

RECOMMENDATIONS
CMS Advisory Panel on Hospital Outpatient Payment
August 24, 2015

Nuclear Medicine Ambulatory Payment Classifications (APCs)

1. The Panel recommends that CMS move CPT code 78811, *Positron emission tomography (PET) imaging; limited area (e.g., chest, head/neck)*, to APC 5593, *Level 3 Nuclear Medicine & Related Services*.
2. The Panel recommends that CMS separate the positron emission tomography (PET) procedures from the non-PET procedures in proposed APC 5593, *Level 3 Nuclear Medicine & Related Services*.

Advance Care Planning

3. The Panel recommends that CPT 99497, *Advance care planning including the explanation and discussion of advanced directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional, first 30 minutes, face-to-face with the patient, family member (s) and/or surrogates*, be assigned to APC 5012, *Level 2 Examinations & Related Services*, and that CPT code 99498, *Advance care planning including the explanation and discussion of advanced directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional, each additional 30 minutes*, to APC 5011, *Level 1 Examinations & Related Services*.

Endobronchial Ultrasound APC Assignment

4. The Panel recommends that CPT 3160A, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures*, and 3160B, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]), three or more mediastinal and/or hilar lymph node stations or structures*, be assigned to APC

Data Issues

5. The Panel recommends that the work of the Data Subcommittee continue.
6. The Panel recommends that CMS provide the Data Subcommittee a list of APCs fluctuating significantly in costs prior to each Panel meeting.
7. The Panel recommends that Michael Schroyer serve as Chair of the Data Subcommittee.

Visits and Observation Issues

8. The Panel recommends that CMS continue to report clinic/emergency department (ED) 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 Observations Subcommittee for review.
9. The Panel recommends that CMS provide the frequency and distribution of Type A ED visits classified by geographic region, hospital size, and hospital type to the Visits and Observations Subcommittee for review.
10. The Panel recommends that CMS examine the most recent currently available enrollment data for Medicare fee-for-service beneficiaries and report back to the Visits and Observations Subcommittee.
11. The Panel recommends that the work of the Visits and Observation Subcommittee continue.

APC Groups and Status Indicator (SI) Assignments Issues

12. The Panel recommends that the work of the APC Groups and SI Assignments Subcommittee continue.
13. The Panel recommends that Dawn Francis, M.D., serve as chair for the APC Groups and SI Assignments Subcommittee.