

ADVISORY PANEL ON AMBULATORY PAYMENT CLASSIFICATION GROUPS

Presenter/Presentation Information Checklist

Instructions: Send this hardcopy checklist (Parts I and II) with your presentation to the following address by 5 p.m. on the date specified in the **Federal Register** notice:

Shirl Ackerman-Ross
Designated Federal Official, APC Panel
CMS/CMM/HAPG/DOC
7500 Security Blvd., C4-05-17
Baltimore, MD 21244-1850
E-mail address: CMS APCPanel@cms.hhs.gov

Part I: Personal Information for Presenter(s) (If you have more than three presenters, photocopy the form, or go to <http://www.cms.hhs.gov/cmsforms/downloads/cms20017.pdf> to print another copy.)

Presenter's Name	Title	Organizational Affiliation
Subject of Presentation	E-mail Address	Telephone Number
Clearly describe the action(s) that you are requesting CMS to take.		

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Clearly describe the action(s) that you are requesting CMS to take.		

Part II – Presentation Required Checklist

In order to meet the presentation requirements, **all information stated below must be on page 1 of your presentation in a clear, logical format.**

To ensure that all information has been supplied—which is required for each presentation at the APC Panel meeting—please check the following:

✓ List the financial relationship of presenter(s), if any, with any company whose product, services, or procedures are under consideration	
✓ Physicians' Current Procedural Terminology (CPT) code(s) involved	
✓ APC(s) affected	
✓ Description of the issue(s)	
✓ Clinical description of the service under discussion (<i>with comparison to other services within the APC</i>)	
✓ Recommendations and rationale for change	
✓ Expected outcome of change	
✓ Potential consequences of not making the change	