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## What's new in INCISIVE MD?

This release advises users when decompressive laminectomies are done with lumbar interbody fusion procedures at the same interspace that the decompressions are not payable by Medicare.

## Who should read these release notes?

### *If you are an INCISIVE MD user ...*

Read this entire document for revised features and changes to INCISIVE MD.

### *If you are the clinic technical contact ...*

No action is required because when the user logs into INCISIVE MD it will auto-detect if any necessary updates are needed and install them into the user's local profile. For clinics using terminal services or in a managed information technology (IT) environment, please contact INCISIVE Support for instructions on manually updating users' profiles.

## Medicare CCI Policy to Bundle Decompression with Fusion

As we advised many of you earlier this year, Medicare revised the National Correct Coding Initiative (CCI) Policy Manual, Chapter 4, Section H, Paragraph 25 for 2015 to add a new policy to bundle Redo and Lateral Recess Laminectomies (CPT 63042, 63044, 63047, and 63048) with posterolateral interbody fusions (CPT 22630, 22632, 22633, and 22634). This change was effective 1 Jan 2015 and we had a couple of reports from customers that their decompressions have been denied after the first of the year by their carriers even though the customer billed the decompression procedure code with modifier 59. Customers are urged to monitor their remittance notices to see how their carrier is implementing this policy.

The new policy statement is:

25. 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 two procedures are performed at different interspaces, the two codes of an edit pair may be reported with modifier 59 appended to CPT code 63042 or 63047.

### *Finding the Policy Update*

You can download a copy of the CCI Policy Manual, Chapter 4 by following these steps:

- 1 On the [CCI Edits](#) webpage, scroll to the bottom of the page.
- 2 In the Downloads section, click **NCCI Policy Manual for Medicare Services – Effective January 1, 2015 [ZIP 1MB]**.
- 3 Unzip the downloaded file to a directory onto your computer.
- 4 In the unzipped file directory, open the **CHAP4-CPTcodes20000-29999\_FINAL01012015\_103114.pdf** document.
- 5 Go to page 19 and view the new policy statement indicated in red.

### ***Adoption by Commercial Payers***

Given that this is a CCI Policy Manual change, any commercial payer who you have contracted with that uses CCI Edits to adjudicate your claims will probably be adopting this policy change over the course of this year. For any contract term that is set to use CCI Edits, the software will bundle decompression laminectomies with lumbar interbody fusions procedures at the same interspace.

To determine if your contract term is set to **Use Correct Coding Intuitive Edits (CCI)** setting, follow the instructions in the [CCI Edits Contract Terms Setting](#) section.

## **Impetuous for the Policy Change**

Two parallel activities converged over the last year to precipitate this policy change. The first is the on-going activity by Medicare and the AMA Specialty Relative Value Update Committee (RUC) to review potentially misvalued procedure codes that are billed more than 90% of the time together. Over the past 3 years, these code combinations reviews have led to the new bundled Anterior Cervical Decompression and Fusion (ACDF), CPT 22551 and 22552, and Combo Posterior Lumbar Fusion / Posterior Lumbar Interbody Fusion (PLF/PLIF), CPT 22633 and 22634, procedures. Given that lateral recess decompression and posterior interbody fusion are also billed together very frequently, these procedures have also been under scrutiny. Additionally, this summer an article in a [NASS SpineLine](#) stated “The interbody fusion codes were written assuming bilateral interbody placement which requires bilateral decompression. In cases that require decompression plus fusion (L4-5 spondylolisthesis with central and lateral recess stenosis), only the fusion codes can be used.” This statement caused some discussion within the spine coding community and NASS *SpineLine* printed a [clarification article](#) in the next issue which stated that “when there is medical necessity for decompression of nerve roots requiring separate laminectomy or more laminectomy than would be necessary for the interbody fusion alone, this is reportable according to the AMA CPT manual.”

### ***Specialty Society Response***

With the publication of this policy change, the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) wrote a [joint letter](#) to CMS to request re-evaluation of this policy. This letter points out the coincidence in the wording in the policy and the original NASS *SpineLine* article which was later clarified by *SpineLine*. Additionally, the letter goes on to state that when the new Combo PLF/PLIF was valued by the RUC that the additional decompression work represented by the decompression procedure codes was not included in the new bundled procedure code.

## **Financial Impact of this change**

This policy change effectively cuts the typical Medicare reimbursement for a single level lumbar interbody fusion procedure by 15%. A review of lumbar interbody fusion cases coded by INCISIVE MD users indicates that more than 90% of the time, decompression laminectomy is reported with lumbar interbody fusion; typically CPT 22633 with 63047.

**Financial Impact Analysis**

Any customer desiring a financial impact analysis of this policy change can request INCISIVE Support run a report on their surgical cases coded within INCISIVE MD for dates of service in 2014 to determine how much this policy change would have impacted the contractual expected amounts for those surgeries.

**New Exiting Nerve root locations for Lateral Recess and Transpedicular Decompressions**

Since this policy is not implemented by CCI Edits, users can inadvertently over code these procedures when they are done at the same level by marking the decompression as Distinct in INCISIVE MD. One of the challenges with this policy is that it indicates that the two procedures are not payable at the same level while in the AMA CPT Codebook the lumbar interbody fusion procedure codes are listed as interspaces while the Lateral Recess decompression is listed as segments. Interspaces and segments are not a direct match and this has caused confusion and consternation amongst new and inexperienced spine coders for years.

To better align with this policy change, we have changed the displayed treatment locations for the Laminotomy/Laminectomy with Lateral Recess Decompression (63045 - 63048) and Transpedicular / Far Lateral Decompression (63056 and 63057) within INCISIVE MD to show exiting nerve roots instead of segments. This will better align with the lumbar posterior interbody fusion procedures since the exiting nerve root passes through the interspace.

Decompression	Locations
Laminotomy (No Lateral Recess) (63030 - 63035)	L L1 Exiting Nerve R
Laminotomy/Laminectomy with Lateral Recess Decompression (63047)	L L2 Exiting Nerve R
Re-Exploration Laminotomy (63042 - 63044)	L L3 Exiting Nerve R
Gill Laminectomy (63012)	L L4 Exiting Nerve R
Transpedicular / Far Lateral Decompression (63056)	L L5 Exiting Nerve R

Decompression	Locations
Laminotomy (No Lateral Recess) (63030 - 63035)	L L1 Exiting Nerve R
Laminotomy/Laminectomy with Lateral Recess Decompression (63047)	L L2 Exiting Nerve R
Re-Exploration Laminotomy (63042 - 63044)	L L3 Exiting Nerve R
Gill Laminectomy (63012)	L L4 Exiting Nerve R
Transpedicular / Far Lateral Decompression (63056)	L L5 Exiting Nerve R

**Cervical Region Locations**

One of the consequences for this change in locations for the Laminotomy/Laminectomy with Lateral Recess Decompression treatment is that for the cervical region (CPT 63045 and 63048), the locations are changed from C1 to C7 segments to C2 to C8 Exiting Nerves because of the anatomy of the cervical spine. These exiting nerves align with the prior segments and we hope this will not cause confusion by users unfamiliar with the anatomy of the cervical spine.

Decompression	Locations
Laminotomy (No Lateral Recess) (63020 - 63035)	L C2 Exiting Nerve R
Laminotomy/Laminectomy with Lateral Recess Decompression (63045)	L C3 Exiting Nerve R
Central Laminectomy (No Lateral Recess) (63001 - 63015)	L C4 Exiting Nerve R
Anterior Discectomy (63075 - 63076)	L C5 Exiting Nerve R
Anterior Cervical Decompression and Fusion (ACDF) (22551 - 22552)	L C6 Exiting Nerve R
	L C7 Exiting Nerve R
	L C8 Exiting Nerve R

### Complete Spine Region Segment, Exiting Nerve and Interspace Mapping

The chart below provide the complete spinal vertebral segment, exiting nerve root, and segmental interspace relationship used by INCISIVE MD. Note that the S1 segment and the C1 Exiting Nerve do not have a mappings.

Segment	Exiting Nerve	Interspace
C1	C2 Exiting Nerve	C1-2
C2	C3 Exiting Nerve	C2-3
C3	C4 Exiting Nerve	C3-4
C4	C5 Exiting Nerve	C4-5
C5	C6 Exiting Nerve	C5-6
C6	C7 Exiting Nerve	C6-7
C7	C8 Exiting Nerve	C7-T1
T1	T1 Exiting Nerve	T1-2
T2	T2 Exiting Nerve	T2-3
T3	T3 Exiting Nerve	T3-4
T4	T4 Exiting Nerve	T4-5
T5	T5 Exiting Nerve	T5-6
T6	T6 Exiting Nerve	T6-7
T7	T7 Exiting Nerve	T7-8
T8	T8 Exiting Nerve	T8-9
T9	T9 Exiting Nerve	T9-10
T10	T10 Exiting Nerve	T10-11
T11	T11 Exiting Nerve	T11-12
T12	T12 Exiting Nerve	T12-L1
L1	L1 Exiting Nerve	L1-2
L2	L2 Exiting Nerve	L2-3
L3	L3 Exiting Nerve	L3-4
L4	L4 Exiting Nerve	L4-5
L5	L5 Exiting Nerve	L5-S1

### Auto Resolution of Decompression with Posterior Lumbar Interbody Fusion CCI Edit

With this release, we have improved the CCI Edits logic to include the location information for the Lateral Recess and Transpedicular decompressions, and the Posterolateral Interbody and the Combo PLF/PLIF fusion treatments so that when a

combination of these treatments are coded within a surgery, the application will automatically determine if the decompressions are distinct. Below are four different coding scenarios and how the application will resolve the CCI Edits and display the coding on the Summary tab along with any associated billing notes.

**Scenario A: All locations overlap between CPT 63047 and 22633**

In this common scenario, the surgeon decompressed the exiting nerve root at the same level as the fusion. Given the Medicare policy, this decompression is not payable.

Treatment	Locations
Laminotomy/Laminectomy with Lateral Recess Decompression	Right L4 Exiting Nerve
Combo PLF/PLIF	L4-5

On the CCI Edits tab, the application will automatically set the Resolution to NOT Distinct based upon the overlapping of L4 Exiting Nerve with L4-5.

Column 2	Column 1	Location	Description	Relationship	Resolution
63047		Right L4 Exiting Nerve	Laminotomy/Laminectomy with Lateral Recess Decompression		Modifier -59 NOT Applied
	22633	L4-5	Combined PLF/PLIF Fusion	Policy	Not Distinctive Work

INCISIVE MD will list the decompression procedure on the Summary > Procedures grid as CPT 63047 and show the contractual expected amount as \$0.00.

LN	Procedure	Tx Code	Modifiers	Units	722.52	724.02	Expected Payment
1	Combined PLF/PLIF at L4-5	22633		1	<input checked="" type="checkbox"/>		\$1,849.04
2	Laminectomy, facetectomy, and foraminotomy with Right L4 Exiting Nerve decompressi...	63047		1		<input checked="" type="checkbox"/>	\$0.00
3	L3, L4, L5 and S1 posterior segmental instrumentation	22842		1	<input checked="" type="checkbox"/>		\$759.80
4	Insertion interbody device [Cage] at L4-5	22851		1	<input checked="" type="checkbox"/>		\$405.40

Additionally, the associated Billing Notes will read as shown below to remind users of the CCI Edit policy and the reason why modifier 59 was not placed on CPT 63047.

Details	Status	Notes	Post-Op Plan
All procedure payments reduced by 2% for sequestration reduction. Total Medicare payment of \$3,075.77 reduced by \$61.52.			
Line 2, Code 63047 (Policy). Medicare NCCI Policy Manual 2015, Chapter 4, Section H, Paragraph 24: CMS policy does not allow separate payment for CPT 63047 with CPT 22633 when performed at the same interspace. If the two procedures are performed at different interspaces, CPT 63047 may be reported with modifier 59.			
Line 2, Code 63047 is not distinct: - Line 1, Code 22633 (CCI bundled into). Marked as ignored (-59 not used). The expected payment has therefore been set to \$0.00.			

**Scenario B: Fewer locations for CPT 63047 than 22633**

The surgeon decompressed the traversing and exiting nerve roots within the fusion levels. Given the Medicare policy, this decompression is not payable with the interbody fusion.

Treatment	Locations
Laminotomy/Laminectomy with Lateral Recess Decompression	Right L4 Exiting Nerve
Combo PLF/PLIF	L4-5 and L5-S1

On the CCI Edits tab, the application will automatically set the Resolution to NOT Distinct based upon the overlapping of L4 Exiting Nerve with L4-5.

Column 2	Column 1	Location	Description	Relationship	Resolution
63047	22633	Right L5 Exiting Nerve L4-5 L5-S1	Laminotomy/Laminectomy with Lateral Recess Decompression Combined PLF/PLIF Fusion	Policy	Modifier -59 NOT Applied Not Distinctive Work

In the **Summary** tab > **Procedures** grid, the application lists the decompression as CPT 63047 for one unit. For users able to see the contractual expected amounts, the application will show \$0 since the decompression is not payable with the interbody fusion.

LN	Procedure	Tx Code	Modifiers	Units	722.52	724.02	Expected Payment
1	Combined PLF/PLIF at L4-5	22633		1	<input checked="" type="checkbox"/>		\$1,849.04
2	Additional level Combined PLF/PLIF at L5-S1	22634		1	<input checked="" type="checkbox"/>		\$494.07
3	Laminectomy, facetectomy, and foraminotomy with Right L4 Exiting Nerve decompressi...	63047		1		<input checked="" type="checkbox"/>	\$0.00
4	L3, L4, L5 and S1 posterior segmental instrumentation	22842		1	<input checked="" type="checkbox"/>		\$759.80
5	Insertion interbody device [Cage] at L4-5	22851		1	<input checked="" type="checkbox"/>		\$405.40

Furthermore, the Billing Notes will list the CCI Policy note twice because there are edit pairs for both CPT 22633 and 22634 with 63047.

Details	Status	Notes	Post-Op Plan
All procedure payments reduced by 2% for sequestration reduction. Total Medicare payment of \$3,579.92 reduced by \$71.60.			
Line 3, Code 63047 (Policy). Medicare NCCI Policy Manual 2015, Chapter 4, Section H, Paragraph 24: CMS policy does not allow separate payment for CPT 63047 with CPT 22633 when performed at the same interspace. If the two procedures are performed at different interspaces, CPT 63047 may be reported with modifier 59.			
Line 3, Code 63047 (Policy). Medicare NCCI Policy Manual 2015, Chapter 4, Section H, Paragraph 24: CMS policy does not allow separate payment for CPT 63047 with CPT 22634 when performed at the same interspace. If the two procedures are performed at different interspaces, CPT 63047 may be reported with modifier 59.			
Line 3, Code 63047 is not distinct: - Line 1, Code 22633 (CCI bundled into). Marked as ignored (-59 not used). The expected payment has therefore been set to \$0.00.			

**Scenario C: More locations for CPT 63047 than 22633**

In this scenario, the surgeon has decompressed the exiting nerve roots at the same level as the fusion but also one additional level above the fusion. As such, the decompression of the L3 Exiting Nerve is Distinct and should be payable by Medicare.

Treatment	Locations
Laminotomy/Laminectomy with Lateral Recess Decompression	Right L3 Exiting Nerve, Right L4 Exiting Nerve, and Right L5 Exiting Nerve
Combo PLF/PLIF	L4-5, and L5-S1

The application will set the **CCI Edits** > **Resolution** to **Different location** automatically based upon the non-overlapping L3 Exiting Nerve for the decompression procedure.

Column 2	Column 1	Location	Description	Relationship	Resolution
63056	22633	Right L3 Exiting Nerve Right L4 Exiting Nerve Right L5 Exiting Nerve L4-5 L5-S1	Transpedicular / Far Lateral Decompression Combined PLF/PLIF Fusion	Policy	Modifier -XS Applied Different location

The coding for this will be CPT 63047-XS and 63048 for 2 units. INCISIVE MD will show the contractual expected amounts for the two additional levels as not paid, \$0 expected, and list the location for the primary code (63047) as L3. Below shows how this scenario would be shown by the **Summary** > **Procedures** grid:

LN	Procedure	Tx Code	Modifiers	Units	722.52	Expected Payment
1	Combined PLF/PLIF at L4-5	22633		1	<input checked="" type="checkbox"/>	\$1,849.04
2	Additional level Combined PLF/PLIF at L5-S1	22634		1	<input checked="" type="checkbox"/>	\$494.07
3	Laminectomy, facetectomy, and foraminotomy with Right L3 Exiting Nerve decompression for spinal...	63047	XS	1	<input checked="" type="checkbox"/>	\$551.76
4	Right L4 Exiting Nerve and Right L5 Exiting Nerve additional level laminectomy for spinal or lateral ...	63048		2	<input checked="" type="checkbox"/>	\$0.00

And the associated Billing Notes will read as shown below. The reason the CCI Policy note being listed twice is because there are edit pairs for both CPT 22633 and 22634 with 63047.

**Details** | Status | Notes | Post-Op Plan

All procedure payments reduced by 2% for sequestration reduction. Total Medicare payment of \$2,390.94 reduced by \$47.82.

Line 3, Code 63047 (Policy), Medicare NCCI Policy Manual 2015, Chapter 4, Section H, Paragraph 24: CMS policy does not allow separate payment for CPT 63047 with CPT 22633 when performed at the same interspace. If the two procedures are performed at different interspaces, CPT 63047 may be reported with modifier 59.

Line 3, Code 63047 (Policy), Medicare NCCI Policy Manual 2015, Chapter 4, Section H, Paragraph 24: CMS policy does not allow separate payment for CPT 63047 with CPT 22634 when performed at the same interspace. If the two procedures are performed at different interspaces, CPT 63047 may be reported with modifier 59.

Line 3, Code 63047 is not distinct:  
 - Line 1, Code 22633 (CCI bundled into). Marked as ignored (-59 not used). The expected payment has therefore been set to \$0.00.  
 Line 4, Code 63048: Contractual expected amount has been set to \$0 because the associated primary procedure (63047) on line 3 is not expected to be paid.

**Scenario D: No overlapping locations between CPT 63047 and 22633**

In this clinically unlikely scenario, the surgeon decompresses levels different than for the interbody fusion.

Treatment	Locations
Laminotomy/Laminectomy with Lateral Recess Decompression	Right L2 Exiting Nerve, Right L3 Exiting Nerve
Combo PLF/PLIF	L4-5, and L5-S1

Given that none of the decompressed exiting nerves overlap with the interbody fusion levels, the application will set the decompression with interbody fusion edit **Resolution** reason to **Distinct** on the CCI Edits tab.

Column 2	Column 1	Location	Description	Relationship	Resolution
63047		Right L2 Exiting Nerve Right L3 Exiting Nerve	Laminotomy/Laminectomy with Lateral Recess Decompression	Policy	Modifier -XS Applied
	22633	L4-5 L5-S1	Combined PLF/PLIF Fusion		Different location

On the **Summary** tab > **Procedures** grid, the application lists the two levels of the decompression as CPT 63047-XS and 63048 with their associated Medicare pricing.

LN	Procedure	Tx Code	Modifiers	Units	722.52	724.02	Expected Payment
1	Combined PLF/PLIF at L4-5	22633		1	<input checked="" type="checkbox"/>		\$1,849.04
2	Additional level Combined PLF/PLIF at L5-S1	22634		1	<input checked="" type="checkbox"/>		\$494.07
3	Laminectomy, facetomy, and foraminotomy with Right L2 Exiting Nerve decompressi...	63047	XS	1		<input checked="" type="checkbox"/>	\$551.76
4	Right L3 Exiting Nerve additional level laminectomy for spinal or lateral recess stenosis.	63048		1		<input checked="" type="checkbox"/>	\$210.99
5	L3, L4, L5 and S1 posterior segmental instrumentation	22842		1	<input checked="" type="checkbox"/>		\$759.80
6	Insertion interbody device [Cage] at L4-5	22851		1	<input checked="" type="checkbox"/>		\$405.40

Additionally, the associated **Billing Notes** will read as shown below to remind users of the CCI Edit policy and the reason why modifier XS was placed on CPT 63047.

All procedure payments reduced by 2% for sequestration reduction. Total Medicare payment of \$4,358.23 reduced by \$87.16.

Line 3, Code 63047 (Policy), Medicare NCCI Policy Manual 2015, Chapter 4, Section H, Paragraph 24: CMS policy does not allow separate payment for CPT 63047 with CPT 22633 when performed at the same interspace. If the two procedures are performed at different interspaces, CPT 63047 may be reported with modifier 59.

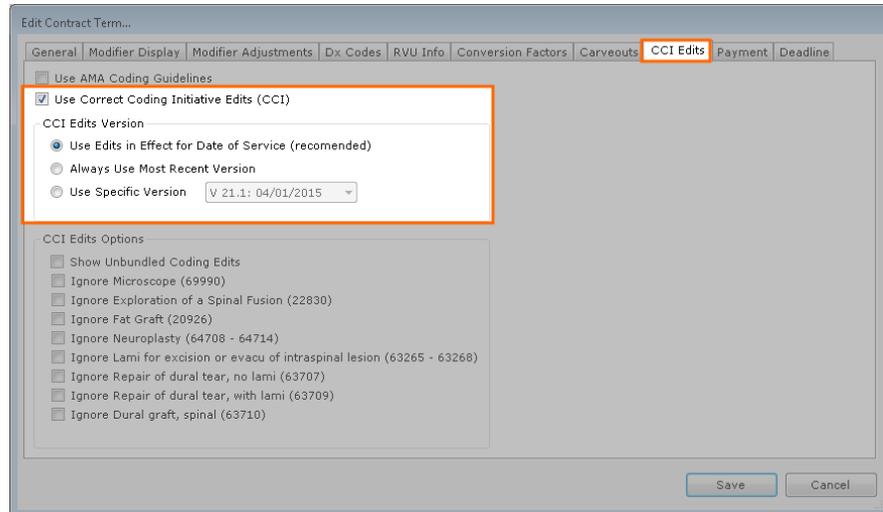
Line 3, Code 63047 (Policy), Medicare NCCI Policy Manual 2015, Chapter 4, Section H, Paragraph 24: CMS policy does not allow separate payment for CPT 63047 with CPT 22634 when performed at the same interspace. If the two procedures are performed at different interspaces, CPT 63047 may be reported with modifier 59.

Line 3, Code 63047 is marked with -XS distinct:  
 - Line 1, Code 22633 (CCI bundled into). Modifier -XS applied due to a different operative location.

**CCI Edits Contract Term Settings**

The auto-resolution logic will only apply when a contract term is set to **Use Correct Coding Intuitive Edits (CCI)** and the date of service for the surgery is after 2014.

To determine if a contract term is set to use CCI Edits, edit the contract term and click the **CCI Edits** tab and verify that **Use Correct Coding Intuitive Edits (CCI)** is checked.



## How do I contact Support?

During normal business hours, 8:00 am to 5:00 pm Pacific Time, you may contact INCISIVE Support at (503) 546-5323 or by email at [support@crosscurrentinc.com](mailto:support@crosscurrentinc.com). Our INCISIVE MD support website also offers resources to help answer basic questions about the software.