

AMERICAN ASSOCIATION OF  
NEUROLOGICAL SURGEONS

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American  
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CONGRESS OF  
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December 11, 2023

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Via email: don\_liss@horizonblue.com

**SUBJECT: Horizon Blue Cross Blue Shield of New Jersey Distinct Procedural Service Modifiers (59, XE, XP, XS, XU) Medical Policy Number 0016 “Back Pain – Invasive Procedures”**

Dear Drs. Liss and Berman:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS) and the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves (DSPN), we write to express our concerns regarding the Horizon Blue Cross Blue Shield of New Jersey (BCBSNJ) policy, *Distinct Procedural Service Modifiers (59, XE, XP, XS, XU)*.

We are particularly concerned with the denial of CPT® code 63047 reported with appropriate modifiers (CPT code 63047 – 59-51) when lumbar decompression is performed at a different level in the same surgery with an interbody fusion (CPT code 22633), which is discordant with the 2022 National Correct Coding Initiative (NCCI) edit instructions addressing the use of modifiers with these codes. For example, when an L3-4 decompression (CPT code 63047) is performed for lumbar stenosis in an operative session at which an L4-5 decompression and fusion was performed for the management of spondylolisthesis with lumbar stenosis (CPT codes 22633 and 63052), both the decompression at L3-4 and the decompression and fusion at L4-5 should be reimbursed, as they represent additional work performed by the surgeon at a separate interspace.

Our members have raised concerns that Horizon BCBSNJ has been consistently denying payment for coding combinations that are allowed by the Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) guidelines. It appears that when our New Jersey surgeons perform an interbody fusion with decompression at one segment — reporting CPT codes 22633, 63052 or 22853 — then perform a decompression (with or without posterolateral fusion) at a different (i.e., separate) segment, Horizon BCBSNJ denies the additional level decompression code even with the appropriate modifiers (CPT code 63047 -59 or -51), by claiming that the additional level is inclusive in CPT code 22633.

Multiple written and telephone appeals have been unproductive. Horizon BCBSNJ continues to state that its policy is based on the 2020 NCCI policy of disallowing CPT code 63047 when combined with CPT codes 22630, 22632, 22633 or 22634. After careful investigation, it is clear that Horizon’s current policy misunderstands CPT codes 22633 and 63047, and your policy is outdated and inconsistent with the updated 2022 NCCI guidelines.

The Horizon policy states the following regarding laminectomy services: “ In addition to the services described in the Exceptions to Override, modifier 59 or X{EPSU}, Horizon BCBSNJ does not allow for separate reimbursement for the first code(s) listed below in the following code to code relationships.”

Code below will be denied:	Description	When reported with the code(s) below:
63042 <sup>1</sup>	Laminotomy	22630, 22632, 22633, 22634
63047 <sup>1</sup>	Laminectomy	22630, 22632, 22633, 22634

There is a special footnote in the Horizon policy noting that “...Effective 11/15/2020, Horizon BCBSNJ added additional code combinations (29823, 43280-43283, 63042, 63047, 76856) not eligible when billed with Modifiers 59, X{EPSU}.”

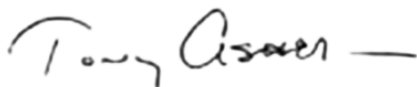
It is clear, from this reference, that the Horizon BCBSNJ policy is based on the 2020 NCCI edits and not the more recent 2022 NCCI edits that state:

9. CMS payment policy does not allow separate payment for CPT codes 63042 (Laminotomy...; lumbar) or 63047 (Laminectomy...; lumbar) with CPT codes 22630 or 22633 (Arthrodesis; lumbar) when performed **at the same interspace**. If the 2 procedures are performed at different interspaces, **the 2 codes of an edit pair may be reported with modifier 59 or XS**. [emphasis added]<sup>1</sup>

The Horizon BCBSNJ policy is clearly outdated and is inconsistent with the updated NCCI guidelines. We, therefore, urge you to update their policy and retroactively reimburse the surgeons affected by these outdated policies that misinterpreted the guidelines.

Thank you for considering our request. We welcome the opportunity to meet with you to discuss our concerns with this policy further. We look forward to our future correspondence.

Sincerely,



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



Alexander A. Khalessi, MD, President  
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**Enclosures:** Horizon Denial Notices/Anonymized Operative Note

<sup>1</sup> See <https://www.cms.gov/files/document/medicaid-ncci-policy-manual-2023-chapter-4.pdf> (page IV-9).

Donald Liss, MD  
AANS/CNS Comments on Horizon BCBSNJ  
Medical Policy Number 0016  
December 4, 2023  
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