

November 27, 2012

CMS' Final Decisions on the August 2012 Recommendations of the Hospital Outpatient Payment Panel on Supervision Levels for Select Services

In the Calendar Year (CY) 2012 Outpatient Prospective Payment System /Ambulatory Surgical Center (OPPS/ASC) Final Rule, the Centers for Medicare & Medicaid Services (CMS) established a process to obtain independent advice from the federal advisory Hospital Outpatient Payment Panel (the Panel) regarding the appropriate supervision levels for individual hospital outpatient therapeutic services (76 FR 74360). Accordingly, at its meeting on August 27-28, 2012 the Panel evaluated and made recommendations to CMS regarding 29 services. We then posted for public comment CMS' preliminary decisions on the required supervision for these services, based on the Panel's recommendations. Having considered the public comments that we received, following are our final decisions for the required supervision levels.

Effective January 1, 2013, 22 of the considered services may be furnished with a minimum of general supervision and the remaining 7 services will maintain their current designation as non-surgical extended duration therapeutic services (extended duration services or NSEDTS*). A complete list of the services that may be furnished under general supervision or that are designated as NSEDTS is available on the CMS Website at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html?redirect=/HospitalOutpatientPPS/01_overview.asp.

In particular, as we proposed the following services may be furnished under a minimum of general supervision.

- *HCPCS code G0008 Administration of influenza virus vaccine*
- *HCPCS code G0009 Administration of pneumococcal vaccine*
- *HCPCS code G0010 Administration of hepatitis B vaccine*
- *HCPCS code G0127 Trimming of dystrophic nails, any number*
- *CPT code 11719 Trimming of nondystrophic nails, any number*
- *CPT code 36000 Introduction of needle or intracatheter, vein*
- *CPT code 36591 Collection of blood specimen from a completely implantable venous access device*
- *CPT code 36592 Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified*
- *CPT code 51702 Insertion of temporary indwelling bladder catheter; simple (e.g., Foley)*
- *CPT code 51705 Change of cystostomy tube; simple*
- *CPT code 51798 Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging*
- *CPT code 96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour*
- *CPT code 96361 Intravenous infusion, hydration; each additional hour (list separately in addition to code for primary procedure)*
- *CPT code 96521 Refilling and maintenance of portable pump*
- *CPT code 96523 Irrigation of implanted venous access device for drug delivery systems*

Having considered the information presented by the commenters, we are changing our proposals to allow a minimum of general supervision for the following services. HCPCS code G9141 is being deleted at the end of CY 2012, and we believe that in the majority of cases the wound care and

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bladder irrigation services will not require that the supervisor be immediately available. We believe this is also true for the subcutaneous and intramuscular drug/substance injections, as well as the drug/substance intravenous administration services when the patient is receiving an additional dose of the same drug/substance.

- *HCPCS code G9141 Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)*
- *CPT code 29580 Strapping; Unna boot*
- *CPT code 29581 Application of multi-layer compression system; leg (below knee), including ankle and foot*
- *CPT code 51700 Bladder irrigation, simple, lavage and/or instillation*
- *CPT code 96366 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)*
- *CPT code 96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*
- *CPT code 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)*

For the following services, commenters noted and we believe that in the majority of cases the supervising practitioner needs to be immediately available to manage potential complications, adverse reactions, or other needs of the individual patient. Therefore, we will continue our designation of these services as extended duration services.

- *HCPCS code G0378* Hospital observation service, per hour*
- *HCPCS code G0379* Direct admission of patient for hospital observation care*
- *CPT code 96365* Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour*
- *CPT code 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)*
- *CPT code 96368* Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (list separately in addition to code for primary procedure)*
- *CPT code 96374* Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug*
- *CPT 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)*