

techniques. The presenter expressed concern that cryoablation may be reimbursed at a higher rate than the thermal ablation system, giving its manufacturers an unfair competitive advantage.

Panel members agreed that new, more expensive technologies that prove to be more effective merit review for a higher payment rate. Without substantial evidence of greater effectiveness, however, the Panel was reluctant to create APCs that provide an incentive to use a more expensive device. In its discussion of whether or not to recommend moving CPT code 58563 to a higher paying APC, the Panel recommended that we take into account different methods of endometrial ablation associated with hysteroscopy, adequately reflect the resources used for the various procedures, avoid creating a competitive advantage or disadvantage, and collect data needed to track costs on the type of technologies used for this procedure.

After consulting with experts in the field, we proposed to split APC 0190 (Surgical Hysteroscopy) into two APCs that are more clinically homogeneous. We proposed to change the description for APC 0190 from "Surgical Hysteroscopy" to "Level I Hysteroscopy" and keep the following HCPCS codes in APC 0190:

HCPCS	Description
58558 .....	Hysteroscopy, biopsy.
58559 .....	Hysteroscopy, lysis.
58562 .....	Hysteroscopy, remove fb.
58579 .....	Hysteroscope procedure.

We also proposed to move the following HCPCS codes from APC 0190 to newly created APC 0387 titled "Level II Hysteroscopy":

HCPCS	Description
58560 .....	Hysteroscopy, resect septum.
58561 .....	Hysteroscopy, remove myoma.
58563 .....	Hysteroscopy, ablation.

In addition, we proposed to move the following HCPCS codes as described below:

TABLE 2.—HCPCS CODES TO BE REDISTRIBUTED TO APCs 0130, 0195, AND 0190

HCPCS	Description	2003 APC	2004 APC
58578 ....	Laparoscopic procedure, uterus.	0190	0130

TABLE 2.—HCPCS CODES TO BE REDISTRIBUTED TO APCs 0130, 0195, AND 0190—Continued

HCPCS	Description	2003 APC	2004 APC
58353 ....	Endometrial ablate, thermal.	0193	0195
58555 ....	Hysteroscopy, diagnostic, sep. procedure.	0194	0190

We believe these final changes take into account the different technologies used to perform these procedures while maintaining the clinical comparability of these APCs as well as improving their homogeneity in terms of resource consumption.

#### 1. Female Reproductive Procedures

APC 0195: Level VII Female Reproductive Proc

APC 0202: Level VIII Female Reproductive Proc

A commenter requested that we place CPT code 57288 (Repair bladder defect) in its own APC because it requires the use of a device. Our staff suggested that CPT codes 57288 and 57287 remain in APC 0202, while the remaining codes in APC 0202 be moved to APC 0195:

HCPCS	Description
57109 .....	Vaginectomy partial w/ nodes.
58920 .....	Partial removal of ovary(s).
58925 .....	Removal of ovarian cyst(s).

The Panel agreed with our staff, and we proposed to accept the Panel's recommendation to move CPT codes 57109, 58920, and 58925 from APC 0202 to APC 0195. We will adopt the Panel's recommendation for 2004.

#### 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 proposed to accept the Panel's recommendation that we make no changes to the structure of these APCs until more data become available for review. We will adopt the Panel's recommendation for 2004.

#### 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 believed 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 proposed to accept the Panel's recommendation that CPT code 62351 remain in APC 0208 until more claims data become available for review. We will adopt the Panel's recommendation for 2004.

#### 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 proposed 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