

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Advisory Panel on Hospital Outpatient Payment (HOP)

August 27–28, 2012

Recommendations

1. The Panel recommends that CMS move Healthcare Common Procedure Coding System (HCPCS) code G0379, *Direct admission of patient for hospital observation care*, from Ambulatory Payment Classification (APC) 0604, *Level I Hospital Clinic Visits*, to APC 0608, *Level 5 Hospital Clinic Visits*.
2. The Panel recommends that CMS place HCPCS code 0278T, *Transcutaneous electrical modulation pain reprocessing (e.g., scrambler therapy), each treatment session (includes placement of electrodes)*, in APC 0218, *Level II Nerve and Muscle Tests*, for calendar year (CY) 2013, pending assessment of cost data when available.
3. The Panel recommends to CMS that HCPCS code 77520, *Proton treatment delivery; simple, without compensation*, and HCPCS code 77522, *Proton treatment delivery; simple, with compensation*, remain in APC 0664, *Level I Proton Beam Radiation Therapy*; that HCPCS code 77523, *Proton treatment delivery; intermediate*, and HCPCS code 77525, *Proton treatment delivery; complex*, remain in APC 0667, *Level II Proton Beam Radiation Therapy*; and that the CY 2012 payment rates for these codes continue for CY 2013.
4. The Panel recommends that CMS place HCPCS code 77424, *Intraoperative radiation treatment delivery, x-ray, single treatment session*, and HCPCS code 77425, *Intraoperative radiation treatment delivery, electrons, single treatment session*, in APC 0313, *Brachytherapy*, and consider renaming the APC “Brachytherapy and Intraoperative Radiation Therapy.”
5. The Panel recommends that HCPCS code 43770, *Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)*, remain in APC 0131, *Level II Laparoscopy*.
6. The Panel recommends that CMS remove HCPCS code 22856, *Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical*, from the list of inpatient-only procedures.
7. The Panel recommends that CMS assign HCPCS code 31629, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar*

bronchus(i), and HCPCS code 31634, Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (e.g., fibrin glue), if performed, to APC 0415, Level II Endoscopy Lower Airway.

8. The Panel recommends that CMS assign HCPCS code 0242T, *Gastrointestinal tract transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report, to APC 0142, Level I Small Intestine Endoscopy.*
9. The Panel recommends that CMS maintain a status indicator (SI) of Q2 for HCPCS code C9733, *Non-ophthalmic fluorescent vascular angiography.*
10. The Panel recommends that CMS retain HCPCS code C9724, *Endoscopic full-thickness plication in the gastric cardia using endoscopic plication system (EPS); includes endoscopy, in APC 0422, Level III Upper GI Procedures.*
11. The Panel recommends that CMS present to the Panel cost data regarding HCPCS code 77424, *Intraoperative radiation treatment delivery, x-ray, single treatment session,* and HCPCS code 77425, *Intraoperative radiation treatment delivery, electrons, single treatment session,* when available or by the August 2013 Panel meeting.

Data Subcommittee

1. The Panel recommends that Traci Rabine serve as the acting chair of the Data Subcommittee for the August 2012 HOP Panel meeting.
2. The Panel recommends that CMS continue to provide a list of APCs fluctuating by more than 10 percent in costs.
3. The Panel recommends that the work of the Data Subcommittee continue.

APC Groups and SI Subcommittee

1. The Panel recommends that Jacqueline Phillips be named the chair of the APC Groups and SI Subcommittee.
2. The Panel recommends that the work of the APC Groups and SI Subcommittee continue.

Visits and Observation Subcommittee

1. The Panel recommends that CMS examine the costs and frequency for Level 1 and Level 2 Extended Assessment and Management composite APCs associated with greater than 24 hours of observation, if available, and report the findings to the Visits and Observation Subcommittee.

2. 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 to the Visits and Observation Subcommittee.
3. The Panel recommends that Scott Manaker, M.D., Ph.D., be named the chair of the Visits and Observation Subcommittee.
4. The Panel recommends that the work of the Visits and Observation Subcommittee continue.

Supervision Issues

1. The Panel recommends that CMS designate that the following services can be provided under general supervision:
 - G0008, *Administration of influenza virus vaccine*
 - G0009, *Administration of pneumococcal vaccine*
 - G0010, *Administration of hepatitis B vaccine*
 - G0127, *Trimming of dystrophic nails, any number*
 - G0379, *Direct admission of patient for hospital observation care*
 - G9141, *Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)*
 - 11719, *Trimming of nondystrophic nails, any number*
 - 29580, *Strapping; Unna boot*
 - 29581, *Application of multi-layer compression system; leg (below knee), including ankle and foot*
 - 36000, *Introduction of needle or intracatheter, vein*
 - 36591, *Collection of blood specimen from a completely implantable venous access device*
 - 36592, *Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified*
 - 51700, *Bladder irrigation, simple, lavage and/or instillation*
 - 51702, *Insertion of temporary indwelling bladder catheter; simple (e.g., Foley)*
 - 51705, *Change of cystostomy tube; simple*
 - 51798, *Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging*
 - 96360, *Intravenous infusion, hydration; initial, 31 minutes to 1 hour*
 - 96361, *Intravenous infusion, hydration; each additional hour (list separately in addition to code for primary procedure)*
 - 96365, *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour*

- 96366, *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)*
- 96367, *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (list separately in addition to code for primary procedure)*
- 96368, *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (list separately in addition to code for primary procedure)*
- 96372, *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*
- 96374, *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug*
- 96375, *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/ drug (list separately in addition to code for primary procedure)*
- 96376, *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/ drug provided in a facility (list separately in addition to code for primary procedure)*
- 96521, *Refilling and maintenance of portable pump*
- 96523, *Irrigation of implanted venous access device for drug delivery systems*