

HCPCS	Description
15786 .....	Abrasion, lesion, single.
15793 .....	Chemical peel, nonfacial.
15851 .....	Removal of sutures.
16000 .....	Initial treatment of burn(s).
16025 .....	Treatment of burn(s).

(2) Move code 11057 (Trim skin lesions, over 4) from APC 0012 to APC 0013.

The Panel agreed with our staff and recommended that we make these changes. We propose to accept the Panel's recommendation.

*b. Excision/Biopsy.*

APC 0019: Level I Excision/Biopsy.

APC 0020: Level II Excision/Biopsy.

APC 0021: Level III Excision/Biopsy.

We expressed concern to the Panel that APCs 0019 and 0020 appear to violate the 2 times rule. In order to remedy these violations, we asked the Panel to consider the following changes:

(1) Move the following HCPCS codes from APC 0019 to a new APC:

HCPCS	Description
11755 .....	Biopsy, nail unit.
11976 .....	Removal of contraceptive cap.
24200 .....	Removal of arm foreign body.
28190 .....	Removal of foot foreign body.
56605 .....	Biopsy of vulva/perineum.
56606 .....	Biopsy of vulva/perineum.
69100 .....	Biopsy of external ear.

(2) Move the following HCPCS codes from APC 0020 to APC 0021:

HCPCS	Description
11404 .....	Removal of skin lesion.
11423 .....	Removal of skin lesion.
11604 .....	Removal of skin lesion.
11623 .....	Removal of skin lesion.

The Panel recommended that we not change the structure of APCs 0019,

0020, and 0021 at this time in the interest of preserving clinical homogeneity. We propose to accept the Panel's recommendation that we make no changes to the structure of these APCs for 2004. We plan to place these APCs on the Panel's agenda for the 2005 update.

*c. Thoracentesis/Lavage Procedures and Endoscopies.*

APC 0071: Level I Endoscopy Upper Airway.

APC 0072: Level II Endoscopy Upper Airway.

APC 0073: Level III Endoscopy Upper Airway.

We expressed concern to the Panel that APCs 0071 and 0072 appear to violate the 2 times rule. In order to remedy these violations, we asked the Panel to consider the following changes:

Move the following HCPCS codes as described below:

TABLE 1.—HCPCS CODES PROPOSED TO BE REDISTRIBUTED FROM APCs 0071 AND 0072 TO APCs 0071, 0072, AND 0073

HCPCS	Description	2003 APC	2004 APC
31505 .....	Diagnostic laryngoscopy .....	0072	0071
31575 .....	Diagnostic laryngoscopy .....	0071	0072
31720 .....	Clearance of airways .....	0072	0073

The Panel recommended that we make the above changes. We propose to accept the Panel's recommendation, with the exception of CPT code 31720. After reviewing an additional quarter of claims data that was not available at the time the Panel convened, placement of CPT code 31720 into APC 0072 better reflects its resource consumption. Therefore, we propose to keep CPT code 31720 in APC 0072.

*d. Cardiac and Ambulatory Blood Pressure Monitoring.*

APC 0097: Cardiac and Ambulatory Blood Pressure Monitoring.

We expressed concern to the Panel that APC 0097 appears to violate the 2 times rule. We asked the Panel to recommend options for resolving this violation, and suggested splitting APC 0097 into two APCs. The Panel recommended that the structure of APC 0097 should not be changed at this time based on clinical homogeneity considerations. We propose to accept the Panel's recommendation that we make no changes to APC 0097 for 2004. We plan to place this APC on the Panel's agenda for the 2005 update.

*e. Electrocardiograms.*

APC 0099: Electrocardiograms.

APC 0340: Minor Ancillary Procedures.

We expressed concern to the Panel that APC 0099 appears to violate the 2

times rule. We asked the Panel to recommend options for resolving this violation, and suggested moving CPT code 93701 (Bioimpedance, thoracic) from APC 0099 to APC 0340. The Panel felt, however, that the structure of APC 0099 should not be changed at this time based on clinical homogeneity considerations. We propose to accept the Panel's recommendation that we make no changes to APC 0099 for 2004. We plan to place this APC on the Panel's agenda for the 2005 update.

*f. Cardiac Stress Tests.*

APC 0100: Cardiac Stress Tests.

A presenter to the Panel, who represented a device manufacturer, requested that we move CPT code 93025 (Microvolt t-wave assessment) out of APC 0100. The presenter believes that the actual cost for this procedure is significantly higher than for other procedures in the same APC. Since this technology is often billed in conjunction with other procedures (for example, stress tests, CPT code 93017), few single-APC claims were available to evaluate the presenter's contention.

The Panel felt the data presented are insufficient to merit moving the code and recommends that CPT code 93025 remain in APC 0100 until more data are available for review. We propose to accept the Panel's recommendation that CPT code 93025 remain in APC 0100

until more claims data become available for review.

*g. Revision/Removal of Pacemakers or Automatic Implantable Cardioverter Defibrillators.*

APC 0105: Revision/Removal of Pacemakers, AICD, or Vascular.

We asked the Panel to review the codes within APC 0105 for an apparent violation of the 2 times rule, stating that we believe the apparent violation is a result of incorrectly coded claims. The Panel agreed and recommended no changes to APC 0105 at this time. We propose to accept the Panel's recommendation that we make no changes to APC 0105 until more accurate claims data become available and support the need for a change.

*h. Sigmoidoscopy.*

APC 0146: Level I Sigmoidoscopy.

APC 0147: Level II Sigmoidoscopy.

We expressed concern to the Panel that relatively simple procedures such as anoscopy and rigid sigmoidoscopy have higher median costs than more complex procedures such as flexible sigmoidoscopy. Panel members suggested the high costs may be due to the need to perform an otherwise minor office procedure in a hospital setting (for example, due to the clinical condition of the patient). Panel members also suggested that claims may be incorrectly coded because coding