

**RECOMMENDATIONS**  
**Centers for Medicare and Medicaid Services (CMS)**  
**Advisory Panel on Hospital Outpatient Payment**  
**August 25, 2025**

**Ambulatory Payment Classification (APC) Assignment for Percutaneous Irreversible Electroporation Procedures**

1. The Panel recommends that CMS use the claims data for HCPCS code 0600T, *Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous*, to determine the device offset percentage for the new codes, American Medical Association's Current Procedural Terminology (CPT) code 4001X, *Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous*, and CPT code 5XX11, *Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous*.

**APC Assignment for Endobronchial Valve Procedure**

2. The Panel recommends that CMS assign HCPCS code 31647, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe*, to APC 1575, *New Technology - Level 38 (\$10,001-\$15,000)*.

**APC Assignment for Major Depressive Disorder Treatment**

3. The Panel recommends that CMS maintain the following codes in APC 1525, *New Technology - Level 25 (\$3501-\$4000)*:
- HCPCS code 0890T, *Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day*
  - HCPCS code 0891T, *Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day*
  - HCPCS code 0892T, *Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day*

#### **APC Assignment and Status Indicator (SI) for Peripheral Nerve Stimulation Therapy**

4. The Panel recommends that CMS assign HCPCS code 0766T, *Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve,* and HCPCS code 0767T, *Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (list separately in addition to code for primary procedure),* to APC 5724, *Level 4 Diagnostic Tests and Related Services*.

5. The Panel recommends that CMS revise the SI for HCPCS code 0767T from N to S.

#### **APC Assignment for Laparoscopic Procedures**

6. The Panel recommends that CMS assign the following to APC 5342, *Level 2*

*Abdominal/Peritoneal/Biliary and Related Procedures:*

- HCPCS code 49650, *Laparoscopy, surgical; repair initial inguinal hernia*
- HCPCS code 49651, *Laparoscopy, surgical; repair recurrent inguinal hernia*
- HCPCS code 44970, *Laparoscopy, surgical, appendectomy*

#### **APC Assignment for Skull-Mounted Neurostimulator Procedure**

7. The Panel recommends that CMS assign HCPCS code 61891, *Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)*, to APC 5465, *Level 5 Neurostimulator and Related Procedures*.

#### **Neurostimulator and Related Services APC Series**

8. The Panel recommends that CMS create a Level 6 Neurostimulator and Related Services APC and consider placing HCPCS code 64568, *Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator*, in the new Level 6 APC.

#### **APC Assignment for Urge Urinary Incontinence Procedure**

9. The Panel recommends that CMS remove the E1 SI from HCPCS code 0786T, *Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed*, and assign HCPCS code 0786T to APC 5464, *Level 4 Neurostimulator and Related Procedures*.

#### **APC Placement of Coronary Therapeutic Services and Procedures**

10. The Panel recommends that CMS assign new CPT code 92X01, *Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); two or more distinct coronary lesions with two or more coronary stents deployed in two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch*, and new CPT code 92X02, *Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches*, to APC 5194, *Level 4 Endovascular Procedures*.

#### **APC Placement of First Carpometacarpal Total Joint Arthroplasty**

11. The Panel recommends that CMS assign CPT code 1003T, *Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (eg, first carpometacarpal total joint)*, to APC 5116, *Level 6 Musculoskeletal Procedures*.

### **Comprehensive APC Complexity Adjustments**

12. The Panel recommends that CMS publish the list of add-on codes for primary codes with an SI of J1 that are eligible for complexity adjustment evaluation.

### **APC Groups and SI Assignments Subcommittee Issues**

13. The Panel recommends that the work of the APC Groups and SI Assignments Subcommittee continue.
14. The Panel recommends that Rahul Seth, D.O., FASCO, continue to serve as Chair of the APC Groups and SI Assignments Subcommittee in 2026.

### **Data Subcommittee Issues**

15. The Panel recommends that the work of the Data Subcommittee continue.
16. The Panel recommends that CMS continue to provide the Data Subcommittee a list of APCs with costs fluctuating by more than 10 percent between the CY 2026 OPPS Final Rule and the CY 2027 OPPS Notice of Proposed Rulemaking.
17. The Panel recommends that CMS provide the Data Subcommittee with a claims accounting overview for the CY 2027 Notice of Proposed Rulemaking.
18. The Panel recommends that William Tettelbach, M.D., FACP, FIDSA, FUHM, MAPWCA, CWSP, continue to serve as Chair of the Data Subcommittee in 2026.

