

RECOMMENDATIONS

Centers for Medicare & Medicaid Services (CMS)

Advisory Panel on Hospital Outpatient Payment

The Advisory Panel on Hospital Outpatient Payment met on August 22, 2022 and provided the following recommendations. These recommendations are technical in nature and will be considered by CMS in the development of the Calendar Year 2023 Outpatient Prospective Payment System final rule.

Skin Wound Procedures

1. The Panel recommends that CMS assign the existing add-on codes HCPCS code 15272, *Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)*; HCPCS code 15274, *Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)*; HCPCS code 15276, *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)*; and HCPCS code 15278, *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body*

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area of infants and children, or part thereof (list separately in addition to code for primary procedure); to an appropriate Ambulatory Payment Classification (APC) group allowing for payment and issue an exception for the payment of the add-on codes for cellular and/or tissue-based products for skin wounds.

2. The Panel recommends that CMS assign APCs for the same size wound regardless of anatomical location on the body.

Inpatient-Only List

3. The Panel recommends that CMS remove HCPCS code 47550, *Biliary endoscopy, intraoperative (choledochoscopy) (list separately in addition to code for primary procedure)*, from the inpatient-only list.

Radiation Dose Exposure

4. The Panel recommends that CMS assign HCPCS code 76145, *Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report*, to APC 1505, *New Technology - Level 5 (\$301 - \$400)*.

Lacrimal Procedure

5. The Panel recommends that CMS assign HCPCS code 68841, *Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each*, to APC 5503, *Level 3 Extraocular, Repair, and Plastic Eye Procedures*, with a status indicator (SI) of J1.

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Trabecular Meshwork Procedure

6. The Panel recommends that CMS assign HCPCS code 0671T, *Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more*, to APC 5492, *Level 2 Intraocular Procedures*.

Irritable Bowel Syndrome Treatment

7. The Panel recommends that CMS assign HCPCS code 0720T, *Percutaneous electrical nerve field stimulation, cranial nerves, without implantation*, to APC 1515, *New Technology – Level 15 (\$1301-\$1400)*, to account for costs and resource utilization.

Level 1 Minor Procedures APC

8. The Panel supports removing HCPCS code C9803, *Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]), any specimen source*, from APC 5731, *Level 1 Minor Procedures*, and recommends recalculating the payment rates for the remaining services in APC 5731.

Visits and Observation Issues

9. The Panel recommends that CMS continue to report clinic/emergency department visit and observation claims data.
10. The Panel recommends that CMS continue to report data on what percentage of observation stay claims greater than 48 hours have a date of service that begins on a Friday.

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11. The Panel recommends that a summary of the data reviewed by the Visits and Observation Subcommittee be provided to the Panel.
12. The Panel recommends that the work of the Visits and Observation Subcommittee continue.
13. The Panel recommends that Matthew Wheatley, M.D., FACEP, serve as Chair of the Visits and Observation Subcommittee in 2023.

APC Groups and SI Assignments Issues

14. The Panel recommends that the work of the APC Groups and SI Assignments Subcommittee continue.
15. The Panel recommends that Scott Manaker, M.D., Ph.D., serve as Chair of the APC Groups and SI Assignments Subcommittee in 2023.

Data Issues

16. The Panel recommends that the work of the Data Subcommittee continue.
17. The Panel recommends that CMS continue to provide the Data Subcommittee a list of APCs with costs fluctuating by more than 10 percent between the calendar year 2023 Outpatient Prospective Payment System Final Rule and the calendar year 2024 Outpatient Prospective Payment System Notice of Proposed Rulemaking.
18. The Panel recommends that CMS provide the Data Subcommittee a presentation on the claims accounting narrative process before each Panel meeting.
19. The Panel recommends that Bo Gateley, M.B.A., serve as Chair of the Data Subcommittee in 2023.