RE: Medicare Program; Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems for CY 2015; Proposed Rule

Dear Administrator Tavenner:

The North American Spine Society (NASS) appreciates the opportunity to comment on the 2015 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems Proposed Rule. NASS is a multispecialty medical organization dedicated to fostering the highest quality, evidence-based, ethical spine care by promoting education, research and advocacy. NASS is comprised of more than 8,000 physician and non-physician members from several disciplines, including orthopedic surgery, neurosurgery, psychiatry, pain management, neurology, radiology, anesthesiology, research, physical therapy and other spine care professionals.

Proposed Update to the Lists of ASC Covered Surgical Procedures and Covered Ancillary Services

NASS commends CMS for proposing to add CPT codes 22551, 22554, 22612, 22614, 63020, 63030, 63042, 63045, 63047, and 63050 to the list of ASC covered surgical procedures as they can safely be performed in the ASC setting and would not require an overnight stay for the majority of the Medicare population. At the same time, for patients with co-morbidities or other complicating factors, physicians need to be allowed to document why the procedures should be performed in the inpatient setting for these specific patients when medically necessary.

Instrumentation and bone graft are key components of the procedures reported with the above codes. However, many instrumentation and graft codes are not currently included on the list of ASC covered surgical procedures, which will limit the provision of the arthrodesis, laminotomy, laminectomy, and decompression codes proposed for addition. Therefore, NASS recommends addition of the following codes to the ASC covered surgical procedures list:
• 20936: Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure);

• 20937: Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure);

• 20938: Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure);

• 22840: Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure);

• 22842: Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure);

• 22845: Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure);

• 22846: Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure);

• 22851: Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)

NASS appreciates the opportunity to comment on this proposed rule. If you have any questions or need additional information, contact Allison Waxler, Director of Regulatory Affairs at 630-230-3683 or awaxler@spine.org.

Sincerely,

William Watters, MD
President