



Action Alert

Wednesday, June 18, 2014

NEED ACTION FROM	Hospital leaders, including key clinical staff
ACTION	Submit a presentation and testify at upcoming CMS advisory meeting
WHEN	Submissions due July 25 (by email to APCPanel@cms.hhs.gov); meeting is August 25-26 in Baltimore
WHY	CMS advisory panel to consider level of supervision for individual outpatient therapeutic services

WEIGH-IN ON SUPERVISION POLICY FOR OUTPATIENT THERAPEUTIC SERVICES

CMS is now able to enforce the direct supervision rules in all hospitals, including CAHs and small rural hospitals – your input is more important than ever!

On Aug. 25-26, the Advisory Panel on Hospital Outpatient Payment ([HOP Panel](#)), which advises the Centers for Medicare & Medicaid Services (CMS) regarding the appropriate level of supervision for hospital outpatient therapeutic services, will hear testimony from hospital and health system leaders.

The AHA strongly encourages hospitals interested in this issue to have their chief medical officer, chief nursing officer or other clinical staff identify specific outpatient therapeutic services that require only general supervision and request an opportunity to provide testimony before the HOP Panel.

As of Jan. 1, 2014, CMS ended the direct supervision enforcement moratorium for critical access hospitals (CAHs) and small rural hospitals. This means that all hospitals must comply with CMS's direct supervision requirements. The August meeting will be the last opportunity this year to have individual outpatient therapeutic services re-designated as "general supervision" services.

The number and variety of services that the HOP Panel considers will directly depend upon how many hospitals request to testify before the panel and the services they present for evaluation. CMS has reduced the level of supervision for 56 outpatient therapeutic services based on recommendations made by hospitals that have presented at HOP Panel meetings since 2012. The list, which can be found on the CMS [website](#), now includes the following seven services, discussed by the HOP Panel at its March meeting that CMS just approved for general supervision effective July 1, 2014:

- CPT 36430, Transfusion, blood or blood components
- CPT 36593, Declotting by thrombolytic agent of implanted vascular access device or catheter
- CPT 36600 Arterial puncture, withdrawal of blood for diagnosis
- CPT 94667, Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
- CPT 94668, Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent
- CPT 96370, Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour
- 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)

Hospitals may request a change in supervision level for any outpatient therapeutic service that has not previously been considered by the HOP Panel. A list of all of the services previously evaluated by the HOP Panel can be found on the CMS [website](#).

In a recent [statement](#), CMS requested that presentations be made at the upcoming August HOP Panel meeting that focus on the clinical case to keep or amend supervision status of the following CPT codes

for the administration of chemotherapy, complex drugs or biologic agents: CPT 96401, 96402, 96409, 96411, 96413, 96415, 96416 and 96417. Specifically, CMS is interested in presentations about whether these codes should be designated direct supervision only for the initial administration (first administration in a series of administrations of the same drug) followed by general supervision for all subsequent administrations of the same drug. While we view this development as a positive step, CMS needs to hear from many hospitals willing to make presentations on this approach.

While the AHA continues to pursue a legislative solution, the end to the enforcement delay puts all hospitals not compliant with direct supervision at risk for significant enforcement penalties, including payment recoupment. This is your chance to make the case for designating more services as appropriate for general supervision.

WHAT YOU CAN DO:

- Submit a presentation recommending general supervision for specific outpatient therapeutic services and make a request to testify during the August meeting. As noted above, we urge hospitals to consider testifying, in particular, about CMS's suggested approach for the supervision of chemotherapy administration services. Examples of hospital presentations that CMS has accepted for previous HOP Panel meetings are available on the AHA [website](#).
- Refer to the [notice](#) in the May 9 Federal Register for detailed instructions on CMS's requirements. **The deadline for [submitting an email copy of a presentation](#) and a completed [Form CMS – 20017](#) is July 25. You must submit both documents.**
- CMS will review all requests and select presenters to testify at the August meeting.
- Presenters and other individuals interested in attending the August meeting in person must [register online](#) between June 30 and Aug. 1.
- Review the attached [AHA Factsheet](#) for more information.

Members interested in testifying can contact Roslyne Schulman, AHA director of policy, at rschulman@aha.org or (202) 626-2273 for technical assistance on presentations and requests.