

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Advisory Panel on Ambulatory Payment Classification (APC) Groups August 23–24, 2010

Recommendations

Visits and Observation Issues

1. The Panel commends CMS for providing excellent, timely data for consideration. The Panel recommends that CMS continue to report claims data for clinic and emergency department visits and observation, critical care, and trauma activation services and, if CMS identifies changes in patterns of utilization or cost, that it bring those issues before the Visits and Observation Subcommittee for future consideration.
2. The Panel requests that CMS provide additional information about critical care patients with a primary diagnosis of unspecified chest pain or other chest pain, such as the three most common secondary diagnoses and patient disposition.
3. The Panel recommends that CMS consider including other services commonly provided with extended assessment and management in the extended assessment and management composite APC.
4. The Panel recommends that Randall Oyer, M.D., be named chair of the Visits and Observation Subcommittee beginning at the next meeting.
5. The Panel recommends that the work of the Visits and Observation Subcommittee continue.

Packaging Issues

6. The Panel recommends that Current Procedural Terminology (CPT) code 31627, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])*, continue to be assigned a status indicator of “N.”
7. The Panel recommends that CMS provide claims data at the Panel’s winter 2012 meeting about CPT code 31627, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])*, for the Panel’s consideration.
8. The Panel recommends that CMS assign CPT 0191T, *Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach*, to APC 0673, *Level V Anterior Segment Eye Procedures*, on the basis of its clinical similarity with both CPT 0192T, *Insertion of anterior segment*

aqueous drainage device, without extraocular reservoir; external approach, and HCPCS code 66180, Aqueous shunt to extraocular reservoir (e.g., Molteno, Schocket, Denver-Krupin).

9. The Panel recommends that the Packaging Subcommittee be renamed the Subcommittee for APC Groups and Status Indicator (SI) Assignments.
10. The Panel requests that CMS provide data for all unconditionally packaged items and services that appear by themselves on separate bills in outpatient claims data to the Subcommittee for APC Groups and SI Assignments.
11. The Panel encourages the public to submit common clinical scenarios involving currently packaged HCPCS codes and recommendations of specific services or procedures for which payment would be most appropriately packaged under the Outpatient Prospective Payment System (OPPS) for review by the Subcommittee for APC Groups and SI Assignments.
12. The Panel recommends that Judith Kelly, R.H.I.T., R.H.I.A., C.C.S., be named chair of the Subcommittee for APC Groups and SI Assignments.
13. The Panel recommends that the work of the Subcommittee for APC Groups and SI Assignments continue.

Data Issues

14. The Panel recommends that CMS retain the current overall ancillary cost-to-charge ratio (CCR) trim tolerances of 0.0001, 90, and +/- three standard deviations from the geometric mean for determining the hospitals whose claims are to be included in ratesetting.
15. The Panel recommends that CMS investigate and report at a future Panel meeting on the reason for the decline in median cost for APC 0307, *Myocardial Positron Emission Tomography (PET) Imaging*, from the calendar year (CY) 2010 OPPS to the proposed CY 2011 OPPS.
16. The Panel recommends that CMS identify increases or decreases in APC median costs of 10 percent or greater and that CMS develop and present explanatory information on APCs with significant changes.
17. The Panel commends CMS for providing data analyses requested by the Data Subcommittee.
18. The Panel recommends that Patrick Grusenmeyer, Sc.D., be named chair of the Data Subcommittee.
19. The Panel recommends that the work of the Data Subcommittee continue.

Drugs, Biologicals, Radiopharmaceuticals, and Pharmacy Overhead

20. The Panel recommends that CMS require hospitals to report all drugs with a HCPCS code using Revenue Code 0636, regardless of payment status.
21. The Panel recommends that CMS pay for the acquisition and pharmacy overhead costs of all separately payable drugs at no less than average sales price plus 6 percent for CY 2011.