

In addition to reviewing and updating the cost information for supplies in the database, our contractor also recommended database revisions to provide uniformity and consistency in the CPEP supply database. All of the following recommendations are noted in Addendum D:

- *Assignment of supply categories.* In the original CPEP data, a number was assigned to each supply. The contractor has recommended that each supply item also be assigned a "category" to allow for easier selection and sorting of items. We agree and are proposing that supplies be assigned to one of the following 14 categories:

Accessory, Diagnostics;
Accessory, Equipment;
Accessory, Procedure;
Booklets/Forms;
Cutters, Closures/Cautery;
Gown, Drape;
Hypodermic/IV;
Infection Control;
Kit, Pack, Tray;
Lab;
Office, Grocery;
Pharmacy, NonRx;
Pharmacy, Rx; and
Wound Care, Dressings.

These categories could also be used to establish a new numbering system for supplies. We would assign a letter to each supply category and use this in conjunction with a number (000 through 999) to identify each supply. This would enable specialty groups to identify more easily whether a supply has already been included in the CPEP database and would help ensure uniformity in the items used for calculating practice expenses. If we proceed in the final rule with this proposed method for categorizing supplies, we will assign new identifying numbers to each supply input item and these will be available on our website.

- *Consolidation/standardization of item descriptions.*

When items appear to be duplicative, we are proposing to combine the items. For example, "Mayo stand cover" and "drape, sterile Mayo" have both been changed to "drape, sterile, for Mayo stand". We also have attempted to better describe the supply items in a way that will make identification easier, using a key first word when possible. For example, all catheters are described as "catheter, * * *", all needles are described as "needle * * *". In addition, references to proprietary or trademark names for multisource items have been included as parenthetical references (for example, "Polibar™" is renamed barium suspension "(Polibar™)").

- *Standardization of unit descriptions.*

The current CPEP database contains over 72 unit descriptions associated with supplies (for example, item, gram, and cup). To provide consistency and ensure that inputs in the database accurately reflect the quantity of an item used, we are proposing to standardize the unit description of items. If an item is intended for single use, even if it is not completely used, we propose to identify this by indicating the item size followed by "uou" (unit of use). For example "soap bath" has been renamed "bath soap (one bar uou)" and "bacitracin unit dose pack, 9g" has been renamed "bacitracin oint (0.9 gm uou)".

We welcome any comments on the proposed pricing and all other proposed revisions. To help us evaluate the information provided, comments should include documentation such as information from a supply catalog or website or from a current invoice.

h. Miscellaneous Practice Expense Issues

Hyperbaric Oxygen Services

We have received a request from a freestanding hyperbaric oxygen center to price the service in the office setting, so that those providing this service in a nonfacility can receive an appropriate payment. Therefore, we are proposing to assign on an interim basis the following practice expense inputs to CPT code 99183, *Physician attendance and supervision of hyperbaric oxygen therapy, per session*:

Staff: Respiratory Therapist for 135 minutes (for a 2 hour treatment).

Supplies: Minimum Visit Supply Package, 180 liters of oxygen, 187 cubic feet of air.

Equipment: Hyperbaric chamber.

We will request that the Practice Expense Advisory Committee review these inputs at a meeting in the near future.

Maxillofacial Prosthetics PE/hour

In the November 2, 1998 final rule (63 FR 58824), we created a special practice expense pool for maxillofacial prosthetics (CPT codes 21076 through 21087) using the "all physician" practice expense per hour. Because the practice expense survey submitted in 1998 by the American Academy of Maxillofacial Prosthetics (AAMP) differed significantly in format and content from the SMS survey, we were not able to use the submitted data to calculate a practice expense per hour for maxillofacial prosthetics. AAMP has contended that the "all physician" rate underestimates the high costs for the

staff, supplies and equipment associated with the provision of maxillofacial prosthetic services.

We have asked our contractor, The Lewin Group, to analyze the submitted survey data to determine if the data would or would not support a change in the crosswalk for this specialty. The Lewin Group's finding suggests, "the all-physician average may underestimate the practice expense per hour for maxillofacial prosthodontists." Based on the Lewin Group's finding, we reviewed the Medicare utilization of the maxillofacial prosthetics codes. Oral surgeons (specialty code 19) and maxillofacial surgeons (specialty code 85) overwhelmingly provide these services. We believe the practice expenses for these practitioners are likely to be similar to otolaryngologists since these physicians also provide office procedures affecting the head and face. We are proposing to eliminate the special practice expense pool for procedure codes 21076 through 21087 and use otolaryngology as the crosswalk for oral surgeons and maxillofacial surgeons as a more appropriate approximation of the specialties' practice expense per hour. This proposal will increase payment for the maxillofacial prosthetics and other services that are predominantly billed by oral and maxillofacial surgeons. There will be no impact on payment for services provided by any other specialty from this change.

Holter Monitoring Codes

A representative of an independent diagnostic testing facility has communicated to us that their review of the practice expense inputs for the holter monitoring codes, CPT 93225, 93226, 93231, and 93232 has revealed the inclusion of items that are not needed to perform these services. The correspondent suggested the following deletions:

- For CPT codes 93225 and 93231 delete the ECG electrodes and laser paper, as well as the electric bed, computer and holter monitor; and

- For CPT codes 93226 and 93232 delete the razor, nonsterile gloves, alcohol swab and tape, as well as the electric bed and exam table.

We agree that these revisions appear reasonable and will make the above deletions on an interim basis until the PEAC can review these codes. It should be noted these codes are currently in the nonphysician work pool and that the CPEP data is not currently used to calculate their practice expense RVUs. Therefore, these changes will not at this time have any effect on the payment for these codes.