



AANS/CNS Washington
Committee for
Neurological Surgery



Congress of
Neurological
Surgeons

2022 Outpatient Prospective Payment System/ Ambulatory Surgical Center Payment System Final Rule

Summary of Payment Policies of Interest to Neurosurgeons

Overview

On Nov. 2, 2021, the Centers for Medicare & Medicaid Services (CMS) released the 2022 Changes to Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System [final rule](#). In the final rule, CMS includes a 2.0 percent annual increase for OPPS payment rates for hospitals that meet the applicable quality reporting requirements. The agency also includes a 2.0 percent payment rate for CY 2022 for ASCs that meet applicable quality reporting requirements. The provisions are effective Jan. 1, 2022, except for a few issues still open for comment through Dec. 2, 2021.

A press release is available [here](#), and a fact sheet is available [here](#).

Below are several items of interest to neurosurgeons, noting the CMS response to issues raised in our comment [letter](#) submitted on Sept. 17, 2021.

OPPS Policies

Revisions to the Inpatient Only List

Before 2021, CMS had restricted specific procedures to the inpatient setting and reviewed the list annually. In 2020, there were 1,740 services on the Inpatient Only (IPO) list. In 2021, CMS initiated a three-year transition to eliminate the IPO list, beginning with 298 mostly musculoskeletal-related services. The AANS and the CNS did not support this change. In our Oct. 5, 2020 comment [letter](#) on the 2021 OPPS/ASC proposed rule, we emphasized that the site of service should be determined by the surgeon in consultation with the patient. We expressed concern that CMS had not clearly indicated how it would protect access to the inpatient setting when necessary without overly burdensome requirements, such as preauthorization for inpatient admission. Therefore, the AANS and the CNS urged the agency not to implement its proposal to eliminate the IPO list in 2021.

CMS confirmed that it would reverse course in the final rule, adding 295 of the 298 codes back to the IPO list. The agency identified three codes that it would keep off the list, including CPT code 22630, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace*. Codes of interest to neurosurgeons **added back** on the IPO list are in the chart below.

Musculoskeletal-Related Services Added Back on the IPO List for 2022

2022 CPT Code	2022 Long Descriptor	2021 APC
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	N/A

2022 CPT Code	2022 Long Descriptor	2021 APC
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	N/A
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (list separately in addition to code for primary procedure)	N/A
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	N/A
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	N/A
0202T	Posterior vertebral joint(s) arthroplasty (for example, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	5115
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	5115
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	5115
20661	Application of halo, including removal; cranial	5113
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (for example, pediatric patients, hydrocephalus, osteogenesis imperfecta)	5113
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	5114
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	5114
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	5114
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	5114
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	5114
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (list separately in addition to code for primary procedure)	N/A

2022 CPT Code	2022 Long Descriptor	2021 APC
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (for example, pedicle/vertebral body subtraction); thoracic	5114
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (for example, pedicle/vertebral body subtraction); lumbar	5114
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (for example, pedicle/vertebral body subtraction); each additional vertebral segment (list separately in addition to code for primary procedure)	N/A
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	5114
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	5114
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	5114
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (list separately in addition to primary procedure)	N/A
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	N/A
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	5114
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	5114
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (list separately in addition to code for primary procedure)	N/A
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting	5115
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting	5115
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	5115
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	5115
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	5115

2022 CPT Code	2022 Long Descriptor	2021 APC
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (list separately in addition to code for primary procedure)	N/A
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	5116
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	5116
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (list separately in addition to code for primary procedure)	N/A
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-c1-c2 (atlas-axis), with or without excision of odontoid process	5116
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	5116
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	5116
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, l5-s1 interspace	5116
22590	Arthrodesis, posterior technique, craniocervical (occiput-c2)	5116
22595	Arthrodesis, posterior technique, atlas-axis (c1-c2)	5116
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below c2 segment	5116
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	5116
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (list separately in addition to code for primary procedure)	N/A
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	5116
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	5116
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	5116

2022 CPT Code	2022 Long Descriptor	2021 APC
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	5116
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	5116
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	5116
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	5116
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	5116
22830	Exploration of spinal fusion	5116
22841	Internal spinal fixation by wiring of spinous processes (list separately in addition to code for primary procedure)	N/A
22843	Posterior segmental instrumentation (for example, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (list separately in addition to code for primary procedure)	N/A
22844	Posterior segmental instrumentation (for example, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (list separately in addition to code for primary procedure)	N/A
22846	Anterior instrumentation; 4 to 7 vertebral segments (list separately in addition to code for primary procedure)	N/A
22847	Anterior instrumentation; 8 or more vertebral segments (list separately in addition to code for primary procedure)	N/A
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (list separately in addition to code for primary procedure)	N/A
22849	Reinsertion of spinal fixation device	5116
22850	Removal of posterior nonsegmental instrumentation (for example, Harrington rod)	5115
22852	Removal of posterior segmental instrumentation	5115
22855	Removal of anterior instrumentation	5116
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	5116
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	5116
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	5116

2022 CPT Code	2022 Long Descriptor	2021 APC
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	5115
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	5115
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	5116

Prior Authorization

In the final rule, CMS did not add to the list of procedures for which hospitals must submit a prior authorization request for services provided in the hospital outpatient department (HOPD). However, in both the proposed and final rules, CMS failed to address our comments urging the agency to rescind prior authorization requirement for spine codes — cervical fusion (CPT codes 22551 and 22552) and implanted spinal neurostimulators code (CPT code 63650) — that were added to the list of services requiring prior authorization effective July 1, 2021.

Neurosurgery continues to advocate that CMS halt these prior authorization requirements — working with our allies in Congress to press the Biden Administration to reverse course or to adopt legislation preventing further expansion of prior authorization in Medicare fee-for-service payment systems. In addition, we have provided support and educational materials to practices attempting to comply with the new requirements.

Removal of Non-Opioid Pain Relief from OPPI Bundling Policy

CMS is finalizing its proposal that beginning Jan. 1, 2022, a non-opioid pain management drug or biological that functions as a surgical supply in the ASC setting would be eligible for separate payment when such product is FDA approved, FDA indicated for pain management or as an analgesic, and has a per-day cost above the OPPI drug packaging threshold. CMS will not expand the proposal to pay separately for similar drugs and biologicals in the HOPD setting.

ASC Policies

ASC Covered Procedures List

CMS will finalize its plan to re-adopt the ASC Covered Procedures List (CPL) criteria that were in effect in 2020 and changed last year. In the 2022 proposed rule, the agency had recommended removing 258 of the 267 procedures added to the ASC CPL in CY 2021. However, CMS agreed with commenters that three of the 258 procedures and three others (CPT codes 0499T, 54650, 60512, 69660, 28005, and 27412) could be safely performed for the typical beneficiary in the ASC setting.

Additionally, CMS will change the notification process adopted in 2021 to a nomination process. Under this new protocol, stakeholders may nominate procedures they believe meet the ASC CPL requirements. The formal nomination process will begin in 2023. As with the IPO list policy, the AANS and the CNS have emphasized the importance of patient selection in determining the site of service for individual Medicare beneficiaries. Inpatient admission should always remain an option for patients who require that level of care, and the ASC should be permitted for patients for whom that setting is optimal.

Some codes removed from the ASC list that may be of interest to neurosurgeons are in the chart below:

Proposed Codes Added Back to the ASC-CPL FOR 2022

CPT/ HCPCS Code	2021 Long Descriptor
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
37565	Ligation, internal jugular vein
37600	Ligation; external carotid artery
37605	Ligation; internal or common carotid artery
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with selverstone or crutchfield clamp
37615	Ligation, major artery (eg, post-traumatic, rupture); neck
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/ intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
62000	Elevation of depressed skull fracture; simple, extradural
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (gill type procedure)
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical

63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primary procedure)
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (list separately in addition to code for primary procedure)
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (list separately in addition to code for primary procedure)
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (list separately in addition to code for primary procedure)
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (list separately in addition to code for primary procedure)
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (list separately in addition to code for primary procedure)
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy
64804	Sympathectomy, cervicothoracic
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion
69955	Total facial nerve decompression and/or repair (may include graft)
69960	Decompression internal auditory canal
69970	Removal of tumor, temporal bone
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar

0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (egj), with implantation of pulse generator, includes programming