

RECOMMENDATIONS

Centers for Medicare and Medicaid Services (CMS)

Advisory Panel on Hospital Outpatient Payment

August 31, 2020

Specific Ambulatory Payment Classification (APC) Groups and SI Assignments

1. The Panel recommends that CMS change the status indicators (SIs) to V for the following procedures:

- HCPCS code 99457, *Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes*
- HCPCS code 99091, *Collection and interpretation of physiologic data (eg, ecg, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days*

The Panel further recommends that CMS change the SI to N for HCPCS code 99458, *Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (list separately in addition to code for primary procedure).*

2. The Panel recommends that CMS reassign HCPCS code C9764, *Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed*, to APC 5193, *Level 3 Endovascular Procedures*. The Panel also recommends that CMS reassign HCPCS code C9765, *Revascularization, endovascular, open or percutaneous, any vessel(s); 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, any vessel (s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed*, to APC 5194, *Level 4 Endovascular Procedures*, consistent with CMS staff confirming that the cost of the intravascular lithotripsy device is within 10 percent of the other devices currently available.
3. The Panel recommends that CMS maintain the assignment of HCPCS code G2170, *Percutaneous arteriovenous fistula creation (avf), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed*, in APC 5194, *Level 4 Endovascular Procedures*, for calendar year 2021.

Inpatient-Only List Service Removal Requests

4. The Panel recommends that CMS remove the following HCPCS codes from the inpatient-only list:

- HCPCS code 35372, *Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral*
- HCPCS code 35721, *Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery*
- HCPCS code 35800, *Exploration for postoperative hemorrhage, thrombosis or infection; neck*
- HCPCS code 37182, *Insertion of transvenous intrahepatic portosystemic shunt(s) (tips) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)*
- HCPCS code 37617, *Ligation, major artery (eg, post-traumatic, rupture); abdomen*
- HCPCS code 38562, *Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic*
- HCPCS code 43840, *Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury*
- HCPCS code 44300, *Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)*
- HCPCS code 44314, *Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)*
- HCPCS code 44345, *Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)*
- HCPCS code 44346, *Revision of colostomy; with repair of paracolostomy hernia (separate procedure)*

- HCPCS code 44602, *Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation*
- HCPCS code 49010, *Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)*
- HCPCS code 49255, *Omentectomy, epiploectomy, resection of omentum (separate procedure)*
- HCPCS code 51840, *Anterior vesicourethropexy, or urethropexy (eg, marshall-marchetti-krantz, burch); simple*
- HCPCS code 56630, *Vulvectomy, radical, partial*
- HCPCS code 61624, *Transcatheter permanent occlusion or embolization, percutaneous, any method; central nervous system*

Furthermore, the Panel recommends that CMS assign the procedures removed from the inpatient-only list to comprehensive APCs for calendar year 2021.

Blood Products APC Reassignment

5. The Panel recommends that CMS change the SI to R for HCPCS code P9099, *Blood component or product not otherwise classified*, with a payment rate based on the weighted average of all blood/blood products APCs.

Radiopharmaceutical Packaging

6. The Panel recommends that CMS pay separately for all diagnostic radiopharmaceuticals.

Device Offset and Data-Related Topics

7. The Panel recommends that CMS reduce the device-offset threshold to 25 percent from the current level of 30 percent.

Visits and Observation Issues

8. The Panel recommends that CMS continue to report clinic/emergency department visit and observation claims data and, if CMS identifies changes in patterns of utilization or cost, that CMS bring those issues before the Visits and Observation Subcommittee in the future.
9. 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.
10. The Panel recommends that the work of the Visits and Observation Subcommittee continue.
11. 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

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

Data Issues

14. The Panel recommends that CMS continue to provide the Data Subcommittee a list of APCs fluctuating significantly in costs before each Panel meeting.

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