

*t. Otorhinolaryngologic Function Tests.*

APC 0363: Level I

Otorhinolaryngologic Function Tests.

APC 0660: Level II

Otorhinolaryngologic Function Tests.

We expressed concern to the Panel that APC 0660 appears to violate the 2 times rule and suggested moving CPT codes 92543 (Caloric vestibular test) and 92588 (Evoked auditory test) from APC 0660 to APC 0363. The Panel recommended that we make these CPT code changes. We propose to accept the Panel's recommendation to move CPT codes 92543 and 92588 from APC 0660 to APC 0363.

*u. Tube Changes and Repositioning.*  
APC 0121: Level I Tube changes and Repositioning

APC 0122: Level II Tube changes and Repositioning

We expressed concern to the Panel that APC 0121 appears to violate the 2 times rule. In order to remedy this violation, we suggested moving the following CPT codes from APC 0121 to APC 0122:

HCPSCS	Description
47530 .....	Revise/reinsert bile tube.
50688 .....	Change of ureter tube.
51710 .....	Change of bladder tube.
62225 .....	Replace/irrigate catheter.

The Panel recommended that we make these CPT code changes. We propose to accept the Panel's recommendation to move CPT codes 47530, 50688, 51710, and 62225 from APC 0121 to APC 0122.

*v. Myelography.*

APC 0274: Myelography.

We advised the Panel that APC 0274 minimally violates the 2 times rule and suggested moving CPT codes 72285 (X-ray c/t spine disk) and 72295 (X-ray c/t spine disk) from APC 0274 to a new APC. A presenter, from an organization representing radiologists, agreed with our proposal. The Panel recommended that we make these CPT code changes. We propose to accept the Panel's recommendation to move CPT codes

72285 and 72295 from APC 0274 to new APC 0388.

*w. Therapeutic Radiologic Procedures.*

APC 0296: Level I Therapeutic Radiologic Procedures

APC 0297: Level II Therapeutic Radiologic Procedures

We advised the Panel that APCs 0296 and 0297 appear to minimally violate the 2 times rule as a result of changes recommended by the Panel and adopted by CMS last year. The Panel recommended that no changes be made to APCs 0296 and 0297 in the interest of preserving the clinical homogeneity of these APCs. We propose to accept the Panel's recommendation that we make no CPT code changes to APCs 0296 and 0297.

*x. Vascular Procedures; Cannula/Access Device Procedures.*

APC 0103: Miscellaneous Vascular Procedures

APC 0115: Cannula/Access Device Procedures

A commenter requested that we move CPT code 36860 (External cannula declotting) from APC 0103 to APC 0115, asserting that this procedure is more similar to other procedures in APC 0115 and does not fit well in its current miscellaneous APC. The Panel found that the claims data were insufficient to support moving CPT code 36860 from APC 0103 to the higher paying APC 0115 and recommends that CPT code 36860 remain in APC 0103 until more data are available for review. We propose to accept the Panel's recommendation that CPT code 36860 remain in APC 0103 until more claims data become available for review.

*y. Angiography and Venography Except Extremity.*

APC 0279: Level II Angiography and Venography except Extremity.

APC 0280: Level III Angiography and Venography except Extremity.

APC 0668: Level I Angiography and Venography except Extremity.

A commenter requested that we move CPT code 75978 (Repair venous blockage) from APC 0668 to APC 0280 and that we move CPT code 75774

(Artery x-ray, each vessel) from APC 0668 to APC 0279. A presenter to the Panel testified that CPT code 75978 is commonly used for dialysis patients and often requires multiple intraoperative attempts to succeed; thus, it should be paid under APC 280. The Panel felt that APCs 0279, 0280, and 0668 were clinically homogenous and recommended that we only make changes after consulting with experts in the field. We propose to accept the Panel's recommendation to make no changes to APCs 0279, 0280, and 0668 until consulting with experts in the field. We plan to place these APCs on the Panel's agenda for the 2005 update.

*z. Computed Tomography (CT), Magnetic Resonance (MR), and Ultrasound Guidance Procedures Currently Packaged.*

APC 0332: Computerized Axial Tomography and Computerized Angiography without Contrast Material.

APC 0335: Magnetic Resonance Imaging, Miscellaneous.

APC 0268: Ultrasound Guidance Procedures.

A presenter to the Panel expressed concern that the packaging of guidance procedures for tissue ablation does not recognize the significant difference in cost and time required to perform each procedure (for example, MRI vs. CT). This presenter felt that hospitals needed more education on the appropriate application of these codes. Another commenter requested that CPT codes 76362, 76394, and 76490 be changed from a status indicator of N to a status indicator of S and included in an appropriate clinical or new technology APC.

The Panel agreed with the above comments and stated that the packaging of these three procedures made it difficult for hospitals to track their use for the purpose of allocating funds. The Panel recommended changing the following CPT codes from a packaged status (N status indicator) to a separately payable status (S status indicator) within the indicated APCs:

TABLE 3.—HCPSCS CODES PROPOSED TO BE DESIGNATED AS SEPARATELY PAYABLE

HCPSCS	Description	2003 status	2004 APC
76362 .....	CT scan for tissue ablation .....	Packaged .....	0332
76394 .....	MRI for tissue ablation .....	Packaged .....	0335
76490 .....	US for tissue ablation .....	Packaged .....	0268

We propose to accept the Panel's recommendation to change HCPSCS codes 76362, 76394, and 76490 from a

packaged status to a separately payable status as indicated above.

*aa. Magnetic Resonance Imaging and Magnetic Resonance Angiography Without Contrast.*