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## **STERIODS AND SPINAL CORD INJURY: a questionnaire**

The Joint Section on Disorders of Spine and Peripheral Nerve Disorders of the AANS/CNS is interested in your treatment of patients with spinal cord injuries. Current neurosurgical care of these patients, particularly with respect to steroid administration, has been the subject of much debate. While guidelines committees are working towards an analysis of the available data, the value of the cumulative clinical experience and attitudes of surgeons around the country is important to consider.

The Spine Section has designed a simple one-minute electronic questionnaire to survey attitudes towards the use of steroids in the acutely injured spinal cord injured patient. Regardless of your present participation in managing these patients, your point of view on this topic is important to us. We would like your input to see how you are dealing with this contentious issue.

**Please submit your response on-line at <http://thinker.neurosurgery.org/scisurvey>**

- 1. Are you a**
  - a) Neurosurgeon
  - b) Orthopedic Surgeon
  - c) Research Scientist
  - d) Resident / fellow in training
  - e) None of the above
  
- 2. Do you manage spinal cord injured patients?**
  - a) Yes
  - b) No
  
- 3. How many acute SCI do you manage a year?**
  - a) < 10
  - b) 10 – 40
  - c) > 40
  
- 4. Do you currently follow**
  - a) NASCIS I guidelines
  - b) NASCIS II guidelines
  - c) NASCIS III guidelines
  - d) A Generic steroid protocol
  - e) I do not give my acute SCI patient steroids
  
- 5. Should methylprednisolone be considered**
  - a) A Standard of care for all non-penetrating SCIs
  - b) A Recommended treatment
  - c) A Treatment option
  - d) An Experimental therapy
  - e) Not recommended in the treatment of acute SCI

## **ANNUAL MEETING – PHOENIX, ARIZONA**

The AANS/CNS Section on Disorders of the Spine and Peripheral Nerves held its 17<sup>th</sup> annual meeting in Phoenix from February 14-17. As usual the meeting lived up to and exceeded expectations set last year. Registration for the event continues to climb annually. A healthy mix of science and education was tempered with ample opportunity for outdoor activities in the hospitable desert “winter”.



Dr. Stewart B. Dunsker was recognized with the 2001 **MERITORIOUS SERVICE AWARD** for his outstanding contributions to the field of spinal surgery. Dr. Dunsker is Professor, Vice-Chairman and Director of the Division of Spine Surgery of the Department of Neurosurgery at the University of Cincinnati where he has been in practice for over thirty years. Following his undergraduate education at Harvard, he completed his Neurosurgical training at Washington University in 1968. He completed his fellowship training and continued on into a successful academic neurosurgical practice.



Section President, Dr. Curtis Dickman (left), presents Dr. Dunsker with the Meritorious Service Award at the 2001 meeting.

Dr. Dunsker has been an active member of the AANS and has served a major role in the organization including President (2000-2001), President-Elect (1999-2000), Vice-President (1998-1999), Treasurer (1995-1998), Board of Directors (1992-1996), as well as serving on numerous educational and organizational committees. He has been active in the Congress of Neurological Surgeons as well, serving on the Executive Committee, the Continuing Education Committee, the Joint Committee on Spinal Disorders, the Nominating Committee and numerous appointments on the Annual Meeting Committees. His contributions also include active involvement in the American Academy of Neurological Surgeons (Vice-President 1990, Scientific Program Chair 1988-1990, Executive Committee 1983), the Society of University Neurosurgeons (President 1981, President-Elect 1980, Vice-President 1979), the Ohio State Medical Association (president 1981-1982), and the Ohio State Neurosurgical Society (President 1983-1984).

Dr. Dunsker has served on the American Board of Neurological Surgery, including positions as Vice-Chairman, Treasurer, Examiner and as a member of the Board of Directors. He has received numerous honors including being named the Neurosurgeon of the Year in 1992 by the Ohio State Neurosurgical Society and numerous other humanitarian and teaching citations. He serves on numerous editorial boards including the journals, Neurosurgery, Spine, Journal of Spinal Disorders, and as Associate Editor of the latest edition of Youman's Text of

Neurosurgery. Having numerous presentations, visiting professorships and symposia to his credit, he has also authored over 50 publications on topics ranging from spinal disorders to cerebellar neurophysiology.

In addition to his many other contributions to organized Neurosurgery, he is being honored by our Section for his outstanding dedication and service. He is one of the Founding Fathers of the Joint Section on Spine and Disorders of the Peripheral Nerves, joining that historic first group in 1979 and beginning the annual tradition which has now grown to one of the largest organized neurosurgical meetings in the country. He has served the Section as Chairman (1987-1989), Chairman-Elect (1985-1987) and Secretary (1980-1984). Dr. Dunsker truly demonstrates the qualities, character and dedication of the academic neurosurgeon. On behalf of the Section, it is our privilege to honor Dr. Dunsker and his achievements as the 2001 Meritorious Award Recipient.

Dr. Ketan R. Bulsara was the recipient of this year's **MAYFIELD AWARD FOR BASIC SCIENCE**. He presented a paper entitled "**Axonal Regeneration in the Spinal Cord is Possible by Replacing Two Key Growth Cone Components**". Work from the Durham, North Carolina lab has shown that GAP-43 and CAP-23 gene expression can trigger the extension of long spinal cord axons by adult mice dorsal root ganglion neurons. This represents another important milestone towards effective gene therapy strategies in the treatment of spinal cord injury. Dr. Bulsara is currently a resident at Duke University Medical Center. Congratulations Dr. Bulsara!



The Mayfield Award for Basic Science is presented to Dr. Ketan Bulsara (right) at the 2001 Annual Meeting by Dr. Keith R. Kuhlengel.

Dr. Gordon W. Tang was presented with the **MAYFIELD AWARD FOR CLINICAL SCIENCE**. His paper, “**The Natural History of Discogenic Pain**” described a retrospective review of 21 patients followed for a minimum of 2 years, all without surgery. Mean follow-up was 41 months. The investigators found that most patients do not improve with time. Not surprisingly multilevel disease and patients with Workman’s Compensation daims were negative predictors. These results help to justify the role surgery can play in treating low back pain syndromes. Dr. Tang is a resident at Emory University. Congratulations Dr. Tang!



The Mayfield Award for Clinical Science is presented to Dr. Gordon Tang (right) at the 2001 Annual Meeting by Dr. Keith R. Kuhlengel.

Dr. Jason Eric Garber won this year’s **CLOWARD FELLOWSHIP AWARD**. Dr. Garber is a resident at Baylor College of Medicine in Houston, Texas. He earned his bachelor’s degree in History and Classical Studies at Duke University in 1991. While at Duke, Dr. Garber was selected as a Howard Hughes Fellow for Research in the Biological Sciences. He received his medical degree from the University of Texas Health Science Center at San Antonio in 1995. He is presently chief resident in the Baylor Neurosurgical Residency Training Program. Dr. Garber has an interest in pursuing a career in academic neurosurgery with an emphasis on combining clinical and basic science research and spinal surgery. He will use the award monies to pursue Spinal Surgery Fellowship under Dr. Dennis Maiman at the Medical College of Wisconsin in Milwaukee. Congratulations Dr. Garber!



Dr. Ziya Gokaslan presents the Cloward Fellowship Award to Dr. Jason Garber (right) at the 2001 Annual Meeting.

New Technology developments were profiled in the exhibitor's area on all three days of the meeting. These informal seminars allowed industry to profile new and future products related to spine and peripheral nerve surgery. The sessions were well attended. Participants had the opportunity for hands-on demonstrations as well.



Casino night was a huge success. Everyone got into the gambling atmosphere! There were even a few prizes to be handed out. Despite the excitement of the card tables, some of the conference attendees were more interested in the food! The gambling tables, music, dining, and good company combined to provide a magical air to the evening. It will be hard act to follow for the 2002 meeting!



Don't miss next year's meeting from **February 27 - March 2** at Disney's Yacht & Beach Club Resort, Orlando, Florida!





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## **CODING CORNER – BY GREG PRZYBYLSKI**

### **THE DEBATE OVER CODING APPROACH TO THE ANTERIOR THORACOLUMBAR SPINE**

The purpose of current procedural terminology (CPT) is to summarize physician work performed during treatment of a patient. However, there are circumstances in which more than one physician shares the work of a single CPT code. For example, some neurosurgeons request the assistance of an otolaryngologist to perform the nasal approach to the sella for hypophysectomy. The –62 cosurgery modifier was developed to describe this situation, allowing two physicians to share the work described by a CPT code. The Health Care Finance Administration (HCFA) developed a payment policy through the Medicare program in which the total payment attributed to the CPT code is increased by 25% and then divided evenly between the two surgeons. This results in an ultimate 62.5% reimbursement of the allowable payment to each physician.

Although the –62 modifier reflects shared efforts of two primary surgeons performing the work of a CPT code, it does not imply that one surgeon performs an approach whereas the other performs the definitive procedure. For example, a neurosurgeon and otolaryngologist can share the work of removing a vestibular neurilemmoma. However, there are circumstances in which the surgical approach is typically performed by one surgeon and the definitive procedure by another. This scenario prompted development of specific codes for extracranial and intracranial approaches, definitive procedures, and secondary closures for skull base surgery several years ago. With improved technology to facilitate anterior thoracolumbar spinal surgery, there has been an interest in creating a similar coding structure for anterior spinal surgery.

Since a method for describing this work presently exists with the –62 modifier, one may question the need for revising a substantial proportion of spinal surgery codes, particularly since these were rewritten and revalued only 5 years ago. However, several limitations of the current coding method have been identified. Although Medicare recognizes the –62 modifier, other third party payers do not, causing reimbursement problems for the approach surgeon and spine surgeon. Confusion among surgeons regarding proper coding has resulted in varied coding submissions including use of exploratory thoractomy or lumbotomy codes to separately describe the approach, which is considered by the AMA to be included in the definitive procedure code. Surgeons have also raised concern about the even split of the reimbursement, particularly since the proportionate work of the approach and spine surgeons may vary across the range of spinal problems. Finally, spinal surgeons have raised concern about whether the value of the approach was actually included in anterior thoracolumbar spinal procedures when these were surveyed, since the approach surgeons were never included in the survey process and many spinal surgeons responding did not perform the approach themselves.

Recognizing these difficulties several years ago, representatives of the American College of Surgeons and Society of Thoracic Surgeons in cooperation with orthopedists and neurosurgeons from five other specialty societies began exploring various ways to describe the work of anterior thoracolumbar surgery. This was further stimulated by a change in CPT in which the language of –62 allowed its use only once per operative session, thereby reducing the reimbursement for

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two surgeons who shared the work of more than one code. The issue was brought to the forefront of the CPT Editorial Panel when a neurosurgeon and general surgeon in Pennsylvania formally proposed creation of anterior lumbar approach codes to the Panel.

The past two years have been spent by these various society representatives investigating the benefits and limitations to –62 when compared with the development of approach codes. Although initial efforts focused on the creation of approach codes, the society representatives identified concerns with the methodology of evaluating the differential work involved. Initially, a consensus could not be reached among the seven specialty societies. Quarterly presentations were made to the CPT Editorial Panel without agreement. Finally, despite a consensus agreement to modify the language of –62 by the societies, the Panel mandated reconsideration of approach code development.

The society representatives met again and additionally included discussion with HCFA representatives to explore the concerns about valuing approach codes, identifying the variable postoperative work involved, and the limitations imposed upon approach surgeons from performing other procedures after completing the approach. Although a written resolution to the various concerns was not achieved, an understanding was attained among the representatives that resulted in a second consensus proposal from the seven specialty societies. However, the preferred method among the society representatives for describing the work remained in altering the language of the –62 modifier. Continued concerns among HCFA, payer representatives, and other panel members resulted in a request to revisit the issue again.

Although drafting approach codes and vignettes is fairly straightforward, the process of evaluating the physician work given the varied practice across the country is substantially more difficult. In addition, the constraints of budget neutrality require a clear understanding of the pools of money which are currently used by HCFA to reimburse for these procedures in order to develop a valid methodology for presentation to the Relative Value Update Committee (RUC). Finally, commitment from HCFA regarding the approach surgeons' concerns is imperative to reconsideration of the approach methodology for anterior thoracolumbar spine surgery. Given the current timetable of CPT and RUC, changes are not expected earlier than 2002. In order to better portray the concerns of our society members, your experience with coding and obtaining reimbursement for anterior thoracolumbar surgery performed with another surgeon would be quite helpful. You are encouraged to share your observations through the Coding and Reimbursement Committee via email to our staff representative, Ms. Cherie McNett, at [CMcNett@neurosurgery.org](mailto:CMcNett@neurosurgery.org).

## **AWARDS**

**RESEARCH FUNDING:** The AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves has established two Research Grants: the *Larson Award* and the *Sonntag Award*. They are intended to establish funding for clinical projects related to the spine and peripheral nerves, and to provide a means of peer review for clinical research projects to help improve the quality of the proposal and therefore, enhance competitiveness for National Institutes of Health (NIH) funding. The awards are also meant to provide continued funding on

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an annual basis to establish the AANS/CNS Spine Section as a known source for quality clinical research aimed at answering questions pertaining to the treatment of disorders of the spine and peripheral nerves.

The awards range from \$15,000 - \$30,000 and are intended for primary investigators of planned clinical studies requiring national level funding to support the preparation of grant proposals and external consultations and to assist in the development of the proposal, planning meetings, and the collection of pilot data. Work that can be completed without such support (such as literature review and preliminary protocol design) should be completed before applying for the Larson or the Sonntag Awards.

The format of the proposal should follow that of the NIH grant package. Specifically, applications should not exceed five single-spaced pages. The applicants should address their specific aims, pertinent literature review and previous studies review, include a brief summary of the proposed study, and a plan for utilization of the funds, as well as a detailed budget and budget justification. The budget should not include salary support for the primary investigator or co-investigators.

Application details for research grants are available from Michael G. Fehlings, MD, PhD, The Toronto Hospital, 399 Bathurst St., Suite 2-417, Toronto, Ontario M5T 2S8, Canada (tel. 416-603-5627), or check out our website at [www.neurosurgery.org](http://www.neurosurgery.org). The application deadline for grants to be awarded for 2002 is Dec. 1, 2001.

**FELLOWSHIP FUNDING:** The *Cloward Fellowship Award* is sponsored by Medtronic / Sofamore Danek and is awarded annually to one or two U.S. or Canadian trained neurosurgical residents to provide supplemental funds for advanced education and research in disorders of the spine or peripheral nerves in the form of fellowship training. The amount of the award is \$30,000.

Application information for the Cloward Fellowship Award can be acquired from Timothy C. Ryken, MD, The University of Iowa Hospitals & Clinics, Division of Neurosurgery, 200 Hawkins Drive, Iowa City, IA 52242. E-mail: [timothy-ryken@uiowa.edu](mailto:timothy-ryken@uiowa.edu) The application deadline for the 2002 Cloward Fellowship Award is Sept. 15, 2001.

**RESIDENT AWARDS:** The Mayfield Award is presented annually by the Joint Section on Disorders of the Spine and Peripheral Nerves to the neurosurgical resident who authors an outstanding research manuscript detailing a laboratory or clinical investigation in the area of spinal or peripheral nerve disorders. Two awards are available, one for clinical research and one for basic science research. Each award is valued at \$500.00.

For further information and submission forms, please contact: Timothy C. Ryken, MD, The University of Iowa Hospitals & Clinics, Division of Neurosurgery, 200 Hawkins Drive, Iowa

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City, IA 52242. E-mail: [timothy-ryken@uiowa.edu](mailto:timothy-ryken@uiowa.edu) , or check out our website at [www.neurosurgery.org](http://www.neurosurgery.org)

## **DEADLINES**

- September 15, 2001: Cloward Fellowship Award
- September 15, 2001: Mayfield Awards
- December 1, 2001: Sonntag and Larson Clinical Research Grants

## **Comments, Submissions, or Suggestions for the Spine Section?**

Please e-mail John Hurlbert at [jhurlber@ucalgary.ca](mailto:jhurlber@ucalgary.ca) or contact through surface mail: Dr. R.J. Hurlbert, University of Calgary Spine Program, Foothills Hospital and Medical Centre, 1403-29<sup>th</sup> St. N.W., Calgary, AB Canada T2N 2T9