



# Action Alert

Wednesday, April 2, 2014

<b>NEED ACTION FROM.....</b>	<b>Hospital leaders, especially key clinical staff</b>
<b>ACTION .....</b>	<b>Comment on CMS’s proposed supervision levels for select outpatient therapeutic services</b>
<b>WHEN.....</b>	<b>Comments are due by April 30 to <a href="mailto:HOPSupervisionComments@cms.hhs.gov">HOPSupervisionComments@cms.hhs.gov</a></b>
<b>WHY .....</b>	<b>CMS will decide whether or not to downgrade the required level of supervision for 18 outpatient therapeutic services</b>

## WEIGH IN ON PROPOSED SUPERVISION LEVELS FOR OUTPATIENT THERAPEUTIC SERVICES

### ***CMS considers changes to supervision level for 18 services***

The Advisory Panel on Hospital Outpatient Payment ([HOP Panel](#)), which reviews and advises the Centers for Medicare & Medicaid Services (CMS) regarding the appropriate level of supervision for individual hospital outpatient therapeutic services, recently recommended that the agency reduce the supervision level for 18 outpatient therapeutic services to general supervision, meaning that the service could be performed under the overall direction of a physician or non-physician practitioner (NPP) *without requiring his or her presence*.

However, CMS **did not accept** all the panel’s recommendations, instead accepting only the recommendation to reduce the level of supervision to general supervision for six services. CMS’s decisions are preliminary and open to public comment. The AHA urges hospitals, especially small, rural hospitals and critical access hospitals (CAHs), to weigh in. Because the issues involved are largely clinical in nature, hospitals should consult with their clinical staff when drafting comments.

## How to Submit Comments to CMS

**Comments are due to CMS by 5 p.m. Eastern Time on April 30 and may be submitted electronically to [HOPSupervisionComments@cms.hhs.gov](mailto:HOPSupervisionComments@cms.hhs.gov).** The AHA will submit comments. The agency will post its final decisions after considering any comments received and those decisions will take effect on July 1, 2014.

In preparing comments, hospitals should refer to CMS's [guidance document](#). For each service that the hospital believes can be furnished safely under general supervision, comments should address why there is not a significant likelihood that the supervisory practitioner would need to reassess the patient and modify treatment during or immediately following the therapeutic intervention, or provide guidance or advice to the individual who provides the service. In doing so, comments should refer to the following factors:

- complexity of the service;
- acuity of the patients receiving the service;
- probability of unexpected or adverse patient event;
- expectation of rapid clinical changes during the therapeutic service or procedure;
- recent changes in technology or practice patterns that affect a procedure's safety; and
- the clinical context in which the service is delivered.

It also is important for hospitals to express support for CMS's preliminary decision to approve the panel's recommendations to move the six services identified below to general supervision.

**Questions?** Contact Roslyne Schulman, director of policy, at [rschulman@aha.org](mailto:rschulman@aha.org) or (202) 626-2273.

**Background.** The HOP panel met in March and heard testimony from several hospitals and health systems. Based on the evidence presented, the HOP panel recommended that the agency reduce the supervision level for 18 outpatient therapeutic services to general supervision, meaning that the service could be performed under the overall direction of a physician or NPP *without requiring his or her presence*.

However, CMS [did not accept](#) all the panel's recommendations, instead accepting only the recommendation to reduce the level of supervision to general supervision for six services.

Specifically, CMS accepted the panel's recommendation to move the following five services from direct to general supervision:

- *G0176, Activity therapy, such as music, dance, art or play therapies not for recreation related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more),*
- *36593, Dec clotting by thrombolytic agent of implanted vascular access device or catheter,*
- *36600, Arterial puncture, withdrawal of blood for diagnosis,*
- *94667, Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation, and*
- *94668, Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent.*

CMS also accepted the panel's recommendation to move the following subcutaneous infusion service from the two-tiered "non-surgical extended duration therapeutic services" (NSEDTS)<sup>1</sup> supervision level to general supervision:

- *96370, Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure).*

**However, CMS rejected the panel's recommendations to reduce the level of supervision for nine services, including all recommended chemotherapy services and a wound debridement service, from direct to general supervision:**

- *96401, Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic*
- *96402, Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic*
- *96409, Chemotherapy administration; intravenous, push technique, single or initial substance/drug*
- *96411, Chemotherapy administration; intravenous, push technique, each additional substance/drug (list separately in addition to code for primary procedure)*
- *96413, Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug*
- *96415, Chemotherapy administration, intravenous infusion technique; each additional hour (list separately in addition to code for primary procedure)*
- *96416, Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump*
- *96417, Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (list separately in addition to code for primary procedure)*

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<sup>1</sup> Supervision for services designated as NSEDTS requires an initial period of direct supervision with the potential to transition the patient to general supervision once his/her condition has been stabilized.

- 97597, Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less

**CMS noted that while it did not accept the panel's recommendations for the chemotherapy services, it is seeking further public comment on this issue, in particular clinical input on whether it should distinguish the supervision level between initial and subsequent administrations of a given chemotherapeutic or biological agent when provided in a hospital or CAH outpatient department.** CMS said it would consider all public comments and may re-assess these services again at the next HOP Panel meeting. CMS also requested comments on how to provide a targeted approach on chemotherapy that could ensure access while maintaining safety.

With regard to CPT 97597, CMS noted that this code includes debridement with a sharp instrument which the agency believes is not generally within nursing scope of practice and therefore inappropriate for general supervision.

CMS also did not accept the panel's recommendation to move *CPT 36430, Transfusion, blood or blood components*, from direct to general supervision. The agency instead proposed to change the supervision level for blood transfusion services to the two-tiered supervision required for NSEDTS services. CMS believes that blood transfusion warrants direct supervision *initially* to manage potential adverse events and reactions.

Finally, CMS did not accept the panel's recommendation to reduce the supervision level for two services from NSEDTS to general supervision, including HCPCS codes:

- 96369, *Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)*
- 96371, *Subcutaneous infusion for therapy or prophylaxis (specify substance or drug)*

CMS believes that patients receiving these services, which involve the administration of a new drug or substance, should remain as NSEDTS so that patients can be monitored for adverse events under direct supervision for an initial monitoring period.