



## ISASS Supports Coverage and Provides Coding Information for the Barricaid Bone-Anchored Annular Closure Implantation Procedure

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On December 23, 2019, the International Society for the Advancement of Spine Surgery (ISASS) posted a Policy Guideline<sup>1</sup> relating to lumbar disc herniation with radiculopathy, including the implantation of a bone-anchored annular closure device (Barricaid) in patients with large annular defects. This Policy Guideline will be published in the International Journal of Spine Surgery, the official journal of ISASS.

### ISASS Highlights Evidence to Support Coverage

The ISASS Policy Guideline includes a comprehensive and balanced review of the peer-reviewed published clinical literature for lumbar discectomy with and without implantation of a bone-anchored annular closure device in patients at risk of reherniation. The ISASS Policy states that:

The “...only annular repair technique supported by high-level clinical evidence is bone-anchored annular closure. A bone-anchored ACD is FDA-approved and indicated for patients with large annular defects. Adequate evidence is currently not available to support suturing of the annulus as an effective repair technique. The current clinical evidence supports bone-anchored annular closure for indicated patients to improve the probability of avoiding rLDH [recurrent lumbar discectomy] and sustaining the treatment benefits of discectomy.”

Peer-reviewed published literature (including randomized controlled trials) is needed to obtain coverage for new procedures. This Policy Guideline will help facilitate adoption of positive coverage with payers.

### ISASS Coding Guidance

The ISASS Policy supersedes older documents indicating that the repair of an annular defect was a part of a discectomy. The ISASS Policy Guideline indicates that the Barricaid implantation procedure is a new and separately reportable procedure. ISASS included the following coding guidance relating to the Barricaid implantation procedure in its Policy:

#### Hospital Outpatient/ASC Coding

C9757 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar

#### Physician Coding

22899 Unlisted procedure, spine

*“Physicians may report CPT 22899 for implantation of the bone-anchored annular closure device in addition to the appropriate CPT code for the discectomy procedure (e.g., 63030)”*

Of course, physicians and facilities should always consult with payers if there are questions regarding coding.

In summary, obtaining specialty society support from ISASS for the Barricaid implantation procedure is a major achievement. We are pleased that ISASS published a Policy Guideline that supports both coverage and coding for the Barricaid technology and the procedure.

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<sup>1</sup> See ISASS Policy Guideline at <https://www.isass.org/public-policy/isass-policy-guideline-surgical-treatment-of-lumbar-disc-herniation-with-radiculopathy/>.