendoscopic Discectomy for Extraforaminal Disc Herniation at the Lumbosacral Junction: Cadaveric Dissection and Technical case report.The Spine Journal. 7:414-421, 2007.

98) O'Toole J.E., Eichholz, K.M., Fessler, R.G., Perez-Cruet, M.J.: Minimally Invasive Insertion of Syringosubarachnoid Shunt for Post-Traumatice Syringomyelia: Technical Report. Neurosurgery. 61 (5 Suppl 2): E331-2, 2007.

99) Fessler, R.G., Perez-Cruet, M.J.: History of Minimally Invasive Surgery. Neurosurgery Clinics of North America, 17(4):401-410, 2006.

100) Santiago, P., Fessler, R.G.: Minimally Invasive Surgery for the Management of Cervical Spondylosis. Neurosurgery in press.

101) Smith, J.S., Ogden, A.T., Fessler, R.G.: Minimally Invasive Posterior Throacic Fusion. Neurosurgical Focus, 25(2): E 9, 2008.

102) Rosen, D., Ferguson, S., Ogden, A.T., Huo, D., Fessler, R.G.: Obesity and Self Reported Outcome

after Minimally Invasive Lumbar Spinal Fusion Surgery. Neurosurgery 63:956-960, 2008.

103) Bresnahan, L, Ogden, A.T., Natarajan, R.N., Fessler, R.G.: A biomechanical evaluation of Graded Posterior Element Removal for Treatment fo Lumbar Stenosis by Comparison of a New Minimally Invasive Approach with Two Standard Laminectomy Techniques. Spine: 34: 17-23, 2008.

104) Ogden, A.T., Fessler, R.G.: Minimally Invasive Approach to Intramedullary Ependymoma: A Case Report. Journal of Neurosurgery: Spine, In Press.

105) Ogden, A., Eichholz, K. O'Toole, J., Smith, J., Gala, V., Voyadzis, J-M., Sugimoto, K., Song, J., Fessler, R.G.: Cadaveric Evaluation of Minimally Invasive Posterlateral Thoracic Corpectomy: A comparison of three approaches. Journal of Spinal Disorders and Techniques, Accepted.

106) Kim, D-H., O'Toole, E. T., Ogden, A.T., Eichholz, K.M., Song, J., Christie, S.C., Fessler, R.G.: Minimally Invasive Posterolateral Thoracic Corpectomy: Cadaveric Feasibility Study and Report of 4 Clinical Cases. Neurosurgery, In Press.

108) Smith, J.S., Eichholz, K.M., Shafizadeh, S., Ogden, A.T., O'Toole, J.E., Fessler, R.G.: Minimally Invasive Thoracic Microsedoscopic Discectomy: Surgical Technique and Case Series. Neurosurgery submitted.

110) O'Toole, J.E., Eichholz, J.M., Fessler, R.G.: Surgical Site Infections rates after Minimally Invasive Surgery. _____ Submitted.

111) Ogden, A.T, Bresnahan, L., Smith, J.S., Natarajan, R., Fessler, R.G.: Biomechanical Comparison of Traditional and Minimally Invasive Tumor Exposures Using Finite Element Analysis. Clinical Biomechanics, In Press.

112) Smith, J.S., Ogden, A.D., Shefizadeh, S., Fessler, R.G.: Clinical Outcome After Microendoscopic Discectomy for Recurrent Lumbar Disc Herniation. Journal of Spinal Disorders and Techniques , In Press.

113) Hseih, P.C., Koski, T.R., Scuibba, D.M., Moller, D.J., O'Shauhnessy, D.A., Khan, W. Li., Gokaslan, Z.L., Ondra, S., Fessler, R.G., Liu, J.L.: Maximizing the potential of minimally invasive spine surgery in complex spinal disorders. Neurosurgical Focus 25 (2): E 19, 2008.

114) Voyadzis, J.M., Gala, V., O'Toole, J.E., Eichholz, K.M., Fessler, R.G.:Minimally Invasive Posterior Osteotomies. Neurosurgery 63(3):Supplement A204-210, 2008.

_____

From: Katie O. Orrico [korrico@neurosurgery.org]
Sent: Wednesday, February 04, 2009 6:49 PM
To: Dr. Resnick; Shaffrey, Chris I *HS; 'Cheng, Joseph'; Przybylski Gregory (GPrzybylski@solarishs.org); Fessler, MD, PhD, Richard
Cc: Cathy Hill; jandchill@aol.com
Subject: FW: AANS input on SURG.00071 PercEndoSpinSurg - nophi

Okay… IT IS ENDLESS. Joe, I hope that there is nothing going on at CPT this weekend and you can have a good time looking at all of these with Cathy!

The time frames are ridiculous… particularly given the fact that these are all spine issues and we have to look to the same people for input and review.

Your thoughts?

Katie O. Orrico, Director
Washington Office
American Association of Neurological Surgeons/
Congress of Neurological Surgeons
725 15th Street, NW, Suite 500
Washington, DC 20005
Direct Dial: 202-446-2024
Fax: 202-628-5264
Cell: 703-362-4637

From: Technology-Compendium-Wellpoint(Shared Mailbox) [mailto:Technology-Compendium@wellpoint.com]
Sent: Wednesday, February 04, 2009 6:37 PM
To: Katie O. Orrico
Subject: AANS input on SURG.00071 PercEndoSpinSurg - nophi

To: Katie O. Orrico, Director Washington Office, American Association of Neurological Surgeons/Congress of Neurological Surgeons

The WellPoint Office of Medical Policy & Technology Assessment (OMPTA) is currently seeking input on the topic of SURG.00071 Percutaneous and Endoscopic Spinal Surgery. We would like to give board-certified physicians from your organization the opportunity to provide feedback regarding this topic. The draft policy and a questionnaire are attached for your input.

We would appreciate receiving your review and comments on or before March 4, 2009. If a response cannot be submitted by March 4, we still want to hear from you. You may contact Barbara Brown at Technology.Compendium@WellPoint.com<mailto:Technology.Compendium@WellPoint.com> to confirm the extension you would like to submit your response.

Thank you for your collaboration in the process. We are committed to taking into account the view of physicians practicing in relevant clinical areas along with other sources, such as the peer-reviewed published medical literature, technology assessments, evidence-based consensus statements, and evidence-based guidelines from nationally recognized professional medical specialty societies, when developing medical policies. While the various physician specialty societies may collaborate with and make recommendations during this process, through the provision of appropriate reviewers, we understand the input received does not represent an endorsement or position statement by the physician specialty society, unless otherwise noted.

<<SURG 00071 PercEndoSpinSurg 2009 02 04 DRAFT.doc>> <<SURG 00071 PercEndoSpinSurg 2009 02 03 V1 JC CoQu AANS.doc>>
Thank you!
Barbara

Barbara J. Brown
Data Analyst, Office of Medical Policy & Tech Assessment
WellPoint, Inc.
4553 La Tienda Drive
Thousand Oaks, California 91362
(805) 557-5367 (phone)
(805) 557-4155 (fax)