

ADVISORY PANEL ON AMBULATORY PAYMENT CLASSIFICATION GROUPS

Presenter/Presentation Information Checklist

Instructions: Send this hardcopy checklist (Parts I and II) with your presentation to the following address by 5 p.m. on the date specified in the Federal Register notice:

Paula Smith
Designated Federal Official, APC Panel
CMS/CMM/HAPG/DOC
7500 Security Blvd., C4-05-17
Baltimore, MD 21244-1850
E-mail address: APCPanel@cms.hhs.gov

Part I: Personal Information for Presenter(s) (If you have more than three presenters, photocopy the form, or go to <http://www.cms.hhs.gov/cmsforms/downloads/cms20017.pdf> to print another copy.)

Presenter's Name	Title	Organizational Affiliation, Name, Address, City, and State
Subject of Presentation	E-mail Address	Telephone Number

Clearly describe the action(s) that you are requesting CMS to take.

Presenter's Name	Title	Organizational Affiliation, Name, Address, City, and State
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Clearly describe the action(s) that you are requesting CMS to take.

Part II – Presentation Required Checklist

In order to meet the presentation requirements, all information stated below must be on page 1 of your presentation in a clear, logical format.

To ensure that all information has been supplied—which is required for each presentation at the APC Panel meeting—please provide the following:

1. List the financial relationship of presenter(s), if any, with any company whose product, services, or procedures are under consideration	
2. Physicians' Current Procedural Terminology (CPT) code(s) and Health Care Common Procedures Codes (HCPS) involved	
3. APC(s) affected	
4. Description of the issue(s)	
5. Clinical description of the service under discussion (with comparison to other services within the APC)	
6. Recommendations and rationale for change	
7. Recommendations and rationale for change	
8. Potential consequences of not making the change	