

## **RECOMMENDATIONS**

### **Centers for Medicare and Medicaid Services (CMS)**

#### **Advisory Panel on Hospital Outpatient Payment**

**August 26, 2024**

#### **Removal of Pelvic Fixation Service from Inpatient Only List**

1. The Panel recommends that CMS remove HCPCS code 22848, *Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (list separately in addition to code for primary procedure)*, from the Inpatient Only list.

#### **Revision of Comprehensive Ambulatory Payment Classifications (APCs) to Account for Drugs with Status Indicator (SI) of K**

2. The Panel recommends that CMS no longer package drugs with an SI of K into any comprehensive APC; instead, CMS should provide separate payment for all drugs and biologicals above the drug packaging threshold.

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

3. The Panel recommends that CMS create a Level 6 Neurostimulator and Related Services APC and consider placing HCPCS code 33276, *Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed*; HCPCS code 0266T, *Implantation or replacement of carotid sinus*

*baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed); and HCPCS code 64568, Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator; in the new Level 6 APC.*

4. The Panel recommends that, if CMS does not create a Level 6 Neurostimulator and Related Services APC for calendar year 2025, that CMS maintain HCPCS code 33276, *Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed; HCPCS code 0266T, Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed); and HCPCS code 64568, Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator; in APC 1580, New Technology - Level 43 (\$40,001-\$50,000).*

#### **Complexity Adjustment Analysis for Coronary Intravascular Lithotripsy Procedures**

5. The Panel recommends that CMS analyze for the Final Rule whether HCPCS code 0715T, *Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)/HCPCS code 92972, Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure),* should qualify for a complexity adjustment.

## **APC Assignment for Transcatheter Therapeutic Drug-Delivery by Intracoronary Drug Delivery Balloon**

6. The Panel recommends that CMS assign CPT code 0913T, *Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch/CPT code XX23T, to APC 5193, Level 3 Endovascular Procedures.*

## **APC Placement for Diabetic Neuropathy Service**

7. 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 5431, Level I Nerve Procedures.*

8. The Panel recommends that CMS change the SI for 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)*, from N to S.

### **Wound Care Products or Cellular and/or Tissue-based Products (CTPs) and Other Related Topics**

9. The Panel recommends that CMS pay separately for the following add-on codes for CTPs:
- 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)*

- 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)*
- HCPCS code C5272, *Application of low cost 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 C5274, *Application of low cost 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 C5276, *Application of low cost 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)*
- HCPCS code C5278, *Application of low cost 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)*

10. The Panel recommends that, regardless of anatomical location of the application of CTPs, CMS pay the same for HCPCS code 15273, *Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children*; and HCPCS code 15277, *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; first 100 sq cm wound surface area, or 1% of body area of infants and children*; and that CMS move both HCPCS codes from APC 5054, *Level 4 Skin Procedures*, to APC 5055, *Level 5 Skin Procedures*.
11. The Panel recommends that CMS place all new CTPs in low-cost APCs, unless or until a manufacturer provides CMS with cost data suggesting otherwise.
12. The panel recommends that CMS consider HCPCS code 29445, *Application of rigid total contact leg cast*, a separately payable code when performed concurrently on the same date of service as any of the following:
  - HCPCS code 11402, *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less*

- HCPCS code 11403, *Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less*
- HCPCS code 11404, *Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less*
- HCPCS code 11405, *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)*
- HCPCS code 11406, *Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)*
- HCPCS code 11407, *Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)*
- HCPCS code 97597, *Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less*
- HCPCS code 97598, *Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and*

*instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)*

- HCPCS code 15271, *Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area*
- 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 15273, *Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children*
- 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 15275, *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; first 25 sq cm or less wound surface area*
- 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)*



- HCPCS code 15277, *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; first 100 sq cm wound surface area, or 1% of body area of infants and children*
- 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)*

### **Chimeric Antigen Receptor T-Cell Therapy Code Status Indicators**

13. The Panel recommends that CMS assign CPT code 3X018, *Chimeric antigen receptor T-cell therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day*, an SI of S and place the code in APC 5242, *Level 2 Blood Product Exchange and Related Services*. The Panel further recommends that CMS assign CPT code 3X019, *Chimeric antigen receptor T-cell therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)*; and CPT code 3X020, *Chimeric antigen receptor T-cell therapy; receipt and preparation of CAR-T cells for administration*; an SI of S and place these codes in APC 5241, *Level 1 Blood Product Exchange and Related Services*.

### **Separate Payment for Radiopharmaceutical Products**

14. The Panel recommends that CMS finalize its proposal to pay separately for diagnostic radiopharmaceutical products.

### **Visits and Observation Subcommittee Issues**

15. The Panel recommends that CMS continue to report clinic/emergency department visit and observation claims data.
16. The Panel recommends that CMS continue to report data on what percentage of observation stay claims longer than 48 hours have a date of service that begins on a Friday.
17. The Panel recommends that a summary of the data reviewed by the Visits and Observation Subcommittee be provided to the Panel.
18. The Panel recommends that the work of the Visits and Observation Subcommittee continue.
19. The Panel recommends that Becky Bean, B.S., M.H.A./M.B.A., Pharm.D., serve as Chair of the Visits and Observation Subcommittee in 2025.

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

20. The Panel recommends that the work of the APC Groups and SI Assignments Subcommittee continue.
21. The Panel recommends that Rahul Seth, D.O., FASCO, serve as Chair of the APC Groups and SI Assignments Subcommittee in 2025.

### **Data Subcommittee Issues**

22. The Panel recommends that the work of the Data Subcommittee continue.
23. 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 calendar year 2025 OPPS Final Rule and the calendar year 2026 OPPS Notice of Proposed Rulemaking.
24. The Panel recommends that William Tettelbach, M.D., FACP, FIDSA, FUHM, MAPWCA, CWSP, serve as Chair of the Data Subcommittee in 2025.