

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)
Advisory Panel on Hospital Outpatient Payment
March 10, 2014
Final Recommendations

1. The Panel recommends that CMS move Current Procedural Terminology (CPT)¹ codes 43274, *Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent*, and 43276, *Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged*, to APC 0384, GI Procedures with Stents, at the earliest opportunity.
2. The Panel recommends that CMS move CPT code 10030, *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst)* to APC 0007, Level II Incision and Drainage, and CPT code 49407, *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal*, to APC 0037, Level IV Needle Biopsy/Aspiration Except Bone Marrow.
3. The Panel recommends that CMS move CPT codes 19081, *Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including*

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stereotactic guidance; 19083, Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance; and 19085, Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance; to APC 0037, Level IV Needle Biopsy/Aspiration Except Bone Marrow.

Data Subcommittee

1. The Panel recommends that the work of the Data Subcommittee continue.
2. The Panel recommends that CMS provide the Panel with a list of APCs for which costs fluctuate by more than 10 percent.
3. The Panel recommends that CMS provide the Panel with data on comprehensive APCs as well as the effect of conditional packaging on visit codes.

APC Group and SI Subcommittee

1. The Panel recommends that the work of the Ambulatory Payment Classification (APC) Groups and Status Indicator (SI) Assignments Subcommittee continue.
2. The Panel recommends that Jacqueline Phillips continue to serve as Chair of the (APC) Groups and Status Indicator (SI) Assignments Subcommittee.
3. The Panel recommends that CMS provide an addendum to the proposed rule showing the detailed Healthcare Common Procedure Coding System (HCPCS) family mapping for the comprehensive APCs complexity adjustment.

Supervision Issues

1. The Panel recommends moving the follow HCPCS codes from direct supervision to general supervision:
 - G0176, *Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)*
 - 36430, *Transfusion, blood or blood components*
 - 36593, *Declotting by thrombolytic agent of implanted vascular access device or catheter*
 - 36600, *Arterial puncture, withdrawal of blood for diagnosis*
 - 94667, *Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation*
 - 94668, *Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent*
 - 96401, *Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic*
 - 96402, *Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic*
 - 96409, *Chemotherapy administration; intravenous, push technique, single or initial substance/drug*
 - 96411, *Chemotherapy administration; intravenous, push technique, each additional substance/drug (list separately in addition to code for primary procedure)*
 - 96413, *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug*

- 96415, *Chemotherapy administration, intravenous infusion technique; each additional hour (list separately in addition to code for primary procedure)*
 - 96416, *Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump*
 - 96417, *Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (list separately in addition to code for primary procedure)*
 - 97597, *Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less*
2. The Panel recommends moving the following HCPCS codes from Non-Surgical Extended Duration Therapeutic Services (NSEDT) to general supervision:
- 96369, *Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)*
 - 96370, *Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)*
 - 96371, *Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)*