

July 25, 2023

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Submitted electronically via NCCIPTPMUE@cms.hhs.gov

**SUBJECT: NCCI PTP Edits for Column 1 CPT codes 22630, 22632, 22633 and 22634
with Column 2 CPT codes 63052 and 63053**

Dear Dr. Villanyi:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), the American Academy of Orthopaedic Surgeons, the International Society for the Advancement of Spine Surgery and the North American Spine Society, we are writing regarding the recent notification by the CMS National Correct Coding Initiative (NCCI) staff informing us that as of July 1, 2023, NCCI edits will be implemented that restrict the reporting of spinal fusion codes 22630, 22632, 22633 and 22634 with add-on decompression CPT codes 63052 and 63053. In the same notice to our societies, CMS also acknowledged this was an error, and they will delete this edit as soon as technically possible, with the deletion being retroactive to the implementation date of July 1, 2023. We have notified our members of this communication. However, we need further clarification and guidance regarding the appropriate use of a modifier to permit the reporting of CPT codes 63052 and 63053 with CPT Codes 22630, 22632, 22633, and 22634 until the edit is removed.

We request confirmation of this edit's January 1, 2024 deletion date. CMS noted, "Although we cannot guarantee edit implementation dates, we expect to implement this change in the January 1, 2024, edit files. Changes to edits are not final until publicly released by CMS at a future date." Therefore, it seems possible that the deletion may not occur until January 1, 2024, or later.

We ask for confirmation that claims will be paid during this period of the erroneous edit. We want to do all we can to help neurosurgeons and orthopaedic surgeons decide how to address the erroneous edit and have their claims paid as expeditiously as possible. As you may imagine, holding claims for six months would be severely burdensome for our spine surgeons' practices. However, reporting with a modifier also may be problematic, as which modifier would ensure that the edit is bypassed is unclear. Direct communication about modifier usage from your office on NCCI letterhead would help practices follow consistent temporary guidelines and would provide support in the event of denials.

We note that requiring modifier -59 for reporting add-on codes 63052 or 63053 with the primary codes is inconsistent with CPT coding convention. We need further clarification and guidance regarding the appropriate use of a modifier to permit the reporting of CPT codes 63052 and 63053 with 22630, 22632, 22633, and 22634 until the edit is deleted.


Given the recent rapid turnover in NCCI contractors, we would like to meet virtually with you and your team. On January 20, 2022, our societies participated in a virtual meeting with CMS and staff from Capitol Bridge as the NCCI contractor, discussing our concerns regarding the use of

modifier -59. CMS staff asked whether modifier -59 would be appropriate when using add-on CPT codes 63052 and 63053 with 90-day global primary CPT codes 22630, 22632, 22633, and 22634 when performed at the same level. We noted that the add-on codes 63052 and 63053 were established specifically to address CMS concerns with prior reporting of CPT code 63047 (which is a 90-day global code) with modifier -59 when performed with 90-day global codes 22630, 22632, 22633 and 22634. It should be noted that 63052 and 63053 were valued as add-on codes only to the four interbody codes to describe the specific work of decompression. One of the central reasons for the creation of CPT codes 63052 and 63053 was the concern of CMS and NCCI that the reporting of CPT code 63047 with modifier -59 was inadequate. This resulted in a seven-year-long, arduous effort to come to an agreement with the agency and all stakeholders, leading to the development of the two add-on codes for decompression. Again, we would like to meet with you and your team to be sure the history and appropriate use of these codes are well understood and to clarify the agency's plan to help ensure that surgeons report the codes and, when the edit is resolved, have clear instructions for the best way to submit their claims.

Catherine Hill in the AANS/CNS Washington, DC office can help to coordinate a virtual meeting with the agency and the spine societies. Her contact information is below.

Thank you for taking the time to review our concerns. We look forward to meeting with you soon.

Sincerely,



Anthony L. Asher, MD, President
American Association of Neurological Surgeons



Elad I. Levy, MD, President
Congress of Neurological Surgeons



Kevin J. Bozic, MD, President
American Academy of Orthopaedic Surgeons



John Finkenberg, MD, President
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