What's new in INCISIVE MD?

We have added customer treatments for intralaminar and interspinous devices, changed the surgical planning consultants list to be personal for each surgeon, fixed the issue with Financial RVU calculations after 7/1/2015 showing zero amounts, and some other minor corrections to the software.

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.

New Custom Treatments for Intralaminar Devices

We have several customers now using interspinous and intralaminar stabilization / distraction (spacers) and interspinous fixation (fusion) devices. As with any new technology adopted by our surgeons, these procedures may need to be coded with either a Category III T-code or as an unlisted procedure code.

We have created three new custom treatments to handle the use of these devices. These new custom treatments are:

- Intralaminar Fixation
- Intralaminar Lumbar Interbody Fusion (ILIF)
- Interspinous Stabilization

The details for each of these procedures are included at the end of these Release Notes. When these custom treatments are used, an unlisted pricing letter will be generated along with the fee ticket to include with the billing of the surgery.

FDA Approved Intraspinous Distraction and Fixation Devices

Only the Spine Health X-STOP® Interspinous Process Decompression (IPD®) system and the Paradigm Spine Coflex® interlaminar implant have received U.S. Food and Drug Administration (FDA) approval to market as interspinous distraction devices. While the following spine device manufacturers have received FDA clearance for their interspinous fixation devices:

Alphatec BridgePoint™	OsteoMed PrimaL OK™
Globus SP-Fix™	Paradigm Spine Coflex-F®
Lanx Aspen™	Pioneer Surgical BacFuse®
Life Spine Aileron™	Spine Frontier Inspan™
Medtronic Spire™	Spine Octave™ (Life)
NuVasive Affix™	X-Spine Axle™

CPT Reporting of Interspinous Distraction and Stabilization Devices

If the surgeon is using either the X-STOP or the Coflex device, these should be reported using the new technology code 0171T. If any other device is used, report an unlisted procedure code. Given this is a valid Category III CPT code, the implantation of these devices should be paid by Medicare.

AMA CPT Assistant Procedure Description for CPT 0171T

The patients history and imaging are reviewed. The patient is identified and examined. Questions are answered. The patient is brought into the operating suite. The patient is positioned and the posterior lumbar spine is prepped and draped in the usual manner. Anesthesia is administered. A posterior lumbar incision is made through the skin, subcutaneous tissue, and lumbosacral fascia. A retractor is placed exposing the L4 and L5 spinous processes and the interspinous ligament. Bone cutting instruments are used to remove part of the caudal portion of the L4 spinous process and the rostral portion of the L5 spinous process. Lamina spreaders are placed under the inferior L4 lamina and superior L5 lamina and distraction is applied to enlarge the opening. Remaining interspinous ligament is removed to complete the opening for the device insertion. Preoperative imaging is evaluated to determine the appropriate size implant. Intraoperative imaging (lateral radiograph or fluoroscopy) is used to confirm the appropriate alignment and distraction. The appropriate size interspinous process device is then selected. This device is inserted into the defect that has been made. The distraction is taken off the lamina spreader which is removed. Final imaging (AP and lateral radiographs or fluoroscopy) is obtained to assess the position of the implant. Copious irrigation is used and the wound is closed in sequential manner. Sterile dressings are applied and the patient is taken to the recovery room where the operative note is dictated and orders written. The family is counseled and the patient reexamined and given discharge instructions.

CPT Reporting of Intralaminar Fixation Devices

These devices are newer than interspinous distraction devices and differ in that they screwed into the spinous process to provide a more rigid construct than the distraction devices. As such, these devices cannot be reported with CPT 0171T; they must be reported using an unlisted procedure code.

On the next page is the guidance from the October 2014 issue of CPT Assistant regarding the reporting of intralaminar fixation devices such as the spinous process clamps.

Figure 1. AMA CPT Assistant Online October 2014 Category III FAQ

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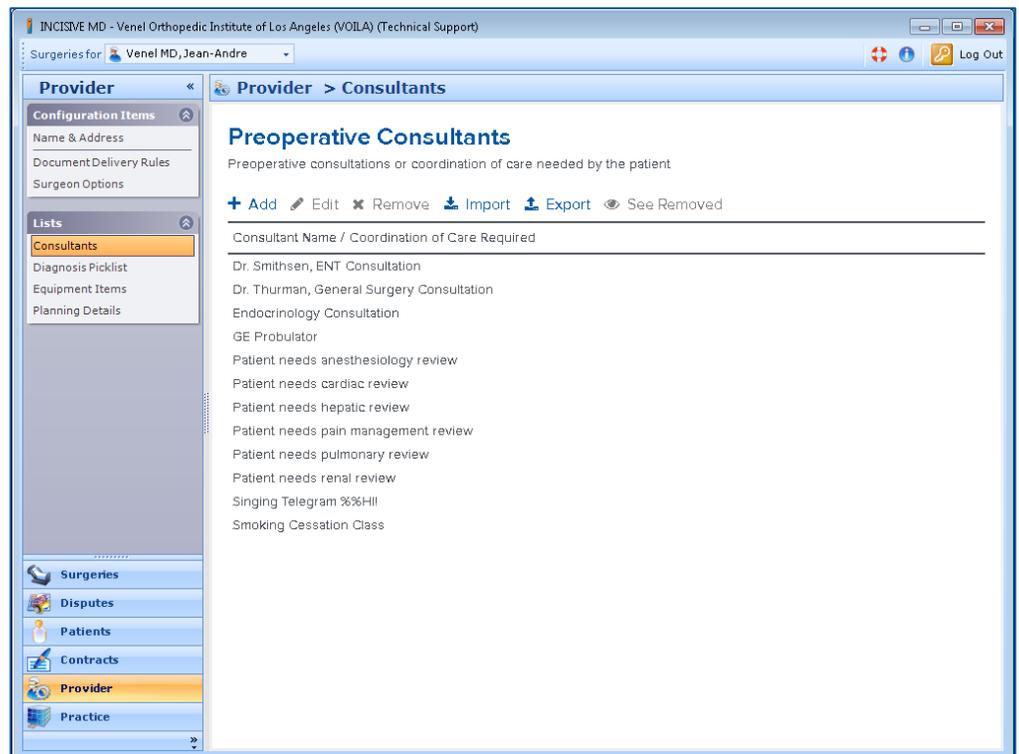
Frequently asked Questions: Category III Codes

Question: *What is the appropriate CPT code to use for a lumbar stabilization procedure performed using* **intralaminar** *technology?*

Answer: Code 0171T, Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level, is appropriate to report for insertion of an **intralaminar** device that still allows motion. A minimal decompression when performed and resection of the spinous process, lamina, or facet joint are considered inclusive in code 0171T and would not be reported separately. If the decompression work is significantly more work than what is needed to prepare the region for the device, then a laminectomy code may be reported separately with modifier 59, Distinct procedural service, appended.

Please note that an interlaminar device is not a rigid fixation device, such as pedicle screws (code 22840) or spinous process clamps (code 22899). ◆
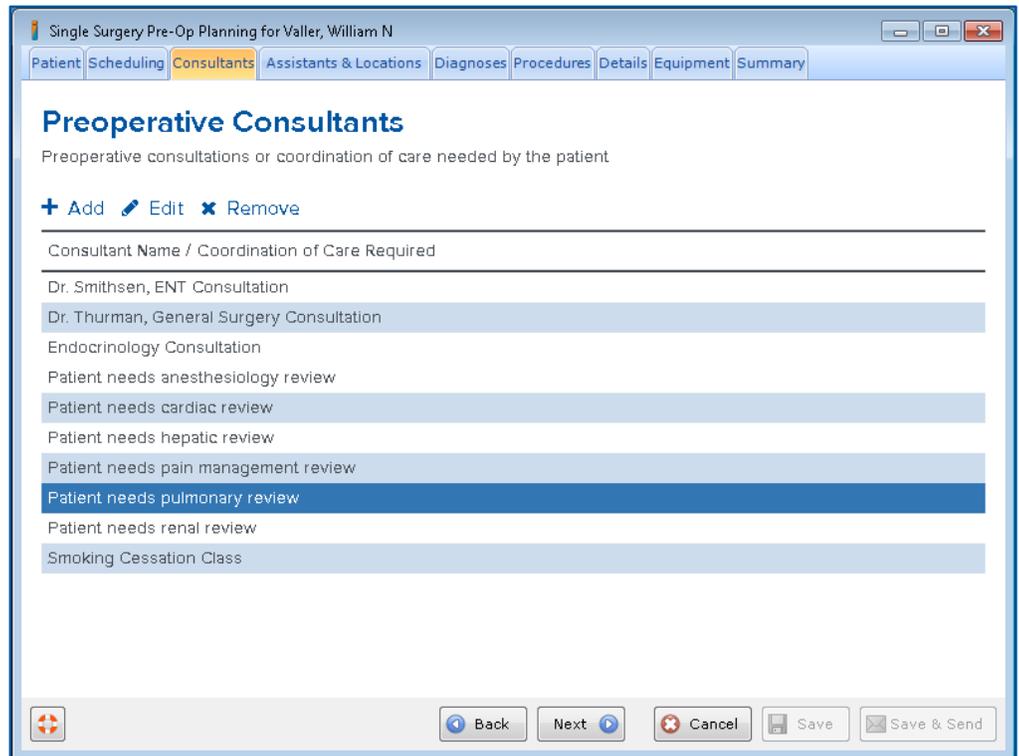
Personalized Consultants

Before, the list of surgical planning **Preoperative Consultants** list was used by all providers in the practice. In larger clinics this list became to large to scroll through and manage. With this release, we have made this list personal to each surgeon. We have automatically created each surgeon's list from what was selected in their planned surgeries. Users can now independently manage each of their surgeon's lists so they are more relevant and glancible.

Surgical planning patient consultations

We have split the surgical planning **Scheduling** tab into two tabs: **Scheduling** and **Consultants**. The **Requested Timing** section remains on the **Scheduling** tab and the **Pre-Op consultants** section is now on its on **Consultants** web tab.

We have simplified things with managing your preoperative consultants, you can now easily add, edit, or remove the surgeon's consultants directly from the list; no additional pop-up dialogs will occur to manage the items in your lists. Additionally, after talking with users and viewing how they were using INCISIVE MD, we have removed the associated consultant categories from the preoperative consultants.

When a row is selected, it will be highlighted in blue. If you select multiple items, the last selected item will be highlighted in darker blue as in the picture above. Once a row is selected, you will then be able to either change or remove it.

Preoperative Consultant Menu

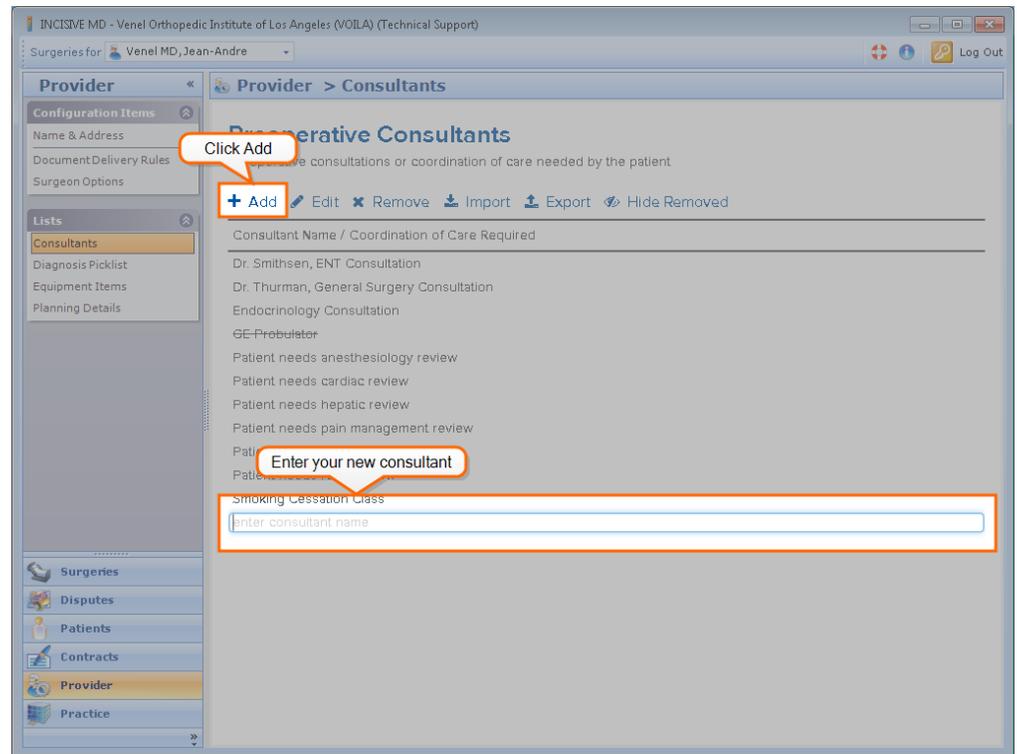|	
+ Add	Click **Add** and then in the new row enter your information
✎ Edit	To change an existing item, select the row and click **Edit**
✖ Remove	Select a row and then click **Remove** to delete from the list

Existing Surgical Plans

Customers do not need to take any action for existing surgical plans. We converted existing surgical plans to use the surgeon's individualized **Preoperative Consultants** list.

Preoperative Consultants Management

Users with Provider privileges can manage their surgeon's **Preoperative Consultants** list by going to **Provider** > **Lists** > **Consultants**.

Adding New Consultants

To add more items to the surgeon's consultants list, click **Add**. Enter your information in the new row added to the bottom of the list. To save the information, click anywhere outside of the row or hit **Enter** while still in the row.
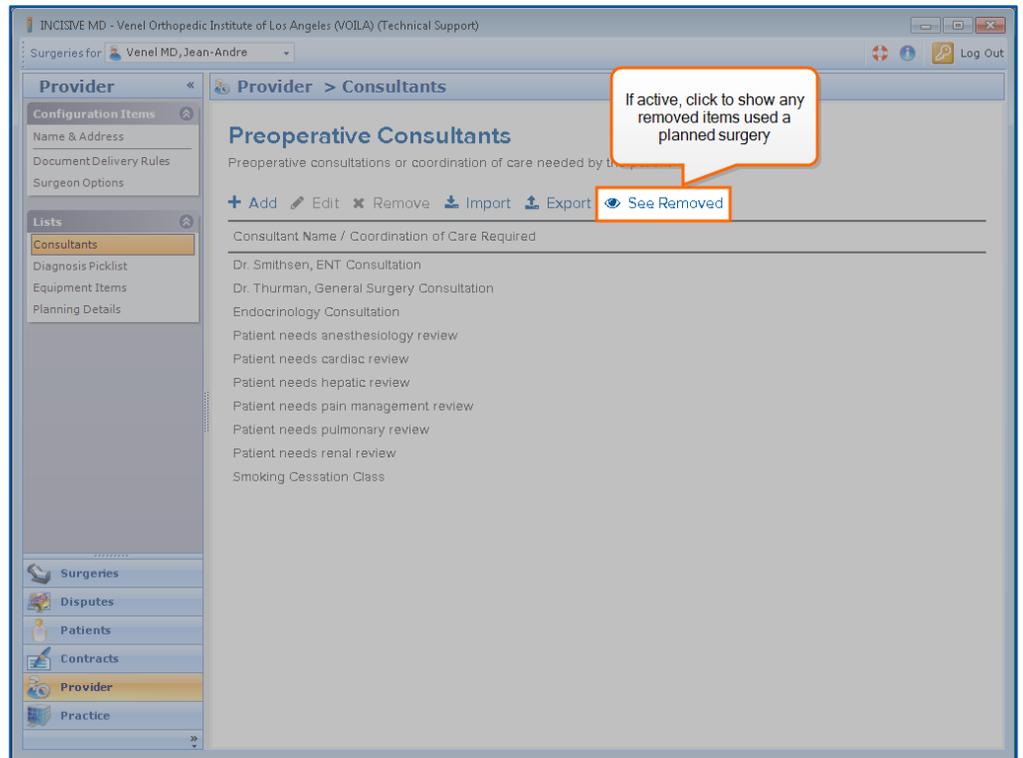

Editing Consultants

To change an existing **Preoperative Consultants** list item: click on the item to highlight it, then click **Edit** in the toolbar. You can then inline edit the item. To save your change, just click anywhere else in the application or hit **Enter** while still in the row.

Removing Consultants from the List

You can remove items from the list by clicking **Remove**. If a consultant was not used in a surgery plan, the item is deleted from the list. If, however, the item was used in a planned surgery it cannot be deleted, for these list items, they will be marked as removed and no longer be shown in the list if the **Show Removed** option is not selected.
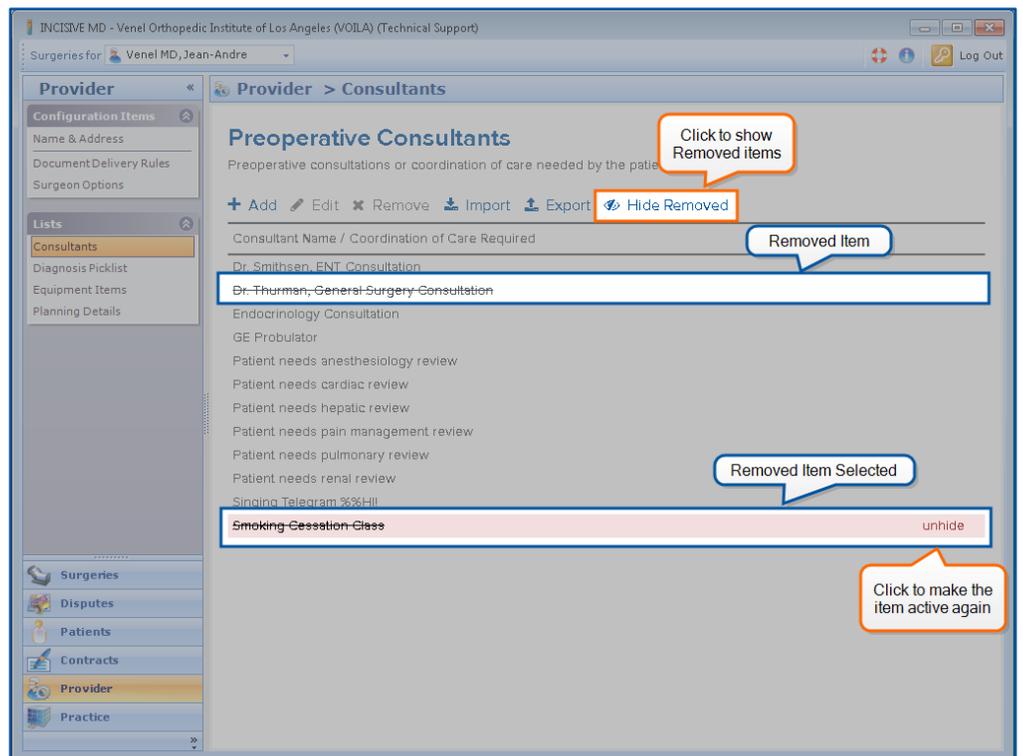
Showing Hidden Removed Items

If any items have been removed from the list, the **See Removed** toolbar menu will be active (blue color). Click **See Removed** to view the removed items. Removed items will be shown in strikethrough and the menu item will change to **Hide Removed**. Click on **Hide Removed** to no longer display the removed **Preoperative Consultant** items.
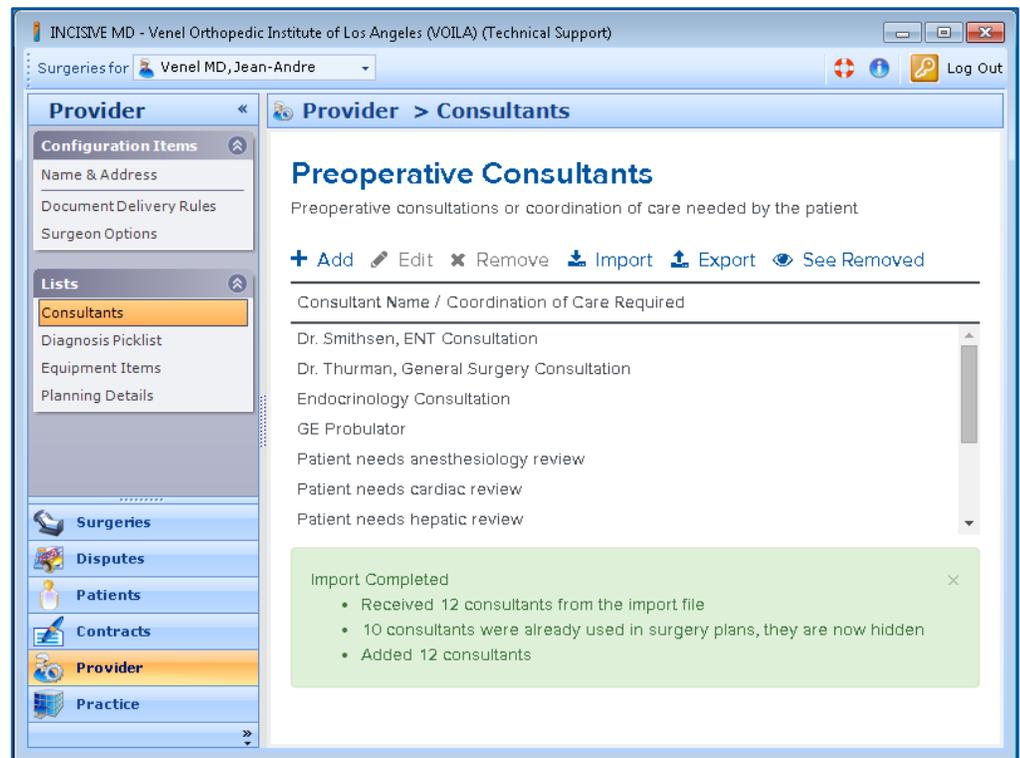
Restoring Removed Items

Consultants used in a planned surgery that have been subsequently removed from the list can be restored by clicking on **See Removed**, selecting the removed item, and then clicking on **unhide** in the item row.

Importing and Exporting Consultants

To quickly setup additional surgeons, users can export an existing **Consultants** list and import that list into another surgeon's INCISIVE MD configuration. Click **Export** to save the **Preoperative Consultants** list as a comma separated values (CSV) file. Click **Import** to load a Preoperative Consultants export file into the surgeon's INCISIVE MD configuration. Because these import and export files are simple CSV files, users can edit them outside of INCISIVE MD to add or change an existing list of Consultants. When importing, the imported list will overwrite any existing consultants.

To dismiss the **Import Completed** or **Failed** messages, click the **X** in the upper right hand corner of the highlighted area.

Other Minor Corrections

We have made a few other corrections to the software with this release. Customers do not need to take any action, we have corrected any surgeries affected by these issues for you.

Cervical interspaces for Laminectomy for Implantation of neurostimulator electrodes (CPT 63655)

We have added cervical interspaces for the Laminectomy for Implantation of neurostimulator electrodes treatment, AMA CPT 63655. Customers can now select any spine interspace for the location of the laminectomy for the electrode placement.

Warning when no primary procedure for Spine instrumentation add-on

Based upon some customer feedback, we have added a special coding rule to check the spine instrumentation codes, AMA CPT procedure codes 22840 to 22850, for a

primary procedure coded within the surgery. For historical reasons, we treat the spine instrumentation codes like other primary procedures because when we first released INCISIVE MD these were primary procedures. In 2008, the AMA CPT Editorial Board changed these procedures codes to be add-on codes to corpectomy, decompression, and fusion procedure codes. We decided at the time to not move the procedure codes within the application to where the spine graft codes are placed since the spine instrumentation can be in different locations than corpectomy, decompression, and fusion procedure codes. Recently, we had customers coding the spine instrumentation with percutaneous procedures and this is incorrect coding. To warn customers of this situation, we added a coding rule that will check to ensure one of the following AMA CPT produced codes are included with the surgery: 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630-22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101 63102, 63170-63290, 63300-63307.

When one of these primary procedures is not coded with AMA CPT procedure codes 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, or 22848, the application will show an Error message on the Summary Status tab, see below.

Figure 2. Missing Primary Procedure with Spine Instrumentation procedure

Customers will not be able to save the surgery until they resolve the error. If spine instrumentation is done with a percutaneous procedure, we recommend reporting an unlisted procedure comparable to the appropriate spine instrumentation procedure code.

Fixed new CCI Bundling Rule for Decompressions with Posterior Lumbar Interbody Fusions applying to surgeries before 1/1/2015

With the release of INCISIVE MD 6.2 in May of this year, we implemented Medicare National Correct Coding Initiative (CCI) Policy Manual, Chapter 4, Section H, Paragraph 25 policy to bundle Redo and Lateral Recess Laminectomies (CPT 63042, 63044, 63047, and 63048) with posterolateral interbody fusions (CPT 22630, 22632, 22633, and 22634). If contracts were updated that had end dates in 2015 but start dates earlier, the application was incorrectly applying the bundling rule to those surgeries with dates of service before 1/1/2015. We have corrected this issue and have automatically updated the affected surgeries.

Financial RVU not computing for dates of service after 7/1/2015

With the release of INCISIVE MD 6.3 in June to add a Medicare contract term for the new conversion factor and RVU values, we encountered an issue within the our contract engine where surgeries with dates of service after 7/1/2015 did not generate financial RVUs. All Finanical RVU reports list the Work RVU and Financial RVU as 0.00. We have corrected that with this release and have automatically corrected all Financial RVU reports with dates of service after 6/30/2015.

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. Our INCISIVE MD support website also offers resources to help answer basic questions about the software.

Figure 3. Custom Treatment for Intralaminar Dynamic Stabilization

Definitive Treatment	Intralaminar Dynamic Stabilization
CPT Codes	Clinic Code: 22899IDS Comparable Code: 22840 Billable Code: 22899
Treatment Locations	Spine > Lumbosacral
Location Display	L1 to S1
Display in Common View?	No
Treatment Group	Instrumentation > Posterior
Supplemental Codes	None
CMS MUE Limit	1
AMA CPT Bundling Edits	None
Supplies & Equipment	None
Long Description	Posterior non-pedicle dynamic stabilization to maintain a fixed distance between two spinous processes following decompression using an intralaminar or intraspinous device (eg Paradigm Spine CoFlex)
Clinician Description	TBD
Consumer Description	TBD
Summary Text	%LOCATIONS% Intralaminar Dynamic Stabilization

Figure 4. Custom Treatment for Intralaminar Lumbar Interbody Fusion

Definitive Treatment	Intralaminar Lumbar Interbody Fusion (ILIF)
CPT Codes	Clinic Code: 22899ILIF Comparable Code: 22630 Billing code: 22899
Treatment Locations	Spine > Lumbosacral
Location Display	L1 to S1
Display in Common View?	No
Treatment Group	Fusion > Posterior
Supplemental Codes	None
CMS MUE Limit	1
AMA CPT Bundling Edits	No
Supplies & Equipment	No
Long Description	Arthodesis, intralaminar interbody technique, including laminectomy for decompression and placement of structural allograft or intralaminar device between two lumbar spinous processes
Clinician Description	TBD
Consumer Description	TBD
Summary Text	%LOCATIONS% Intralaminar Lumbar Interbody Fusion (ILIF)

Figure 5. Custom Treatment for Intralamina or Intraspinous Fixation

Definitive Treatment	Intralaminar/Intraspinous Fixation
CPT Codes	Clinic Code: 22899IF Comparable Code: 22840 Billable Code: 22899
Treatment Locations	Spine > Lumbosacral
Location Display	T1 to S1
Display in Common View?	No
Treatment Group	Instrumentation > Posterior
Supplemental Codes	None
CMS MUE Limit	1
AMA CPT Bundling Edits	None
Supplies & Equipment	None
Long Description	Posterior non-pedicle supplemental static fixation of two spinous processes using either an intralaminar or intraspinous device (eg NuVasive Affix**™**, Paradigm Spine Coflex-F®, or Spine Frontier Inspan™)
Clinician Description	TBD
Consumer Description	TBD
Summary Text	%LOCATIONS% %TXNAME%