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September 6, 2018

Daniel K. Resnick, MD, MS, President
North American Spine Society
7075 Veterans Blvd.
Burr Ridge, IL 60527

Via e-mail: coverage@spine.org

Subject: NASS Draft Coverage Policy for Endoscopic Decompression

Dear Dr. Resnick,

The American Association of Neurological Surgeons (AANS), Congress of Neurological Surgeons (CNS) and the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves (DSPN) appreciate the opportunity to provide comments on the North American Spine Society (NASS) coverage policy recommendations for endoscopic decompression. We appreciate your consideration of the following comments.

Our chief concern is that while the NASS proposal refers specifically to “endoscopic discectomy,” the articles cited in the recommendation describe a very heterogeneous array of surgical procedures. These include one citation describing a uni-portal, full endoscopic system with a 6.9 mm endoscope with integrated working channel (Ruetten), as well as a technical report describing a multi-portal working system with two 5 mm ports, one for the endoscope and one for the instruments (Soliman). In addition, the meta-analysis which was cited refers to the older MetRx system, which is not full-endoscopic but utilizes an endoscope attached to an 18 mm working channel placed through a muscle-splitting approach.

The AANS, CNS and DSPN believe surgeons should be able to utilize the technology that they feel is most appropriate for any individual case. A surgeon’s choice of visualization, whether it is microscope, endoscope, or loupes, should not alter the billing or reimbursement for that surgery. The NASS coverage policy must clearly define endoscopic discectomy to ensure that it is not inappropriately misrepresented as endorsing coverage for other procedures, including one which utilizes a 5.1 mm endoscope to perform a lumbar decompression and removal of the ligamentum flavum — which is currently covered under CPT code 62380.

In addition, we have observed that certain procedures are heavily marketed to non-surgeons, specifically pain management physicians, and we recommend further clarity regarding the appropriate training and skills required for endoscopic surgery. While the draft policy document does mention the learning curve for adopting new surgical techniques such as endoscopic spinal surgery, we would request that this language be reinforced. Endoscopic spinal surgery should only be undertaken by physicians with appropriate qualifications, such as neurosurgeons or orthopedic surgeons, who have extensive

experience with open spinal surgery. It is essential in that a practitioner be able to treat any potential complication of a given procedure. A well-trained and appropriately credentialed surgeon would have the ability to treat any given complication of an endoscopic procedure, such as cerebrospinal fluid leak, and would be qualified to convert to an open procedure if necessary.

The AANS, CNS and DSPN appreciate the opportunity to comment on the NASS Draft Coverage Policy for Endoscopic Decompression and urge you to amend the document per our recommendations. In the meantime, please note that the views expressed in this letter are not an endorsement of any product mentioned in this correspondence, nor does this represent an endorsement of the coverage recommendations made by NASS.

Thank you for considering our comments. If you have any questions or need additional information or clarifications, please feel free to contact us.

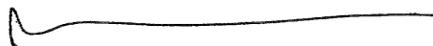
Sincerely,



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American Association of Neurological Surgeons



Ashwini D. Sharan, MD, President
Congress of Neurological Surgeons



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AANS/CNS Disorders of the Spine and Peripheral Nerves

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