

September 24, 2012

CMS' Preliminary Decisions on the Recommendations of the Hospital Outpatient Payment Panel on Supervision Levels for Select Services

In the Calendar Year 2012 Outpatient Prospective Payment System /Ambulatory Surgical Center Final Rule, the Centers for Medicare & Medicaid Services (CMS) established a process to obtain independent advice from the Hospital Outpatient Payment Panel regarding the appropriate supervision levels for individual hospital outpatient therapeutic services (76 Fed. Reg. 74360). CMS charged the Panel with recommending, at the request of the agency or the public, the supervision level that will ensure the appropriate quality and safety for delivery of a given service as defined by its Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) code. In order to make its recommendations, the Panel uses clinical and other criteria that were established in the final rule.

Based on the Panel's recommendations at its meeting on August 27-28, 2012, CMS is proposing the following changes to the current supervision requirements. These decisions are preliminary and are open to public comment through October 24, 2012. Comments may be submitted via email to HOPSupervisionComments@cms.hhs.gov. As we indicated in the final rule, we will post final decisions after considering any comments that we receive and those decisions will be effective on January 1, 2013.

We would accept the Panel's recommendations that we change the requirement for the following services from direct supervision to general supervision, since provision of the service does not typically require the immediate availability of the supervising physician or appropriate nonphysician practitioner. These services could be conducted under general supervision in accordance with applicable Medicare regulations and policies:

- HCPCS code G0008 *Administration of influenza virus vaccine*
- HCPCS code G0009 *Administration of pneumococcal vaccine*
- HCPCS code G0010 *Administration of hepatitis B vaccine*
- HCPCS code G0127 *Trimming of dystrophic nails, any number*
- CPT code 11719 *Trimming of nondystrophic nails, any number*
- CPT code 36000 *Introduction of needle or intracatheter, vein*
- CPT code 36591 *Collection of blood specimen from a completely implantable venous access device*
- CPT code 36592 *Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified*
- CPT code 51702 *Insertion of temporary indwelling bladder catheter; simple (e.g., Foley)*
- CPT code 51705 *Change of cystostomy tube; simple*
- CPT code 51798 *Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging*
- CPT code 96360* *Intravenous infusion, hydration; initial, 31 minutes to 1 hour*
- CPT code 96361* *Intravenous infusion, hydration; each additional hour (list separately in addition to code for primary procedure)*
- CPT code 96521 *Refilling and maintenance of portable pump*
- CPT code 96523 *Irrigation of implanted venous access device for drug delivery systems*

We would not accept the Panel's recommendations that CMS allow the following services to be furnished under general supervision. The service either involves assessment by a physician, or there is a significant potential for patient complications or reactions that would require the supervising physician or appropriate nonphysician practitioner to be immediately available. Little clinical justification was

provided by stakeholders at the Panel meeting as to why it would be safe to furnish these services under general supervision. We believe, and the clinicians on the Panel largely agreed, that there is significant potential for complications that would require the supervisor's immediate presence.

Regarding observation services, the Panel evaluated both of the HCPCS codes that are used to bill hospital observation services i.e., G0378 (Hospital observation services per hour), which is most commonly billed, and G0379 (Direct admission of patient for hospital observation care). The Panel recommended general supervision for G0379 but not for G0378, which would then maintain its current designation as a non-surgical extended duration therapeutic service. Extended duration services can already be furnished under general supervision after initiation under direct supervision, at the discretion of the supervising practitioner. We would maintain this designation for both of the observation services and for the other extended duration services below:

- HCPCS code G0379* *Direct admission of patient for hospital observation care*
- HCPCS code G9141 *Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)*
- CPT code 29580 *Strapping; Unna boot*
- CPT code 29581 *Application of multi-layer compression system; leg (below knee), including ankle and foot*
- CPT code 51700 *Bladder irrigation, simple, lavage and/or instillation*
- CPT code 96365* *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour*
- CPT code 96366* *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)*
- CPT code 96367* *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (list separately in addition to code for primary procedure)*
- CPT code 96368* *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (list separately in addition to code for primary procedure)*
- CPT code 96372* *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*
- CPT code 96374* *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug*
- CPT code 96375* *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/ drug (list separately in addition to code for primary procedure)*
- CPT code 96376* *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/ drug provided in a facility (list separately in addition to code for primary procedure)*

*Indicates a service that is designated for CY 2012 as a non-surgical extended duration therapeutic service (see http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/CMS-1525-FC_FINAL_2012_Extended_Duration_Services.pdf).