

## **RECOMMENDATIONS**

### **Centers for Medicare and Medicaid Services (CMS)**

#### **Advisory Panel on Hospital Outpatient Payment**

**August 21, 2017**

#### **Outpatient Prospective Payment System (OPPS) Payment for Drug-Coated Balloon Angioplasty Procedures**

1. The Panel recommends that CMS continue to track HCPCS code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty*, with HCPCS code C2623, *Catheter, transluminal angioplasty, drug-coated, non-laser*, and that the appropriate Panel subcommittee review the Ambulatory Payment Classifications (APCs) for endovascular procedures to determine whether more granularity (i.e., more APCs) is warranted.
2. The Panel recommends that for calendar year 2018, CMS examine the number of APCs for endovascular procedures.

#### **Allogeneic Hematopoietic Stem Cell Transplantation**

3. The Panel recommends that CMS retain status indicator B for HCPCS code 38205, *Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic*.

## **OPPS Payment for Drugs Acquired Under the 340B Program**

4. The Panel recommends that CMS:
  - not finalize its proposal to revise the payment rate for drugs purchased under the 340B program;
  - collect data from public comments and other sources, such as state Medicaid programs in Texas and New York, on the potential impact of revising the payment rate, implementing a modifier code, and the effects of possible mechanisms for redistributing the savings from changing the payment rate; and
  - assess the regulatory burden of changing the payment rate and the potential impact on 340B hospitals of redistributing dollars saved.

## **Packaging of Drug Administration Services**

5. The Panel recommends that CMS not implement its proposal to package drug administration services described under APC 5691, *Level 1 Drug Administration*, and APC 5692, *Level 2 Drug Administration*.

## **Visits and Observation Issues**

6. 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 before the Visits and Observation Subcommittee in the future.
7. The Panel recommends that the work of the Visits and Observation Subcommittee continue.
8. The Panel recommends that Norman Thomson, M.D., serve as Chair of the Visits and Observation Subcommittee.

### **APC Groups and Status Indicator (SI) Assignments Issues**

9. The Panel recommends that the work of the APC Groups and SI Assignments Subcommittee continue.
10. The Panel recommends that Dawn Francis, M.D., continue to serve as Chair for the APC Groups and SI Assignments Subcommittee.

### **Data Issues**

11. The Panel recommends that CMS provide the Data Subcommittee a list of APCs fluctuating significantly in costs prior to each Panel meeting.
12. The Panel recommends that CMS provide the Data Subcommittee a presentation on the claims accounting process prior to each HOP Panel meeting.
13. The Panel recommends that the work of the Data Subcommittee continue.
14. The Panel recommends that Michael Schroyer, R.N., continue to serve as Chair of the Data Subcommittee.