

**Statement to the Advisory Panel on HOP on the APC Placement of the New Bundled  
Abscess Drainage Codes  
March 10-March 11, 2014**

The American College of Radiology (ACR) appreciates the opportunity to present testimony before the Advisory Panel on Hospital Outpatient Payment (HOP) on the Ambulatory Payment Classification (APC) placement of the new bundled abscess drainage codes. The ACR represents more than 36,000 diagnostic radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians and medical physicists.

**Abscess Drainage Codes**

*New Codes 10030 & 49405-7*

The ACR met with CMS last October to proactively discuss where the new radiology bundled codes should be placed in the APCs. During this meeting ACR made a clinical argument and recommended that codes 10030 & 49405, 49406 and 49407 be treated as a clinically coherent group of codes and all should be assigned to APC 0037. CMS assigned only two of the codes to APC 0037 (codes 49405 and 49406), see Table 1 below. CMS assigned code 10030 to APC 0006 (incision and drainage), and assigned code 49407 to APC 0685 as shown in Table 2 and 3 below.

**Table 1. 2014 Profile of APC 0037 (new codes CMS assigned are in red)**

HCPCS Code	Short Descriptor	SI	APC	Payment Rate	Single Frequency	Geometric Mean Cost
49405	Image cath fluid colxn visc	T	0037	\$1,223.25	-	\$ -
49406	Image cath fluid peri/retro	T	0037	\$1,223.25	-	\$ -
54500	Biopsy of testis	T	0037	\$1,223.25	3	\$ 1,947.22
19103	Bx breast percut w/device	D			49,390	\$ 1,238.41
44901	Drain app abscess percut	D			19	\$ 1,380.02
47011	Percut drain liver lesion	D			393	\$ 907.48
48511	Drain pancreatic pseudocyst	D			44	\$ 943.06
49021	Drain abdominal abscess	D			1,267	\$ 1,127.56
49041	Drain percut abdom abscess	D			62	\$ 1,007.19
49061	Drain percut retroper absc	D			619	\$ 951.19
50021	Renal abscess percut drain	D			162	\$ 1,009.14



**Table 2. 2014 Profile for APC 0006 (new codes shown in red)**

<b>Level I Incision &amp; Drainage</b>						
<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>SI</b>	<b>APC</b>	<b>Payment Rate</b>	<b>Single Frequency</b>	<b>Geometric Mean Cost</b>
10030	Guide cathet fluid drainage	T	0006	\$159.66		
10060	Drainage of skin abscess	T	0006	\$159.66	25,920	\$140.73
10061	Drainage of skin abscess	T	0006	\$159.66	6,608	\$218.88
10080	Drainage of pilonidal cyst	T	0006	\$159.66	215	\$165.81
10160	Puncture drainage of lesion	T	0006	\$159.66	5,824	\$218.64
20950	Fluid pressure muscle	T	0006	\$159.66	11	\$239.81
21725	Revision of neck muscle	T	0006	\$159.66		
26010	Drainage of finger abscess	T	0006	\$159.66	669	\$131.20
40800	Drainage of mouth lesion	T	0006	\$159.66	101	\$97.77
41800	Drainage of gum lesion	T	0006	\$159.66	581	\$84.98
69000	Drain external ear lesion	T	0006	\$159.66	302	\$170.94
69020	Drain outer ear canal lesion	T	0006	\$159.66	70	\$184.58

**Table 3. 2014 Profile of APC 0685 (new codes CMS assigned are in red)**

<b>Level III Needle Biopsy/Aspiration Except Bone Marrow</b>						
<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>SI</b>	<b>APC</b>	<b>Payment Rate</b>	<b>Single Frequency</b>	<b>Geometric Mean Cost</b>
32400	Needle biopsy chest lining	T	0685	\$757.76	482	\$ 671.11
32405	Percut bx lung/mediastinum	T	0685	\$757.76	29,659	\$ 725.62
47000	Needle biopsy of liver	T	0685	\$757.76	30,893	\$ 740.13
48102	Needle biopsy pancreas	T	0685	\$757.76	783	\$ 713.37
49180	Biopsy abdominal mass	T	0685	\$757.76	7,444	\$ 773.06
49407	Image cath fluid trns/vgnl	T	0685	\$757.76	-	\$ -
50200	Renal biopsy perq	T	0685	\$757.76	14,828	\$ 885.21
50390	Drainage of kidney lesion	T	0685	\$757.76	942	\$ 722.94
62269	Needle biopsy spinal cord	T	0685	\$757.76	36	\$ 906.04

The ACR maintains that all four codes in this family should be assigned to the same APC since the resources involved in providing these services are identical. The codes are only



differentiated by the anatomic location of the placement of the catheter. Below is a simulation of the new codes using the 2012 data from their predecessor codes showing similarity in the median costs of the predecessor codes. Importantly, code 10030 had no specific predecessor code as no code existed specific to subcutaneous drainage catheter placement. The code used in our simulation, code 10140 likely underestimates actual cost, further supporting our recommendation that all four codes be included in the same APC 0037.

#### **Simulation of New Codes 10030 & 49405-7 Abscess Drainage**

<b>New Code</b>	<b>Predecessor Codes</b>	<b>Status Indicator</b>	<b>Current APC Assignment</b>	<b>Geometric Mean For APC</b>	<b>Total Frequency</b>	<b>Singles</b>	<b>Median Cost</b>	<b>Mean Cost</b>	<b>Geometric Mean Cost</b>
10030	75989 + 10140	T	0006	\$160.22	248	200	\$ 880.94	\$ 1,073.50	\$ 918.51
49405	75989 + (32201 OR 48511 OR 47011 OR 50021)*	T	0037	\$1,227.53	527	383	\$ 1,015.86	\$ 1,152.12	\$ 1,008.20
49406	75989 + (44901 OR 49021 OR 49041 OR 49061)	T	0037	\$1,227.53	2096	1,499	\$ 1,151.85	\$ 1,334.85	\$ 1,156.58
49407	75989 + 58823	T	0685	\$760.41	65	52	\$ 1,209.27	\$ 1,352.88	\$ 1,185.73

#### ***Recommendation:***

***The ACR requests that CMS move codes 10030 and 49407 to APC 00037. The ACR believes that the data shows that all of the abscess drainage codes should continue to be together in one clinically cohesive group.***