

CENTERS FOR MEDICARE AND MEDICAID SERVICES

ADVISORY PANEL ON AMBULATORY PAYMENT CLASSIFICATION (APC) GROUPS

March 5–6, 2008

Recommendations

Data Issues

1. The Panel recommends that the Data Subcommittee continue its work.
2. The Panel recommends using median cost data to pay for brachytherapy sources in calendar year (CY) 2009, as presented by the Centers for Medicare & Medicaid Services (CMS) staff and reviewed by the Data Subcommittee.
3. The Panel recommends that CMS provide additional data to support packaging radiation oncology guidance services for review by the Data Subcommittee at the next APC Panel meeting.

Packaging Issues

4. The Panel recommends that the Packaging Subcommittee continue its work.
5. The Panel recommends that CMS report to the Panel at the first Panel meeting in CY 2009 regarding the impact of packaging on net payments for patient care.
6. The Panel recommends that HCPCS code A4306, *Disposable drug delivery system, flow rate of less than 50 mL per hour*, remain packaged for CY 2009.
7. The Panel recommends that CPT code 36592, *Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified*, be treated as an STVX-packaged code for CY 2009 and assigned to the same APC as CPT 36591 code, *Collection of blood specimen from a completely implantable venous access device*, until adequate data are collected that would enable CMS to determine its own payment rate.
8. The Panel recommends that CPT code 74305, *Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation*, be treated as a T-packaged code for CY 2009 and that CMS consider assigning this code to APC 0263, *Level I Miscellaneous Radiology Procedures*.

9. The Panel recommends that CMS reinstate separate payment for the following intravascular ultrasound and intracardiac echocardiography codes:
- CPT code 37250, *Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel*
 - CPT code 37251, *Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel*
 - CPT code 92978, *Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel*
 - CPT code 92979, *Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel*
 - CPT code 93662, *Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation*

Inpatient List Issues

10. The Panel recommends that CMS seek input from the American Urological Association and other relevant stakeholders on removal of CPT code 54535, *Orchiectomy, radical, for tumor; with abdominal exploration*, from the inpatient list and that CMS seek input from the American Association of Neurosurgeons, the Congress of Neurosurgeons, and other relevant stakeholders on the removal of CPT code 61850, *Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical*, from the inpatient list.
11. The Panel recommends that CMS remove the following procedures from the inpatient list:
- CPT code 21172, *Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)*
 - CPT code 21386, *Open treatment of orbital floor blowout fracture; periorbital approach*
 - CPT code 21387, *Open treatment of orbital floor blowout fracture; combined approach*
 - CPT code 27479, *Arrest, epiphyseal, any method (e.g., epiphysiodesis); combined distal femur, proximal tibia and fibula*
 - CPT code 20660, *Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)*

Observation and Visit Issues

12. The Panel recommends that the Observation and Visit Subcommittee be renamed the Visits and Observation Subcommittee and that the Subcommittee continue its work.

13. The Panel recommends that CMS continue to pay Type B emergency department (ED) visits of levels 1, 2, and 3 at the corresponding clinic visit levels. The Panel also recommends that CMS consider using clinic visit level 5 as the basis of payment for Type B ED level 4 visits and Type A ED level 5 as the basis of payment for Type B ED level 5 visits. Given the limited data presently available for Type B ED visits, the Panel also recommends that CMS reconsider payment adjustments as more claims data become available.
14. The Panel recommends that CMS provide at the second CY 2008 Panel meeting additional length-of-stay frequency distribution data, with additional detail at the 24–48-hour and >48-hour levels for review by the Observation and Visit Subcommittee.
15. The Panel recommends that CMS provide frequency and median cost data on the following to the Panel at the second CY 2008 Panel meeting for review by the Observation and Visit Subcommittee:
 - Type A and B ED visits
 - Extended assessment and management composite APCs
 - New and established patient clinic visits
16. The Panel recommends that CMS provide data on CPT code 99291, *Critical care, evaluation and management of the critically ill or critically injured patient; first 30–74 minutes*, and APC 0617, *Critical Care*, for review by the Observation and Visit Subcommittee during the second CY 2008 Panel meeting.

APC Placement Issues

Suprachoroidal Delivery of Pharmacologic Agent

17. The Panel recommends that CMS share with the Panel claims data for CPT code 0186T, *Suprachoroidal delivery of pharmacologic agent (does not include supply of medication)*, assigned to APC 0236, Level II Posterior Segment Eye Procedures, for CY 2008 in order to allow reevaluation of the APC assignment of CPT code 0186T when data become available.

Implant Injection for Vesicoureteral Reflux

17. The Panel recommends that CMS consider assigning CPT code 52327, *Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material*, to a more appropriate APC.

Drug Administration

18. The Panel recommends that CMS not implement the 4-level APC structure described to the Panel by CMS staff for drug administration codes until more data are available and that CMS provide the Panel a crosswalk analysis of the data.

Closed Fracture Treatment

19. The Panel recommends that CMS adopt the approach described to the Panel by CMS staff to split APC 0043, *Closed Treatment Fracture Finger/Toe/Trunk*, into three APCs.

Psychotherapy

20. The Panel recommends that CMS adopt the restructuring described to the Panel by CMS staff of APC 0323, *Extended Individual Psychotherapy*, taking out the following codes, which apply specifically to services provided in an inpatient, partial hospital or residential care setting, and that a similar restructuring be considered for APC 0322, *Brief Individual Psychotherapy*:

- CPT code 90816, *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;*
- CPT code 90817, *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services*
- CPT code 90818, *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;*
- CPT code 90819, *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management*
- CPT code 90821, *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;*
- CPT code 90822, *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services*
- CPT code 90823, *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;*
- CPT code 90824, *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services*
- CPT code 90826, *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;*

- CPT code 90827, *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services*
- CPT code 90828, *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;*
- CPT code 90829, *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services*

Drugs, Biologicals, and Radiopharmaceuticals Issues

21. The Panel recommends that CMS continue to package diagnostic radiopharmaceuticals for CY 2009.
22. The Panel recommends that CMS present data at the first CY 2009 Panel meeting on usage and frequency, geographic distribution, and size and type of hospitals performing nuclear medicine studies using radioisotopes in order to ensure that access is preserved for Medicare beneficiaries.
23. The Panel recommends that CMS continue pursuing a radioimmunotherapy composite APC that uses existing claims and stakeholder data to establish appropriate payment rates for radioimmunotherapy protocols.
24. The Panel recommends that, as CMS develops a radioimmunotherapy composite APC, CMS provide specific guidance to hospitals on appropriate billing for radioimmunotherapy.
25. The Panel recommends that CMS work with the stakeholders representing hospital pharmacies to further develop recommendations on the validity of the methodology proposed by the stakeholders of analyzing the pharmacy overhead costs associated with packaged drugs for redistribution to separately paid drugs and that CMS conduct an impact analysis of the proposed methodology, with consideration for rulemaking for CY 2009.
26. The Panel supports CMS' current methodology of adjusting the threshold dollar amount for packaging drugs and biologicals on the basis of the Producer Price Index for prescription drugs.