

RECOMMENDATIONS

Centers for Medicare and Medicaid Services (CMS)

Advisory Panel on Hospital Outpatient Payment

August 19, 2019

Specific Ambulatory Payment Classification (APC) Groups and Assignments

1. The Panel recommends that CMS move HCPCS code 95983, *Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional*, to APC code 5472, *Level II Electronic Analysis of Devices*, if the final data that are available in time for consideration of the Final Rule are consistent with preliminary data.
2. The Panel recommends that CMS review claims from the outlier hospital for HCPCS code 22869, *Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level*, and consider the appropriate APC assignment on the basis of the review.

Skin Substitute Payment Methodology

3. The Panel recommends that CMS consider creating a comprehensive APC for skin substitute products.

Payment Reductions for Off-Campus Clinic Visits

4. The Panel recommends that CMS freeze the payment policy for off-campus clinic visits at calendar year 2019 rates and evaluate whether beneficiary access has been compromised and whether the volume of outpatient services has decreased; the Panel further recommends that CMS report its findings back to the Panel for review.

Transplantation and Cellular Therapy Procedures

5. The Panel recommends that CMS apply a status indicator (SI) of Q1 for the following HCPCS codes for the calendar year 2020 Hospital Outpatient Prospective Payment System:
 - HCPCS code 0537T, *Chimeric antigen receptor t-cell (car-t) therapy; harvesting of blood-derived t lymphocytes for development of genetically modified autologous car-t cells, per day*
 - HCPCS code 0538T, *Chimeric antigen receptor t-cell (car-t) therapy; preparation of blood-derived t lymphocytes for transportation (eg, cryopreservation, storage)*
 - HCPCS code 0539T, *Chimeric antigen receptor t-cell (car-t) therapy; receipt and preparation of car-t cells for administration*

6. The Panel recommends that CMS consider creating a comprehensive APC for autologous stem cell transplantation and that CMS provide a rationale if it decides not to create such an APC.

Use of Claims Data to Calculate APC Payment Including Packaging

7. The Panel recommends that CMS analyze the proportion of excluded claims that can be attributed to the methodological problem that results when a line-item charge is equal to the APC payment rate.

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., 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., serve as Chair of the APC Groups and SI Assignments Subcommittee.

Data Issues

14. The Panel recommends that the work of the Data Subcommittee continue.
15. The Panel recommends that CMS continue to provide the Data Subcommittee a list of APCs fluctuating by more than 10 percent in costs.
16. The Panel recommends that CMS provide the Data Subcommittee a presentation on the claims accounting narrative process before each Panel meeting.
17. The Panel recommends that Paul Courtney, M.D., serve as Chair of the Data Subcommittee.