

April 18, 2012

## **CMS' Preliminary Decisions on the Recommendations of the Hospital Outpatient Payment Panel on Supervision Levels for Select Services**

In the Calendar Year 2012 Outpatient Prospective Payment System /Ambulatory Surgical Center Final Rule, the Centers for Medicare & Medicaid Services (CMS) established a process to obtain independent advice from the Hospital Outpatient Payment Panel regarding the appropriate supervision levels for individual hospital outpatient therapeutic services (76 Fed. Reg. 74360). CMS charged the Panel with recommending at the request of the agency or the public the supervision level that will ensure the appropriate quality and safety for delivery of a given service as defined by its Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology code. In order to make its recommendations, the Panel uses clinical and other criteria that were established in the final rule.

Based on the Panel's recommendations at its meeting on February 27-28, 2012, CMS is proposing the following changes to the current supervision requirements. These preliminary decisions are open to public comment through May 19, 2012. Comments may be submitted via email to [HOPSupervisionComments@cms.hhs.gov](mailto:HOPSupervisionComments@cms.hhs.gov). As we indicated in the final rule, we will post final decisions after considering any comments that we receive and those decisions will be effective on July 1, 2012.

We are accepting the Panel's recommendations that we change the requirement for the following services from direct supervision to general supervision. These services may be conducted under general supervision in accordance with applicable Medicare regulations and policies:

- HCPCS code 90804, *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient*
- HCPCS code 90806, *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient*
- HCPCS code 90808, *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient*
- HCPCS code 90810, *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient*
- HCPCS code 90812, *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient*
- HCPCS code 90814, *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal*

---

**INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:** This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

*communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient*

- HCPCS code 90816, *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient*
- HCPCS code 90818, *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient*
- HCPCS code 90821, *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient*
- HCPCS code 90823, *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient*
- HCPCS code 90826, *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient*
- HCPCS code 90828, *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient*
- HCPCS code 90846, *Family psychotherapy (without the patient present)*
- HCPCS code 90847, *Family psychotherapy (conjoint psychotherapy) (with patient present)*
- HCPCS code 90849, *Multiple-family group psychotherapy*
- HCPCS code 90853, *Group psychotherapy (other than of a multiple-family group)*
- HCPCS code 90857, *Interactive group psychotherapy*
- HCPCS code G0177, *Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)*
- HCPCS code G0410, *Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes*
- HCPCS code G0411, *Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes*
- HCPCS code 51701, *Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)*
- HCPCS code 90471, *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)*
- HCPCS code 90472, *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)*

April 18, 2012

- HCPCS code 90473, *Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)*
- HCPCS code 90474, *Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)*
- HCPCS code 99406, *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes*
- HCPCS code 99407, *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes*

We are not accepting the Panel's recommendation that CMS designate HCPCS code 94640, *Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)*, as a non-surgical extended duration therapeutic service. In the final rule we indicated that the Panel may recommend only general, direct or personal supervision. At a future Panel meeting the Panel may reevaluate the supervision level for 94640. Therefore, direct supervision is required for HCPCS code 94640.