

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Advisory Panel on Ambulatory Payment Classification (APC) Groups

August 10–11, 2011

Recommendations

Visits and Observation Issues

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

APC Groups and Status Indicator (SI) Assignments Issues

2. The Panel recommends that CMS adopt the proposed APC reconfiguration for upper gastrointestinal (GI) procedures and the creation of a new APC, APC 0419, *Level II Upper GI Procedures*. The Panel further recommends that Healthcare Common Procedure Coding System (HCPCS) code 43227, *Esophagoscopy, rigid or flexible; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)*, and HCPCS code 43830, *Gastrostomy, open; without construction of gastric tube (e.g., Stamm procedure) (separate procedure)*, be reassigned to APC 0422, *Level III Upper GI Procedures*.
3. The Panel recommends that CMS adopt the proposal to create APC 0331, *Combined Abdomen and Pelvis CT [computed tomography] without Contrast*, for payment of HCPCS code 74176, *Computed tomography, abdomen and pelvis; without contrast material*; and APC 0334, *Combined Abdomen and Pelvis CT with Contrast*, for payment of HCPCS code 74177, *Computed tomography, abdomen and pelvis; with contrast material(s)*; and HCPCS code 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*.
 - HCPCS code 22551, *Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2*.
 - HCPCS code 22552, *Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace*.
 - HCPCS code 22554, *Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2*.
 - HCPCS code 22585, *Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2, each additional interspace*.

4. The Panel recommends that CMS remove HCPCS code 63267, *Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar*, from the inpatient-only list and assign it to APC 0208, *Laminotomies and Laminectomies*.
5. The Panel recommends that CMS solicit and provide the Panel with clinical information on the appropriateness of removing HCPCS code 43279, *Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed*, from the inpatient-only list and, if removed, to which APC it should be assigned.
6. The Panel recommends that CMS set the payment rate for APC 8009, *Cardiac Resynchronization Therapy with Defibrillator, Composite*, and APC 0108, *Insertion/Replacement/Repair of Cardioverter-Defibrillator Leads*, using only outpatient claims data.
7. The Panel recommends that CMS implement appropriate edits requiring hospitals to use the new magnetoencephalography (MEG) revenue code, 086X, with the following HCPCS codes:
 - HCPCS code 95965, *Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (e.g., epileptic cerebral cortex localization.)*
 - HCPCS code 95966, *Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (e.g., sensory, motor, language, or visual cortex localization.)*
 - HCPCS code 95967, *Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (e.g., sensory, motor, language, or visual cortex localization) (list separately in addition to code for primary procedure.)*
8. The Panel further recommends that CMS move HCPCS code 95965, *Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (e.g., epileptic cerebral cortex localization)*, from APC 0067, *Level III Stereotactic Radiosurgery, MRgFUS, and MEG*, to APC 0066, *Level II Stereotactic Radiosurgery, MRgFUS, and MEG*, for consistency.
9. The Panel recommends that CMS give HCPCS code 65778, *Placement of amniotic membrane on the ocular surface for wound healing; self-retaining*, a status indicator of T and provide the Panel with correlating claims data when available.
10. The Panel supports CMS' proposal to move HCPCS code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, to APC 0229, *Transcatheter Placement of Intravascular Shunt and Stents*.

11. The Panel recommends that Judith Kelly, R.H.I.T., R.H.I.A., C.C.S., remain the chair of the APC Groups and SI Assignments Subcommittee.
12. The Panel recommends that the work of the APC Groups and SI Assignments Subcommittee continue.

Data Issues

13. The Panel recommends that the work of the Data Subcommittee continue.
14. The Panel recommends that Daniel J. Pothen, M.S., R.H.I.A., C.H.P.S., C.P.H.I.M.S., C.C.S., C.C.S.-P., C.H.C., be named the chair of the Data Subcommittee.