

57109, 58920, and 58925 from APC 0202 to APC 0195.

m. Nerve Injections.

APC 0203: Level IV Nerve Injections.

APC 0204: Level I Nerve Injections.

APC 0206: Level II Nerve Injections.

APC 0207: Level III Nerve Injections.

Several commenters suggested changes in the configuration of APCs 0203, 0204, 0206, and 0207 because of concerns that the current classifications result in payment rates that are too low relative to the resource costs associated with certain procedures in these APCs. Several of these APCs include procedures associated with drugs or devices for which pass-through payments are scheduled to expire in 2003.

We requested the Panel's input regarding whether or not these APCs should be restructured. The Panel stated that the current configuration of APCs 0203, 0204, 0206, and 0207 is more clinically cohesive than the previous year's configuration and that more data should be collected before making any changes. We propose to accept the Panel's recommendation that we make no changes to the structure of these APCs until more data become available for review.

n. Laminotomies and Laminectomies; Implantation of Pain Management Device.

APC 0208: Laminotomies and Laminectomies.

APC 0223: Implantation of Pain Management Device.

A presenter to the Panel, who represented a device manufacturer, requested that we move CPT code 62351 (Implant spinal canal catheter) from APC 0208 to APC 0223 to better capture the device cost that may be involved with the procedure. The Panel felt the data were insufficient to merit moving the code and recommended that CPT code 62351 remain in APC 0208 until more data are available for review. We propose to accept the Panel's recommendation that CPT code 62351 remain in APC 0208 until more claims data become available for review.

o. Extended EEG Studies and Sleep Studies; Electroencephalogram.

APC 0209: Extended EEG Studies and Sleep Studies, Level II.

APC 0213: Extended EEG Studies and Sleep Studies, Level I.

APC 0214: Electroencephalogram.

We expressed concern to the Panel that APC 0213 appears to minimally violate the 2 times rule. In order to remedy this violation, we asked the Panel to consider a commenter's suggestion that we move CPT code 95955 (EEG during surgery) from APC 0214 to APC 0213. The Panel agreed

with the commenter's suggestion. We propose to accept the Panel's recommendation to move CPT code 95955 from APC 0214 to APC 0213.

p. Nerve and Muscle Tests.

APC 0215: Level I Nerve and Muscle Tests.

APC 0216: Level III Nerve and Muscle Tests.

APC 0218: Level II Nerve and Muscle Tests.

We expressed concern to the Panel that APC 0218 appears to violate the 2 times rule. In order to remedy this violation, one commenter requested that we move CPT codes 95921 (Autonomic nerve function test) and 95922 (Autonomic nerve function test) from APC 0218 to APC 0216, while another commenter requested that we move CPT code 95904 (Sensory nerve conduction test) from APC 0215 to APC 0218. Alternatively, our staff suggested to the Panel that the following CPT codes be moved from APC 0218 to APC 0215.

HCPSCS	Description
95858	Tensilon test & myogram.
95870	Muscle test, nonparaspinal.
95900	Motor nerve conduction test.
95903	Motor nerve conduction test.

After considering all of the above proposals, the Panel recommended that we move CPT codes 95858, 95870, 95900, and 95903 from APC 0218 to APC 0215. We propose to accept the Panel's recommendation.

q. Implantation of Drug Infusion Device.

APC 0227: Implantation of Drug Infusion Device.

APC 0227 contains only two CPT codes: one for implantation of programmable spine infusion pumps, 62362, and for implantation of non-programmable spine infusion pumps, 62361. A commenter requested that we split APC 0227 into two APCs to recognize the cost difference between CPT code 62361 and CPT code 62362. However, since our cost data do not show a significant cost difference between the two devices and APC 227 does not violate the 2 times rule, the Panel recommended that CPT codes 62361 and 62362 remain in APC 0227. We propose to accept the Panel's recommendation.

r. Ophthalmologic APCs.

APC 0230: Level I Eye Tests & Treatments.

APC 0235: Level I Posterior Segment Eye Procedures.

APC 0236: Level II Posterior Segment Eye Procedures.

APC 0698: Level II Eye Tests & Treatments.

We advised the Panel that APCs 0230 and 0235 violate the 2 times rule but that the current configuration of these APCs reflects the Panel's previous recommendations. A presenter to the Panel, who represented a device manufacturer, expressed concern that the pass-through device category "New Technology: Intraocular Lens" was discontinued and these devices are now packaged. The presenter asked the Panel to recommend that future new intraocular lens devices be considered for a new pass-through category.

To remedy the violations to the 2 times rule, we asked the Panel to consider moving CPT code 67820 (Revise eyelashes) from APC 0230 to APC 0698 and CPT code 67110 (Repair detached retina) from APC 0235 to APC 0236. The Panel recommended that we make these changes. We propose to accept the Panel's recommendation and monitor the data for APC 0235 for possible review next year. The Panel also acknowledged that making recommendations concerning pass-through categories is beyond their purview.

s. Skin Tests and Miscellaneous Red Blood Cell Tests; Transfusion Laboratory Procedures.

APC 0341: Skin Tests and Miscellaneous Red Blood Cell Tests.

APC 0345: Level I Transfusion Laboratory Procedures.

We advised the Panel that APCs 0341 and 0345 minimally violate the 2 times rule and suggested moving several CPT codes within these APCs into a new APC because a commenter expressed concern over the combination of skin tests and miscellaneous red blood cell tests in APC 0341, asserting that services within this APC cannot be considered comparable with respect to resource usage.

In order to remedy these violations to the 2 times rule, we suggested moving CPT code 86901 (Blood typing, Rh (D)) from APC 0345 to a new APC along with the following CPT codes from APC 0341:

HCPSCS	Description
86880	Coombs test, direct.
86885	Coombs test, indirect, qualitative.
86886	Coombs test, indirect, titer.
86900	Blood typing, ABO.

The Panel recommended that we make the above changes. We propose to accept the Panel's recommendation to move HCPSCS codes 86880, 86885, 86886, and 86900 from APC 0341 to new APC 0409 and to move CPT code 86901 (Blood typing, Rh (D)) from APC 0345 to new APC 0409.