Spine NEWS

December 1999

AANS/CNS Section on Disorders of the Spine and Peripheral Nerves
Editor: Robert F. Heary, MD

In This Issue...

2
AANS and CNS Endorse Bone and Joint Decade

3
NIAMS Funds Multi-center Study of Surgical vs. Non-surgical Treatment of Back Pain

4
Spectacular Program Planned for 2000 Spine Section Meeting

6
Changes in Spine Codes for CPT 2000

Note From the Editor

Robert F. Heary, MD

As the millennium approaches, it is essential that organized neurosurgery communicate to other physicians, and the lay public, the message that neurosurgeons are spine surgeons. A recent analysis of the lay press regarding spine care showed that chiropractors were reported more frequently than neurosurgeons as providing spine care. In addition, orthopaedic surgeons are listed far more frequently in the press than neurosurgeons with respect to the spine. Although the overwhelming majority of neurosurgeons perform spine surgery, only a minority of orthopaedic surgeons actually perform spine surgery. As such, the problem has been identified. The lay public does not identify with neurosurgeons as spine surgeons. Our challenge is to form a solution to this problem.

Mission: Public Outreach

On April 7, 2000, the AANS will run an eight-page insert in *USA Today*, the national daily newspaper. The goal of the insert is to educate various target publics about the broad scope of neurosurgery. In particular, the role of the neurosurgeon and the surgical and non-surgical care that he or she provides.

As patient self-referrals progressively increase due to access to the Internet, neurosurgeons need to be actively involved in this medium and in public outreach in general. It will be essential that we become increasingly accessible to both primary care physicians (internists and general practice doctors), and secondary spine doctors (physiatrists, chiropractors). The most logical solution would involve becoming comprehensive spine specialists. What does this mean?

For the neurosurgeon to be a comprehensive spine specialist, it would mean becoming involved in the process much earlier than is currently done in many practices. This means we need to learn specific details of the conservative treatment regimens available, as well as their relative success rates.

As comprehensive spine specialists, we should be actively involved and coordinate the care of back and neck pain patients, as well as patients with evidence of radiculopathy, along with our primary and secondary care physicians. While patients are undergoing conservative treatment regimens, such as physical therapy, injections, etc., neurosurgeons need to be involved in at least the oversight of these regimens.

Call to Action

What does this mean to busy neurosurgeons? This comprehensive care will require greater numbers of patient contacts with those who have back and neck pain and who will probably never undergo surgical procedures. This will require a substantial time commitment that many neurosurgeons have not been willing to make to this point.

As a result of this reluctance to be involved early in the spine care process, the lay public does not realize that we are spine surgeons. The majority of the lay public perceives orthopaedic surgeons, many of whom do not perform any spinal procedures, as the “spine specialists.” The reason for this perception has been the willingness of the orthopaedic surgical community to be involved early on in the process.

If we, as neurosurgeons, are unwilling to put in the time treating these patients, they will be treated elsewhere. The days of only seeing “surgical” patients in our offices need to end. The *USA Today* insert will be the first major organized attempt by neurosurgery to educate

continued on page 3

AANS and CNS Endorse Bone and Joint Decade

Edward Benzel, MD, and Katie Orrico, JD

The Bone and Joint Decade (BJD) is an international project centered in Lund, Sweden. It was established to heighten awareness and provide research advantages for all disciplines associated with musculoskeletal disorders. Since people do not usually die from musculoskeletal disorders, public awareness is not as high and less money is allocated for research in this area.

Nevertheless, the burden these conditions impose on society may be much more significant (as compared to more "visible" conditions such as cancer and heart disease) than previously thought, and the primary goal of the BJD will be to highlight the facts regarding the "burden of musculoskeletal disease."

As of August 30, 1999, 36 countries had joined this effort and established their own "National Action Network." Recently, the United Nations joined the ever-increasing list of supporters and President Clinton has been petitioned to sign a BJD declaration (although this is perhaps unlikely, due to other compelling influences and a reluctance on the part of the Office of the President to issue commemorative proclamation by body part).

In the United States, the American Association of Orthopaedic Surgeons is spearheading the U.S. National Action Network Steering Committee for the BJD. At this time, it is very loose regarding its political structure, especially regarding the oversight of its associated disciplines, including spine. Other disciplines include 1) inflammatory joint disease, 2) osteoarthritis, 3) osteoporosis, 4) extremity trauma and 5) pediatrics. The BJD National Action Network Committee has encouraged these disciplines, including spine, to "take the ball and run with it" in aggressively developing a "Decade of the Spine" concept beneath its umbrella. It is clear that two "Decade" declarations, particularly if they are conceptually related, should not coincide. Therefore, the "Decade of the Spine" concept may take on a name such as the "Era" or "Age" of the spine.

As Chairman of the Council of Spine Societies (COSS), Dr. Benzel presented these issues and concerns at the most recent COSS meeting, which was held in Chicago in conjunction with the North American Spine Society Annual Meeting. COSS has decided to aggressively pursue a spine initiative under the "umbrella" of the BJD, with the COSS Chairman serving as the point person for this project. A subcommittee, headed by Ron Dewald and composed of Steve Garfin, Arnold Menezes, Courtney Brown and Andrew Cole will pursue issues such as logo design (which will incorporate the BJD and Spine concepts) and the possibility of having a joint NASS and AANS/CNS Spine Section meeting that will celebrate the spine in mid-decade. It appears that pursuing the "Age of the Spine" concept under the loose umbrella of the BJD National Action Network Committee is a mechanism through which organized neurosurgery and orthopaedic surgery can collaborate and have a win-win advantage.

AANS/CNS Plan to Elevate "Spine" Focus

Likewise, the AANS/CNS Officers voted to endorse the BJD project and to further explore a mechanism by which a spine program could be included within the BJD initiative. Concern has been raised that the "spine" may get lost in the larger BJD project, so it is important to have a structure in place to elevate the spine and, more specifically, the role of neurosurgeons in the diagnosis, treatment and prevention of spinal diseases and disorders.

To that end, the AANS/CNS Officers approved the creation of a special AANS/CNS Spine Focus Task Force. Dr. Benzel will Chair the task force, which will have representatives from the AANS, CNS, Spine Section, Council of State Neurosurgical Societies and the Washington Committee, and be charged with developing recommendations on the creation and implementation of a comprehensive spine focus initiative. The task force will consider, among other things, the idea of moving forward with a spine focus initiative under the BJD umbrella.

Concluding Thoughts

The "Age of the Spine," under the BJD umbrella, could effectively heighten awareness regarding disorders of the spine, as well as increase funding for spine research. Furthermore, it could heighten the awareness of the lay public regarding the role of neurosurgeons and orthopaedic surgeons in the management of spinal disorders.

Though the BJD is conceptually vaguely defined, through the "Age of the Spine," neurosurgeons, along with their orthopaedic colleagues clearly have an opportunity to "take the ball and run with it." Enthusiastic support is encouraged so that the momentum of the new "Decade" can be established.

LSS Selected as a Research Topic by AHCPR

The Agency for Health Care Policy and Research (AHCPR) recently selected the AANS/CNS nominated topic "Treatment of Lumbar Spinal Stenosis" for an AHCPR funded Evidence-based Practice Center Topic. The AHCPR, which serves as a science partner with private-sector and other public organizations, works to improve the quality, effectiveness and appropriateness of health care delivery and to speed the translation of evidence-based research findings into improved health care. Neurosurgeons selected to serve on the technical expert panel are: Paul C. McCormick, MD, Russell L. Travis, MD, and Christopher G. Paramore, MD.

NIAMS Funds Multi-center Study of Surgical vs. Non-surgical Treatment of Back Pain

Surgical versus non-surgical treatment of three back disorders will be studied in 1,450 patients at 11 medical centers with funds awarded by the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) of the National Institutes of Health (NIH). Researchers at these centers will compare the two treatment approaches in patients who have a herniated lumbar disc, spinal stenosis or degenerative spondylolisthesis. This project is expected to have a major impact on clinical practice and on the cost of medical services for persons with one of the three back disorders.

The five-year study, which will cost more than $13.5 million, is being performed under the direction of James N. Weinstein, DO, MS, Professor in the Department of Community and Family Medicine, Center for the Evaluative Clinical Sciences, and Professor of Surgery at Dartmouth Medical School. Participating centers in the study include: Case Western Reserve University (Cleveland, Ohio); Dartmouth Medical School (Hanover, New Hampshire); Emory Spine Center (Decatur, Georgia); the Hospital for Special Surgery (New York, New York); Rothman Institute (Philadelphia, Pennsylvania); Nebraska Spine Surgeons, PC (Omaha, Nebraska); Rush-Presbyterian-St. Lukes Medical Center (Chicago, Illinois); University of California (San Francisco, California); Hospital for Joint Diseases (New York, New York); Washington University (St. Louis, Missouri); and William Beaumont Hospital (Royal Oak, Michigan).

Study Protocol

Patients enrolled in the study will be randomly assigned to either surgical or non-surgical treatment. In the non-surgical group, treatments will be prescribed according to the diagnosis and duration of the condition. Among the non-surgical treatments included in the study are: one to three days of bed rest; physical therapy; home exercise; epidural injections; and oral non-steroidal, anti-inflammatory drugs and other non-narcotic medications. Other non-surgical treatments may be added by treating physicians, as they and the patient deem appropriate.

Researchers will collect and evaluate information from participants at three, six, 12, and 24 months regarding health-related quality of life, spine-related disability, and the use of resources for help. An additional 1,800 people with back pain will be observed to assess health and resource outcomes.

Costly Problem

Pain involving disorders of the lumbar spine is not only one of the most prevalent health problems for which people seek medical help, it is also one of the most costly in terms of medical treatment and disability involving days lost from work. Estimates of cost of medical care for those disabled by severe back pain range from $30 to $70 billion annually. Data from the preference observation group will be integrated with that from the randomized group to estimate cost-effectiveness of treatment. Stephen I. Katz, MD, Director of NIAMS, said, “Based on this trial, we shall, for the first time, have scientific evidence regarding the relative effectiveness of surgical versus non-surgical treatment of these commonly diagnosed lumbar spine conditions.”

NIAMS funding for this study is supported by contributions from the NIH Office of Research on Women’s Health and the National Institute for Occupational Safety and Health of the Centers for Disease Control and Prevention.

General information about this study may be obtained by calling (888) 794-2225.

Neurosurgeons: Comprehensive Spine Specialists
(Continued from front page)

the lay public on our role as leading spine specialists. It is essential that practicing neurosurgeons throughout the country embrace this concept and become involved earlier in the process.

In doing so, we can perform a more comprehensive role which will include screening for spine problems, as well as conservative and operative treatment regimens. If we are unwilling to dedicate the time and energy necessary to provide this “comprehensive” care, then we risk falling further and further behind in the public perception. As the computer age and the new millennium approach, patients with spine problems are becoming more medically sophisticated. As comprehensive spine specialists, we can become involved early in the process, provide oversight during a conservative treatment regimen, and operate as necessary. If we don’t make an effort to open our doors sooner, we will have only ourselves to blame if the doors are slammed shut.

Free Section Membership for Residents

The AANS/CNS Section on Disorders of the Spine and Peripheral Nerves is offering free Section membership to neurosurgical residents.

Residents must fill out an application form and the yearly membership will be waived for the duration of their residency.

If you, or someone you know, is interested in joining the Section, see the membership application on page 7.

Spectacular Program Planned for 2000 Spine Section Meeting

Robert F. Heary, MD

Plans for the 16th Annual Meeting of the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves have been finalized. The meeting, which will be held February 23-26, 2000 at the Renaissance Esmeralda Resort in Indian Wells (Palm Springs), California, will showcase more than 150 scientific presentations and posters, three special courses and approximately 60 technical and institutional exhibitors.

"This year's meeting promises to be spectacular," said Timothy Ryken, MD, AANS/CNS Section on Disorders of the Spine and Peripheral Nerves Scientific Program Chair. "The Scientific Sessions will expose attendees to the latest procedures and surgical techniques emerging in the area of spinal surgery."

Program Highlights

- **Special Course I** *Wednesday, February 23, 8 AM–5 PM* This didactic course titled, " Lumbar Instability and Fusion: Diagnosis, Patient Selection, Treatment Options and Outcomes," will provide a multi-disciplinary overview of the current management strategies available for lumbar degenerative spinal conditions.

- **Special Course II** *Wednesday, February 23, 1-5 PM* This course, "Practical Approaches to Selected Peripheral Nerve Injuries," will address the practical aspects of peripheral nerve surgery and examine the indications and limitations for electrophysiologic diagnostic studies in patients with peripheral nerve injuries.

- **Opening Reception** *Wednesday, February 23, 6:30-9 PM* The AANS/CNS Section on Disorders of the Spine and Peripheral Nerves will welcome meeting attendees to Indian Wells with an outdoor gala at the Renaissance Esmeralda Resort. The welcoming event will be the perfect place for you to visit with old and new friends.

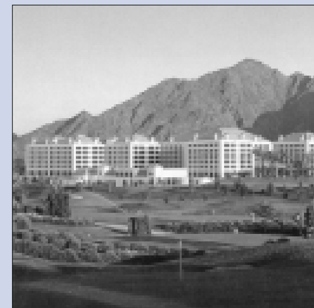
- **General Scientific Session I** *Thursday, February 24, 7:15-9 AM* "Indications for Spinal Fusion: Absolute, Relative, Contraindicated," will bring together a panel of experts to discuss spinal fusion procedures, the absolute and relative indications, as well as the contradictions for fusions involving the craniovertebral junction and the cervical, thoracic and lumbar spine.

- **General Scientific Session II** *Thursday, February 24, 1-3 PM* This session, titled, "Peripheral Nerve Disorders," will examine current diagnostic and treatment modalities available for peripheral nerve disorders. Peripheral nerve injuries from the proximal plexuses to the distal nerves will be addressed and state-of-the-art neuroimaging studies available to evaluate these injuries will be reviewed.

- **General Scientific Session III** *Friday, February 25, 7:45–9:15 AM* This session, "Innovations in Spinal Surgery," will examine the use of new technologies to treat disorders of the spine. The use of advanced intraoperative imaging techniques for immediate feedback to the operating surgeon will be reviewed, as well as the advantages and limitations of these interactive approaches.

- **Golf and Tennis Challenge** *Friday, February 25, 12:30–5:00 PM* Plan to spend the afternoon on the course or at the courts with your colleagues. The golf and tennis tournaments will be the perfect place for you to enjoy a demanding test of your skills and endurance.

Come to Indian Wells, California



Warm temperatures, endless blue skies and spectacular desert landscapes await you at the luxurious Renaissance Esmeralda Resort. The full-service resort features two championship 18-hole golf courses, four tennis courts, spectacular swimming pools with waterfalls and sandy beaches, and a wide array of five-star restaurants and specialty shops.

Challenging Spine or Peripheral Nerve Cases Needed

New to this year's program will be a series of case study presentations. Participants are encouraged to bring cases from their clinical practice, along with imaging studies. A panel of experts will lead discussions that will accurately identify the pathology of a clinical disorder, formulate a logical treatment plan, and successfully correct the disorder using a variety of surgical approaches.

If you have an interesting case that you would like to submit for discussion, please contact Timothy Ryken, MD, via e-mail at timothy-ryken@uiowa.edu.

- **Controversies in Spinal Surgery** *Saturday, February 26, 7:45–9:45 AM* This special session will review specific treatments for spinal disorders, where controversy currently exists. The advantages and disadvantages of a variety of diagnostic and therapeutic procedures will be reviewed, discography and intradiscal electrothermy will be evaluated and the timing of surgery and the need for fusion will be addressed.

- **Special Course III** *Saturday, February 26, 1–5 PM* This special post-meeting resident course, titled, "Basic Principles of Spine and Peripheral Nerve Surgery," will provide a thorough overview of the scientific principles and techniques presented in the Scientific Sessions.

Mayfield Award Winners

At this year's Section meeting, Viswanathan Rajaraman, MD, FRCS, a resident at UMDNJ New Jersey Medical School (Newark, New Jersey), will be presented with the 2000 Mayfield Clinical Science Award, and Neill M. Wright, MD, a resident at Washington University (St. Louis) will be recognized as the 2000 Mayfield Basic Science winner.

The Mayfield Award is presented annually to a neurosurgical resident(s) or fellow(s) who has submitted an outstanding research manuscript regarding a laboratory or clinical investigation in the area of spine or peripheral nerve disorders.

Spine Section Seminars Planned for the 2000 AANS Annual Meeting

Plans are well underway for the 68th AANS Annual Meeting, which will take place April 8-13, 2000 in San Francisco, California. Some of the meeting highlights include the following Breakfast Seminars that focus on the spine and peripheral nerves:

- Spinal Stabilization: State of the Art
- Endoscopic Surgery of the Spine
- Evaluation and Management of Rheumatoid Disease of the Spine
- Indications and Techniques of Lumbar Interbody Fusion
- Management of Craniospinal Dural Fistulae
- Management of Traumatic Cervical Spine Instability
- Diagnosis and Management of Foraminal and Far Lateral Lumbar Disc Herniations
- Management of the Osteoporotic Spine
- Lumbar Stenosis: Current Treatment and Long-term Outcome
- Stereotactic Spinal Techniques
- Lumbar Spine Fusion: Indications, Patient Selection, and Current Techniques
- Minimally Invasive Surgery of the Lumbar Disc
- Spinal Cord Injury: Timing, Approach and Pharmacology
- Complications in Complex Spinal Surgery: Lessons Learned
- Degenerative Spondylolisthesis: Controversies in Management
- Contemporary Management of Cervical Disc Disease
- Evaluation and Management of Peripheral Nerve Entrapment Syndromes

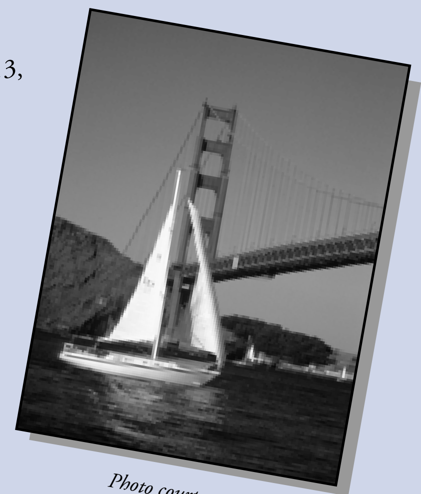


Photo courtesy of the SFCVB.

Changes in Spine Codes for CPT 2000

Gregory J. Przybylski, MD

With the New Year approaching, I thought it would be helpful to summarize the changes in codes for spinal surgery that will be seen in CPT 2000. Although most of the changes are editorial changes in the description of inclusion criteria for codes, some new codes and revisions of old codes also have been implemented. Italicized portions represent the changes from CPT 1999.

The major new codes that have been developed describe open treatment of odontoid fractures/os odontoideum with anterior screw fixation. The operative approach and closure, intraoperative reduction, fluoroscopy, and placement of screw(s) are included in the value of the codes (approximately 20 work RVU).

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*

22319 *With grafting*
Additional changes in the musculoskeletal section include editorial changes in several codes. The changes were made to help facilitate appropriate use of these codes with changes in technology that have occurred over the past decade. The inclusion criteria for a PLIF were also included.

22630 Arthrodesis, posterior interbody technique, *including laminectomy and/or discectomy to prepare interspace (other than for decompression),* single interspace; lumbar

22840 Posterior non-segmental instrumentation (eg, Harrington rod technique, *pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)*

22851 Application of intervertebral device (eg, *synthetic* cage(s), *threaded bone dowel(s),* methylmethacrylate) to vertebral defect or interspace

In the nervous system section, multiple editorial changes in several codes were made to reflect changes in technology. There has been a reorganization of codes for paravertebral facet joint injections as well. Two important changes include use of an add-on code for spinal navigation and the application of a previous code for treatment of certain far lateral disc herniations.

61795 Stereotactic computer assisted volumetric *(navigational)* procedure, intracranial, *extracranial, or spinal* (list separately in addition to code for primary procedure)

62287 Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar *(eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)*

63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy, and/or excision of herniated intervertebral disc, one interspace, lumbar *(including open or endoscopically-assisted approach)*

63056 Transpedicular approach with decompression of spinal cord, cauda equina, and/or nerve root(s) (eg, herniated disc), single segment; lumbar *(including transfacet, or lateral extraforaminal approach (eg, far lateral intervertebral disc)*

64470 *Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level*

64472 *Cervical or thoracic, each additional level (list separately in addition to code for primary procedure)*

64475 *Lumbar or sacral, single level*

64476 *Lumbar or sacral, each additional level (list separately in addition to code for primary procedure)*

64479 *Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level*

64472 *Cervical or thoracic, each additional level (list separately in addition to code for primary procedure)*

64475 *Lumbar or sacral, single level*

64476 *Lumbar or sacral, each additional level (list separately in addition to code for primary procedure)*

It is important to understand that the process involved in creating new codes and changing old codes is quite complicated, lengthy, and can have substantial impact on the valuation of the changed codes, as well as other existing codes. The deadline for changes in CPT 2001 has already past. One of the major considerations by the CPT Editorial Panel is the creation of approach codes for anterior thoracolumbar spinal surgery.

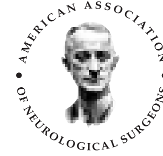
Although this has been discussed for many years among a multitude of societies, the development of such codes has been slow because of concerns about the impact on valuation of the primary procedures. However, two surgeons directly petitioned the AMA for creation of anterior lumbar approach codes. This led to a mandate by the CPT Editorial Panel to develop a solution for CPT 2001.

Consequently, it is imperative that requested changes are brought to one of your CPT representatives first so that the implication of the changes can be discussed and the work can be facilitated in a manner that improves the system for all of us. Your representatives in neurosurgery include James Hollowell, MD, for the Spine Section, Richard Roski, MD, for the AANS, and myself for the CNS.

Finally, our Spine Section owes a debt of gratitude to the multiple people involved in the development and revision of these codes, including Samuel Hassenbusch, MD, PhD, representing the CNS, Richard Roski, MD, representing the AANS, and Tom Faciszewski, MD, representing NASS along with their staff and our colleagues in neuroradiology, pain anesthesiology, and physiatry.

Application for Membership

AANS/CNS Section on Disorders of the Spine and Peripheral Nerves



Biographical

Name: ____

Home Address: ____

Phone: ____

Office Address: ____

____

Office Phone: ____

E-mail Address: ____

Category of Membership Requested: (Must be a member of the AANS or CNS).

❑ Active ❑ Associate ❑ International ❑ Resident*

Membership, Certification and Practice:

Are you certified by the American Board of Neurological Surgery?

❑ Yes ❑ No

Are you a member of

1. The American Medical Association? ❑ Yes ❑ No
2. A Local or Regional Medical Society? ❑ Yes ❑ No

   Name:
3. A State or Provincial Medical Society? ❑ Yes ❑ No

   Name:
4. The American Association of Neurological Surgeons? ❑ Yes ❑ No
5. The Congress of Neurological Surgeons? ❑ Yes ❑ No

Signature: ______________________________ Date: ______________

**** Membership dues are waived for applicants currently enrolled in a neurosurgical residency program.***

Please return the completed application with your membership fee of $50 to:
AANS/CNS Section on Disorders of the Spine and Peripheral Nerves
Dept. 77-7586
Chicago, Illinois 60678-7586

AANS/CNS Section on Disorders of the Spine and Peripheral Nerves
22 South Washington Street
Park Ridge, Illinois 60068-4287

FIRST CLASS
U.S. POSTAGE
PAID
Des Plaines, IL
Permit No. 329

1999 Spine Section Officers

Chair
Vincent C. Traynelis, MD
Iowa City, Iowa

Chair-Elect
Curtis A. Dickman, MD
Phoenix, Arizona

Secretary
Nevan G. Baldwin, MD
Albuquerque, New Mexico

Treasurer
Curtis A. Dickman, MD
Phoenix, Arizona

Past-Chair
Stephen M. Papadopoulos, MD
Ann Arbor, Michigan

Members-At-Large
Srinath Samudrala, MD
Los Angeles, California

Lloyd Zucker, MD
Boca Raton, Florida

2000 Spine Section Nominees

At this year's Spine Section meeting, the membership will be asked to vote upon the slate of candidates for Section Officers, as recommended by the Nominating Committee. They include:

Chair-Elect
Paul C. McCormick, MD
New York, New York

Treasurer
Gerald E. Rodts, Jr., MD
Atlanta, Georgia

Member-At-Large
H. Louis Harkey III, MD
Jackson, Mississippi