

RECOMMENDATIONS

Centers for Medicare and Medicaid Services (CMS)

Advisory Panel on Hospital Outpatient Payment

August 23, 2021

Blood Products

1. The Panel recommends that CMS assign the F status indicator (SI) to HCPCS code P9099, *Blood component or product not otherwise classified*, to authorize A/B Medicare administrative contractors to compensate hospitals for new blood products temporarily billed with HCPCS code P9099 on the basis of reasonable cost (based on invoice cost).

Device Offset and Data-Related Topics

2. The Panel recommends that CMS use the device offset percentage from predecessor code HCPCS code 64568, *Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator*, to calculate the device offset percentage for new CPT code 645X1, *Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array*.
3. The Panel recommends that CMS make the multiple procedure discounting determination for CPT code 645X1 consistent with its predecessor code HCPCS code 64568, and with other implantable neurostimulation systems (deep brain stimulation [HCPCS code 61885, *Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array*], sacral nerve stimulation [HCPCS

code 64590, *Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling*], and spinal cord stimulation [HCPCS code 63650, *Percutaneous implantation of neurostimulator electrode array, epidural*]).

Skin Substitutes

4. The Panel recommends that CMS assign the existing add-on codes (HCPCS code 15272, *Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)*; HCPCS code 15274, *Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)*; HCPCS code 15276, *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)*; and HCPCS code 15278, *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)*) to an appropriate Ambulatory Payment Classification (APC) group allowing for payment and issue an exception for the payment of the add-on codes for cellular and/or tissue-based products for skin wounds.

5. The Panel recommends that CMS assign APCs for the same size wound regardless of anatomical location on the body.

Specific APC Groups and Assignments

6. The Panel recommends that CMS assign new CPT code 669X1, *Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more, and* new CPT code 669X2, *Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more, to APC 5493, Level 3 Intraocular Procedures.*
7. The Panel recommends that CMS assign new CPT code 0X12T, *Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more, to APC 5492, Level 2 Intraocular Procedures.*

8. The Panel recommends that CMS utilize the device offset percentage for HCPCS code 0191T, *Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion*, when determining the ASC payment rates for new CPT codes 669X1, 669X2, and 0X12T.
9. The Panel recommends that CMS assign HCPCS code 55880, *Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), including ultrasound guidance*, to APC 5376, *Level 6 Urology and Related Services*.
10. The Panel recommends that CMS consider reassigning HCPCS code 0662T, *Scalp cooling, mechanical; initial measurement and calibration of cap*, to a New Technology APC based on equipment costs and the average staff time involved in the procedure.
11. The Panel recommends that CMS reassign HCPCS code C9764, *Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed*, to APC 5193, *Level 3 Endovascular Procedures*, and reassign HCPCS code C9765, *Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed*, and HCPCS code C9766, *Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed*, to APC 5194, *Level 4 Endovascular Procedures*, if the mean costs of the new procedures described fall within 10 percent of the payment for atherectomy procedures in those APCs.

Visits and Observation Issues

12. The Panel recommends that CMS continue to report clinic/emergency department visit and observation claims data and that, for future Subcommittee meetings, CMS provide these data from the previous 5–10 years.
13. The Panel recommends that CMS continue to report data on what percentage of observation stay claims greater than 48 hours have a date of service that begins on a Friday.
14. The Panel recommends that a summary of the data reviewed by the Visits and Observation Subcommittee be provided to the Panel.
15. The Panel recommends that the work of the Visits and Observation Subcommittee continue.
16. The Panel recommends that Lisa Gangarosa, M.D., continue to serve as Chair of the Visits and Observation Subcommittee.

APC Groups and SI Assignments Issues

17. The Panel recommends that the work of the APC Groups and SI Assignments Subcommittee continue.
18. The Panel recommends that Peter Duffy, M.D., continue to serve as Chair of the APC Group and SI Assignments Subcommittee.

Data Issues

19. The Panel recommends that the work of the Data Subcommittee continue.
20. The Panel recommends that CMS continue to provide the Data Subcommittee a list of APCs with costs fluctuating by more than 10 percent before each Panel meeting.

21. The Panel recommends that CMS provide the Data Subcommittee a presentation on the claims accounting narrative process before each Panel meeting.
22. The Panel recommends that Paul Courtney, M.D., continue to serve as Chair of the Data Subcommittee.