CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Advisory Panel on Ambulatory Payment Classification (APC) Groups
February 28–March 1, 2011

Recommendations

Visits and Observations Issues

1. The Panel recommends that CMS consider expanding the extended assessment and management composite APCs for calendar year 2012.

2. The Panel recommends that CMS continue to report claims data for clinic and emergency department visits and observation, and, if CMS identifies changes in patterns of utilization or cost, that it bring those issues before the Visits and Observation Subcommittee for future consideration.

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

APC Groups and Status Indicator (SI) Issues

4. The Panel recommends that Healthcare Common Procedure Coding System (HCPCS) code 31627, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])*, continue to be assigned an SI of "N." The Panel further recommends that CMS continue to collect claims data for HCPCS 31627.

5. The Panel further recommends that CMS consider a more appropriate APC assignment for HCPCS 31626, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers*, the most common code with which HCPCS 31627 was billed in 2010.

6. The Panel recommends that Judith Kelly, R.H.I.T., R.H.I.A., C.C.S., continue to chair the APC Groups and SI Assignments Subcommittee for 2011.

7. The Panel recommends that CMS furnish the results of its investigation of claims that contain the following unconditionally packaged codes without separately paid procedures:

    - HCPCS G0177, *Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)*

- HCPCS G0378, *Hospital observation service, per hour*
- HCPCS 75940, *Percutaneous placement of IVC filter, radiological supervision and interpretation*
- HCPCS 76937, *Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)*

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

Specific APC Assignments

9. The Panel recommends that CMS provide data to allow the Panel to investigate and monitor the APC weights for the following lower extremity revascularization procedures in light of Category I and Category III Current Procedural Terminology (CPT) coding changes that affect the hierarchy of procedures.

- HCPCS 0234T, *Transluminal peripheral atherectomy, including radiological supervision and interpretation; renal artery*
- HCPCS 0235T, *Transluminal peripheral atherectomy, including radiological supervision and interpretation; visceral artery (except renal), each vessel*
- HCPCS 0236T, *Transluminal peripheral atherectomy, including radiological supervision and interpretation; abdominal aorta*
- HCPCS 0237T, *Transluminal peripheral atherectomy, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel*
- HCPCS 0238T, *Transluminal peripheral atherectomy, including radiological supervision and interpretation; iliac artery, each vessel*
- HCPCS 0254T, *Endovascular repair of iliac artery bifurcation (e.g., aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral*
- HCPCS 0255T, *Endovascular repair of iliac artery bifurcation (e.g., aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supervision and interpretation*
- HCPCS 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*

- HCPCS 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*
- HCPCS 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*
- HCPCS 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*
- HCPCS 37224, *Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty*
- HCPCS 37225, *Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed*
- HCPCS 37226, *Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*
- HCPCS 37227, *Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed*
- HCPCS 37228, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty*
- HCPCS 37229, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*
- HCPCS 37230, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) , includes angioplasty within the same vessel, when performed*
- HCPCS 37231, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed*
- HCPCS 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*
- HCPCS 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*
- HCPCS 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal*

stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

- HCPCS 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*

10. The Panel recommends that CMS provide more data on the following procedures to determine whether they represent primarily device replacements or device revisions:

    - HCPCS 63663, *Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed*
    - HCPCS 63664, *Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed*
    - HCPCS 64569, *Revision or replacement of cranial nerve (e.g., vagus nerve) neurostimulator electrode array, including connection to existing pulse generator*

11. The Panel recommends that CMS provide more data on the following procedures as soon as data are available:

    - HCPCS 74176, *Computed tomography, abdomen and pelvis; without contrast material*
    - HCPCS 74177, *Computed tomography, abdomen and pelvis; with contrast material(s)*
    - HCPCS 74178, *Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions*

12. The Panel recommends that CMS reassign HCPCS 65778, *Placement of amniotic membrane on the ocular surface for wound healing; self-retaining*; and HCPCS 65779, *Placement of amniotic membrane on the ocular surface for wound healing; single layer, sutured*; to APC 233, *Level III Anterior Segment Eye Procedures*. The Panel further recommends that when data are available for the above-mentioned codes, that CMS provide those data to the Panel for consideration.

13. The Panel recommends that CMS create an intermediate-level upper gastrointestinal procedures APC.

Inpatient-Only List

14. The Panel recommends that the following procedures be removed from the inpatient-only list:

- HCPCS 21346, *Open treatment of nasomaxillary complex fracture (Lefort II type); with wiring and/or local fixation*
- HCPCS 22551, *Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2*
- HCPCS 22552, *Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)*
- HCPCS 22554, *Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2*
- HCPCS 22585, Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
- HCPCS 35045, *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery*
- HCPCS 54411, *Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue*
- HCPCS 54650, *Orchiopexy, abdominal approach, for intra-abdominal testis (e.g., Fowler-Stephens)*
- HCPCS 61107, *Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device*
- HCPCS 61210, *Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)*
- HCPCS 63267, *Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar*

Data Issues

15. The Panel commends the CMS staff for responding to the data requests of the Data Subcommittee.

16. The Panel recommends that Agatha Nolen, D.Ph., M.S., F.A.S.H.P., serve as acting chair for the winter 2011 meeting **o**f the Data Subcommittee.

17. Panel recommends that the work of the Data Subcommittee continue.