

consideration. The date for the APC Panel meeting and registration information will be published in the **Federal Register** and on the CMS OPPTS Web site at least 60 days before the meeting date.

Photoselective Vaporization of the Prostate

Comment: Several commenters urged us to increase payment for CPT codes 52647 and 52648 (photoselective vaporization of the prostate (PVP)). They expressed concern that other less effective procedures requiring less skill have a significantly higher proposed payment rate. Commenters stated that the proposed payment rate for PVP under APC 0163 does not cover the costs of providing access to this new technology.

Response: Based on our claims data, we believe that CPT codes 52647 and 52648 are appropriately placed in APC 0163 for CY 2004, but the commenters may want to consider applying for a new CPT/HCPCS code for this procedure so that it is identifiable separately from other procedures. Alternatively, PVP may be a candidate for consideration under the OPPTS new technology process. We refer interested parties to our Web site www.cms.hhs.gov/providers/hopps/ for further information on the new technology application and evaluation process.

Inpatient-Only List

Comment: We received a comment requesting that we remove several codes from the inpatient-only list. The codes are: 44901 (Incision and drainage of appendiceal abscess; percutaneous); 49021 (Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous); 49041 (Drainage of subdiaphragmatic or subphrenic abscess; percutaneous); and 49061 (Drainage of retroperitoneal abscess; percutaneous). The commenters based their request on the fact that codes they believe are similar to 44901, 49021, 49041, and 49061 are not on the inpatient-only list. Codes that they used as examples included 32201 (Pneumonostomy; with percutaneous drainage of abscess or cyst); and 50021 (Drainage of perirenal or renal abscess; percutaneous).

Response: The information provided by the commenter did not provide an adequate basis for our medical staff to make a decision. Instead, our physicians will solicit input from additional specialty groups that provide care to the patients undergoing these procedures. We will also present this issue to the

APC Panel for consideration at its next meeting in early 2004.

Neutron Radiotherapy

Comment: We received a comment requesting that we create a new "G" code for neutron radiotherapy so that these procedures can be assigned to a new APC. At this time, the procedures are coded using a CPT code that includes other procedures that the commenter does not believe are related to neutron radiotherapy. The commenter believes the combination of procedures in the CPT code is inappropriate.

Response: We evaluated this request and continue to believe that the current coding is appropriate. We do not believe that creation of a new "G" code is warranted in this case because there is a CPT code that specifically describes this procedure.

Magnetic Resonance Imaging and Magnetic Resonance Angiography

Comment: We received a comment requesting that we assign magnetic resonance imaging and magnetic resonance angiography to separate APCs. These procedures are currently assigned to APCs 0336 and 0337.

Response: We evaluated this request and continue to believe that the current assignments are appropriate and result in accurate payment for the procedures.

Fetal Echocardiogram

Comment: We received one comment requesting that we reassign codes for fetal echocardiograms (CPT 76825 through 76827) to APC 0269. The codes are currently assigned to APCs 0671 and 0697.

Response: We believe that the APC assignments for these CPT codes continue to be appropriate. We used most of the submitted claims for calculating medians for these codes. We believe the resource use and clinical coherence in the current APCs are appropriate.

New Orphan Drug

Comment: We received a comment requesting that arsenic trioxide (Trisenox) be considered as a single-indication orphan drug for Medicare OPPTS. The drug has orphan status from the FDA for treatment of multiple myeloma, myelodysplastic syndrome, chronic myeloid leukemia, and chronic lymphocytic anemia.

Response: After careful evaluation, we agree that arsenic trioxide does meet our criteria for special payment as a single indication orphan drug. As we stated in our final rule (68 FR 63453), we are setting payment under the 2004 OPPTS

for single indication orphan drugs at 88 percent of the average wholesale price listed for these drugs in the April 1, 2003 single drug pricer unless we are presented with verifiable information that shows that our payment rate does not reflect the price that is widely available to the hospital market. For 2004, the payment rate for Trisenox will be \$34.32 per unit.

C. Revisions and Corrections to Addenda A and B

As a result of a HCPCS coding change, the relative weight, payment rate, and minimum unadjusted copayment for APC 0012 as published on page 63478, are incorrect. Code 11057 moved from APC 0012 to APC 0013, and we failed to update the APCs in time for the final rule. The correct values for APC 0012 are: relative weight, 0.7612; payment rate, \$41.53; and minimum unadjusted copayment amount, \$8.31. The correct values for APC 0013 are relative weight, 1.1302; payment rate, \$61.66; and the minimum unadjusted copayment is unchanged. These values are listed in bold type in Table 1 below.

As a result of our use of external data, APC 0108 has new values in Addendum A on page 63479. The correct relative weight is 452.6995, the payment rate increases to \$24,669.74, and the minimum unadjusted copayment becomes \$4,939.95. These values are listed in bold type in Table 1 below.

In response to a comment, we moved HCPCS code 43752 from APC 0272 to APC 0121. This move resulted in new Addendum A values for both of these APCs. The incorrect values on page 63479 for APC 0121 are corrected as follows: relative weight, 2.1114; payment rate, \$115.2; and minimum unadjusted copayment amount, \$23.04.

On page 63481, the incorrect values for APC 0272 are corrected as follows: relative weight, 1.4184; payment rate, \$77.39; and minimum unadjusted copayment, \$15.48.

In response to a comment that we overlooked, we moved CPT code 38230 from APC 0123 to APC 0111. This resulted in new values for APC 0123 in Addendum A. The values on page 63479 are corrected as follows: relative weight, 6.1499; payment rate, \$335.54; and minimum unadjusted copayment amount, \$67.11. There are no changes to the values for APC 0111. These values are listed in bold type in Table 1 below.

On page 63482, the values for APC 0321 are incorrect due to a change in the status indicator for HCPCS code 90901. The status indicator was changed to "A" and, therefore, does not contribute to the calculation of the APC median. We correct the values for APC 0321 by