
ANNUAL MEETING – LAKE BUENA VISTA

The AANS/CNS Section on Disorders of the Spine and Peripheral Nerves will hold its 18th annual meeting in Orlando, Florida at the beautiful Disney Yacht and Beach Club resort from February 27 - March 2. Record attendance is expected! Make your reservations now!



REVISITING THE 17th ANNUAL MEETING – PHOENIX AZ







JOINT SPINE SECTION BY-LAW CHANGE

The AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves wishes to inform members of a by-law change. Effective following the 2002 annual general meeting, the Endowment Committee Chair will be elected for a FIVE-year term.

NOMINATIONS – ELECTION 2002

Dr. Ronald Apfelbaum has been nominated for the position of Member-at-Large. Dr. Regis Haid has been nominated as President Elect. These positions will be formally voted upon at the annual general meeting in February.

CODING CORNER – BY GREG PRZYBYLSKI

MODIFIER CHANGES ANTICIPATED FOR 2002 INCLUDING COSURGERY FOR ANTERIOR THORACOLUMBAR SPINE SURGERY

In the previous column, the coordinated efforts among representatives of the American College of Surgeons and Society of Thoracic Surgeons in cooperation with orthopedists and neurosurgeons from five additional specialty societies to develop a consensus proposal to describe the approach component of anterior thoracolumbar spine surgery were discussed. After several years of committee and workgroup discussions and multiple presentations before the CPT editorial panel, the surgical representatives again presented a consensus proposal to the panel in February, requesting an expanded application of the –62 cosurgery modifier, reaffirming the prior presentation in November.

For several years now, the –62 cosurgery modifier could only be used once per operative session. Since the approach has been considered included in the work value of the decompression and arthrodesis codes by the Relative-value Update Committee (RUC) and by the Health Care Finance Administration (HCFA), it was proposed that the additional level codes describing adjacent segment decompression and/or arthrodesis must also contain a component representing the additional work of exposing the additional level(s). At the prior meeting in November, HCFA representatives raised concern about the financial impact of expanding the use of the –62 cosurgery modifier.

Consequently, HCFA presented data regarding the current usage of –62 as well as a summary of actual claims data in which anterior thoracolumbar surgery was performed by more than one surgeon. Several interesting observations were made based upon this review. The overall usage of –62 to describe this work was less than expected. More importantly, serious concerns were raised about actual payments made on claims. For example, the correct method for reporting cosurgery requires both the approach surgeon and the spinal surgeon to submit the same code (though not the same bill) appended with the –62 modifier. HCFA identified claims in which one surgeon used the modifier, whereas the other did not. Rather than paying both surgeons 62.5% of the Medicare allowable, only the surgeon coding correctly with the modifier was paid 62.5% of the allowable. In contrast, the other surgeon was paid 100% of the allowable. Naturally, HCFA has suggested that these claims will receive increased scrutiny.

The CPT Editorial panel accepted the consensus proposal to expand the use of the –62 modifier to allow reporting of the additional physician work involved in approaching adjacent segments for decompression or arthrodesis. The modifier will not be applicable to instrumentation or bone graft harvest codes, as specific language will be provided listing codes excluded from use of the modifier. The changes are anticipated to begin in January 2002 and should be published in next year's CPT book. HCFA maintained some concerns over this revised reporting method, and their reaction should be described in the Federal Register in which the proposed changes for 2002 are reviewed.

Additional changes in modifier usage are also expected. After several years of panel discussions regarding the best method for describing the additional physician work involved in surgery performed in an altered anatomical field, CPT 2001 included a change in the usage of the –22 unusual services modifier to exclude altered surgical fields. Instead, a new –60 altered surgical field modifier was developed to be used in circumstances of surgery performed in areas of adhesions, scarring, trauma, prior radiation, or infection. However, HCFA published a payment policy that would not recognize the new –60 modifier, suggesting that the prior –22 modifier adequately described this additional service. Consequently, the editorial panel decided to revert back to the prior usage of –22 unusual services modifier to describe the additional physician work during surgery in an altered anatomical field.

In summary, anticipated changes in modifier usage for CPT 2002 include expanded use of the –62 cosurgery modifier for additional levels of decompression or arthrodesis in anterior thoracolumbar spine surgery as well as a return to use of the –22 unusual procedural services modifier for describing services performed that exceed those performed in the typical patient. It will continue to be important to differentiate between the work of cosurgery from that of assistant at surgery (-80 modifier) when reporting the services of two surgeons. Finally, increased scrutiny by HCFA regarding anterior thoracolumbar spinal surgery is anticipated, which should reinforce the importance of correct usage of CPT to describe the physician work performed.

AWARDS

2001 Research Awards

Larson Award (\$30,000): R. John Hurlbert, MD PhD and R.W. Hu, University of Calgary -- "Management of Type II odontoid fractures: a prospective randomized comparison of primary anterior screw fixation versus halo-vest immobilization".



Sonntag Award (\$15,000): Y.R. Rampersaud and Michael G. Fehlings MD PhD, University of Toronto -- "Intra-operative computerized tomography and spinal navigation: applications in the cervical spine"



The 2000 recipient of the **Cloward Fellowship Award** was Jason Eric Garber, M.D. Neurological Surgery Resident at Baylor College of Medicine in Houston, Texas. Dr. Garber will pursue Spinal Surgery Fellowship under Dr. Dennis Maiman at the Medical College of Wisconsin in Milwaukee.



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 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. 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 The application deadline for the 2003 Cloward Fellowship Award is Sept. 15, 2002.

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 City, IA 52242. E-mail: timothy-ryken@uiowa.edu, or check out our website at www.neurosurgery.org

DEADLINES

- September 13, 2002: Cloward Fellowship Award
- September 13, 2002: Mayfield Awards
- December 1, 2002: Sonntag and Larson Clinical Research Grants

Comments, Submissions, or Suggestions for the Spine Section?

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