RECOMMENDATIONS

Centers for Medicare & Medicaid Services (CMS)

Advisory Panel on Hospital Outpatient Payment

August 21, 2023

Lacrimal Procedure

1. The Panel recommends that CMS assign HCPCS code 68841, *Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each*, a status indicator (SI) of J1.

Heart Failure Procedure

2. The Panel recommends that CMS reassign HCPCS code 0266T, *Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed),* to Ambulatory Payment Classification (APC) 1580, New Technology—Level 43 ($40,001-$50,000).

Transcatheter Arterialization of the Deep Veins

3. The Panel recommends that CMS assign HCPCS code 0620T, *Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention,*

all associated radiological supervision and interpretation, when performed, to APC 1579, New Technology—Level 42 ($30,001-$40,000).

2-Times Rule Violations

4. The Panel recommends that CMS consider the following proposals and present its analysis of the consequences to the Panel:
    - Reassign remote service HCPCS codes from APC 5012, Clinic Visits and Related Services, to APC 5741-5743, the Electronic Analysis of Devices APC series based on geometric mean costs along with other remote services APC assignments.
    - Reassign transitional care management HCPCS codes from APC 5012, Clinic Visits and Related Services, to APC 5821-5823, Health and Behavior Services APC series based on geometric mean costs along with other care management services APC assignments.
    - For [codes in] APC 5691, Level 1 Drug Administration; APC 5692, Level 2 Drug Administration; APC 5693, Level 3 Drug Administration; and APC 5694, Level 4 Drug Administration, create a unique APC for immunizations; create a unique APC for antigen therapy [services]; and reassign some drug administration HCPCS codes to different APCs based on geometric mean costs.

Remote and Patient Care Service Codes

5. The Panel recommends that CMS consider changing the SI for HCPCS code 99457, *Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive*

communication with the patient/caregiver during the month; first 20 minutes; HCPCS code 99458, *Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (list separately in addition to code for primary procedure)*; HCPCS code 93792, *Patient/caregiver training for initiation of home international normalized ratio (inr) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the inr monitor, obtaining blood sample, instructions for reporting home inr test results, and documentation of patient's/caregiver's ability to perform testing and report results*; and HCPCS code 93793, *Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (inr) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed,* to make them appropriately payable under the Outpatient Prospective Payment System (OPPS) such that the services can be bundled with clinical visits in the month in which they occurred and separately payable when no clinical visit with the appropriate supervising clinician occurs in the same month as the service.

6. The Panel recommends that CMS change the SI for HCPCS code 93792, *Patient/caregiver training for initiation of home international normalized ratio (inr) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the inr monitor, obtaining blood sample, instructions for reporting home inr test results, and documentation of patient's/caregiver's ability to perform testing and report*

results, and HCPCS code 93793, *Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (inr) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed*, to S and assign these HCPCS codes to APC 5821, Level 1 Health and Behavior Services.

7. The Panel recommends that CMS change the status indicator for HCPCS code 98980, *Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes*; HCPCS code 99474, *Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient*; and HCPCS code 0734T, *Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month,* to S and assign these HCPCS codes to APC 5741, Level 1 Electronic Analysis of Devices, and change the related add-on codes' SIs to N per OPPS policy.

Comprehensive APCs

8. The Panel recommends that CMS no longer package drugs with an SI of K into any comprehensive APC; instead, CMS should continue to provide separate payment for all drugs and biologicals above the drug packaging threshold.

Lithotripsy Procedures

9. The Panel recommends that CMS reassign HCPCS code 50590, *Lithotripsy, extracorporeal shock wave*, to APC 5375, Level 5 Urology and Related Services.

Skin Wound Procedures

10. The Panel recommends that CMS assign the existing add-on codes HCPCS code 15272, *Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)*; HCPCS code 15274, *Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)*; HCPCS code 15276, *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)*; HCPCS code 15278, *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body*

area of infants and children, or part thereof (list separately in addition to code for primary procedure); HCPCS code C5272, *Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)*; HCPCS code C5274, *Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)*; HCPCS code C5276, *Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)*; and HCPCS code C5278, *Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)* to appropriate APC groups allowing for payment and issue an exception to allow separate payment of the add-on codes.

11. The Panel recommends that CMS assign HCPCS codes for the same size wound, regardless of anatomical location on the body, to the same APC groups.

12. The Panel recommends that CMS assign all new cellular and/or tissue-based products (CTPs) with either HCPCS codes of Q or A to the low-cost APC groups until a manufacturer provides cost information to CMS.

13. The Panel recommends that CMS realign both the high-cost and low-cost application procedure codes to higher-paying APC groups that reflect the current average sales prices of all CTPs. Manufacturers are required to submit average sales prices, and this pricing should be used to map to an appropriate APC for all CTPs, whether they are issued a HCPCS A code or Q code.

14. The Panel recommends that CMS not assign CTPs that are not in sheet form (e.g., gel, powder, ointment, foam, liquid, or injected) to any APC group, because these products are not allowed to use the current application codes of HCPCS code 15271, *Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area;* HCPCS code 15272, *Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure);* HCPCS code 15273, *Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children;* HCPCS code 15274, *Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary*

procedure); HCPCS code 15275, *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area;* HCPCS code 15276, *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure);* HCPCS code 15277, *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children;* HCPCS code 15278, *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)*; HCPCS code C5271, *Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area;* HCPCS code C5272, *Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure);* HCPCS code C5273, *Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children;* HCPCS code C5274, *Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or*

part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure); HCPCS code C5275, *Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area;* HCPCS code C5276, *Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure);* HCPCS code C5277, *Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children;* or HCPCS code C5278, *Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)*, which drive the APC group assignment. CTPs that are not in sheet form track to services and procedures, such as clinic visits and debridement of chronic wounds, and therefore [the Panel recommends that they] should not map to any APC.

Visits and Observation Subcommittee Issues

15. The Panel recommends that CMS continue to report clinic/emergency department visit and observation claims data.

16. 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.

17. The Panel recommends that a summary of the data reviewed by the Visits and Observation Subcommittee be provided to the Panel.

18. The Panel recommends that the work of the Visits and Observation Subcommittee continue.

19. The Panel recommends that Becky Bean, B.S., M.H.A./M.B.A., Pharm.D., serve as Chair of the Visits and Observation Subcommittee in 2024.

APC Groups and SI Assignments Subcommittee Issues

20. The Panel recommends that the work of the APC Groups and SI Assignments Subcommittee continue.

21. The Panel recommends that Rahul Seth, D.O., FASCO, serve as Chair of the APC Groups and SI Assignments Subcommittee in 2024.

Data Subcommittee Issues

22. The Panel recommends that the work of the Data Subcommittee continue.

23. The Panel recommends that CMS continue to provide the Data Subcommittee a list of APCs with costs fluctuating by more than 10 percent between the calendar year 2024 OPPS Final

Rule and the calendar year 2025 OPPS Notice of Proposed Rulemaking, and that CMS provide 3 years of data for comparison.

24. The Panel recommends that CMS provide the Data Subcommittee a presentation on the claims accounting narrative process before each Panel meeting.

25. The Panel recommends that William Tettelbach, M.D., FACP, FIDSA, FUHM, MAPWCA, CWSP, serve as Chair of the Data Subcommittee in 2024.