

should be considered such as special cleaners and solvents for cleaning the chamber, the costs of adherence to quality standards and costs for laundering patients' clothing, sheets and blankets. The commenter also stated that the hyperbaric chamber costs more than the \$125,000 we have assigned the item.

Response: As mentioned above, we have added disinfectant solution for cleaning the chamber. We will be proposing the repricing of all equipment in our CPEP database next year, which should ensure that the price for the hyperbaric chamber reflects the typical cost. The cost of laundering and much of the quality assurance costs are considered indirect and are not reflected in our direct cost database. However, if the PEAC does refine this code as planned, we will review any recommendation submitted.

Maxillofacial Prosthetics PE/hour

We proposed to eliminate the special practice expense pool for maxillofacial prosthetic services and to use otolaryngology as the crosswalk for oral surgeons and maxillofacial surgeons as a more appropriate approximation of the specialties' practice expense per hour.

Comment: The American Association of Oral and Maxillofacial Surgeons expressed appreciation for our work on this issue over the past three years and heartily concurred with the decision to crosswalk maxillofacial prosthetics to otolaryngology. The American Academy of Otolaryngology-Head and Neck Surgery also supported our proposed crosswalk.

Response: We will implement the crosswalk of maxillofacial prosthetics to otolaryngology as proposed.

Holter Monitoring Codes

We proposed revising the practice expense inputs for holter monitoring codes to remove items that were not needed to perform the services. Specifically, we proposed deleting the ECG electrodes and laser paper, as well as the electric bed, computer and holter monitor from CPT codes 93225 and 93231 and deleting the razor, nonsterile gloves, alcohol swab and tape, as well as the electric bed and exam table from CPT codes 93226 and 93232.

Comment: A commenter representing an independent diagnostic testing facility and another representing cardiologists expressed support for the proposed revisions to the holter monitor codes.

We also received a comment from the RUC stating that the direct practice expense inputs for these above holter

monitoring services will be reviewed by the PEAC at the January 2004 meeting.

Response: We will make the proposed changes to the holter monitoring codes on an interim basis and will be glad to review the recommendations from the PEAC when we receive them next year.

Other Practice Expense Issues

Comment: We have received requests from several commenters that we value certain procedures currently priced only in the facility setting in the non-facility setting as well. A manufacturer commented that there is a need to price the hysteroscopic endometrial ablation procedure, CPT code 58563, in the office to ensure Medicare patient access to this alternative to hysterectomy in the least intrusive and least costly setting. Several individual gynecologists have expressed concern about the absence of a nonfacility rate for this service because the facility payment does not cover the costs of performing this procedure in the office.

A manufacturer of endoscopic and surgical supplies and equipment expressed concern that several urology services which had previously been priced in the non-facility setting, are no longer priced in that setting. The commenter contended that the procedures can be performed safely in the office and that patients will be forced to go to a hospital or ambulatory surgical center for these procedures if the office payment does not reflect the direct costs incurred by the physician. The services in question are three cystourethroscopy procedures, CPT codes 52224, 52275, 52276, and two destruction of penile lesion procedures, CPT codes 54057 and 54065.

A consultant representing non-hospital based providers of LDL apheresis, CPT code 36516, requested that we price this procedure in the nonfacility setting and provided some cost data for this code. The commenter stated that this procedure is commonly provided outside of hospitals. A medical technology company requested that we price the percutaneous implantation of neurostimulator electrodes procedure, CPT code 64561, in the nonfacility setting. This service had previously been priced in the office.

Response: We are aware that technological advances make it now possible for more procedures to be safely performed in a physician's office. However, CPT code 58563 has recently been reviewed by the PEAC, and neither the gynecology specialty society nor the PEAC recommended pricing this code in the office setting. Likewise, the urology procedures and the neurostimulator service were reviewed

this year by the PEAC and the apheresis services last year by the RUC, and the PEAC and the RUC recommended that these services not be priced in the office setting based on the presentation made by the specialty societies. We would not rule out working further with the commenters on these requests, but we believe that it would not be appropriate to take such an action in this final rule. We will be willing to discuss this issue further to determine whether any action should be proposed in the future.

Comment: The RUC comment identified the following anomalies in the CPEP database for the clinical staff time for a few codes with 000 day global periods:

B. (1) Percutaneous Abscess Drainage Codes

In 1997, CPT created new codes to differentiate between open and percutaneous abscess drainage. Unlike their open procedure counterparts, all of the percutaneous codes were assigned a global period of 000 days with no follow-up visits assigned. However, CMS crosswalked the direct inputs from the open codes, which have a different global period, to the percutaneous codes, including the time assigned for post-procedure office visits. The percutaneous abscess drainage codes identified are CPT codes 32201, 44901, 47011, 48511, 49021, 49041, 49061, 50021, 58823. The comment stated that each of these codes is currently priced in the facility setting only. Because these procedures are predominately performed in the inpatient setting, the comment further recommended that we assign zero direct practice expense inputs for these codes.

(2) Closure of Eyelid by Suture

The commenter also pointed out that CPT code 67875, Closure of eyelid by suture, has an assigned global period of 000 and includes no post-procedure visits in the work relative value. However, the original CPEP process appears to have assigned the code clinical staff time, supplies, and equipment related to a follow up visit.

Response: We agree with the RUC that these 0-day global codes should not have any direct costs assigned for post-procedure follow up visits. Therefore, we are deleting from the database all the inputs related to such visits.

Comment: Several commenters have expressed concern with the unexplained reduction in nonfacility practice expense RVUs for HCPSC code G0166, *External counterpulsation*.

Response: We have examined the practice expense data files and have