Additions to the List

The proposed list of additions in our December 1993 proposed notice received no negative comments. The few comments we received were positive and were written as an introduction to letters opposing our proposed deletions.

Additional Suggestions for Coverage

We received several comments recommending coverage for procedures not proposed for addition to the list. Some comments included procedures we addressed in the December 1993 proposed notice as having been previously considered. The following section, arranged by body system, responds to those comments.

Integumentary System

Comment: Some commenters proposed the addition of the following procedures to the list:

CPT Code	Description
15820 15821	Blepharoplasty, lower eyelid. Blepharoplasty, lower eyelid; with extensive herniated fat pad.
18522 15823	Blepharoplasty, upper eyelid. Blepharoplasty, upper eyelid; with excessive skin weighting down lid.

Response: We proposed to add these procedures to the ASC list in 1991. Based on our review of the public comments and the advice of our medical staff, we decided not to add these procedures to the list because they are commonly performed for cosmetic purposes. Section 1862(a)(10) of the Act prohibits payment for cosmetic surgery or expenses incurred in connection with cosmetic surgery. We recognize that there are circumstances when surgery on the eyelids is performed for noncosmetic reasons; for example, impairment of vision. Often these circumstances require a more complex procedure than a simple blepharoplasty. For that reason, we include on the ASC list all of the blepharoptosis repair codes (CPT codes 67901 through 67908). These procedures are performed less commonly for cosmetic purposes than the blepharoplasty codes.

We also reviewed the most recent data regarding site of service and noted that the blepharoplasty procedures are performed infrequently on an inpatient basis (3 to 5 percent of blepharoplasty procedures are performed on an inpatient basis). In light of this and our concern about the cosmetic nature of the procedures, we have decided against adding CPT codes 15820 through 15823 to the ASC list.

Comment: Commenters proposed the following procedures for the ASC list. All of these procedures involve removal of various size skin lesions from different anatomical locations. They are CPT codes 11400 through 11403, 11420 through 11423, 11440 through 11443 (all of which involve excision of benign skin lesions); and CPT codes 11600 through 11603, 11620 through 11623, and 11640 through 11643 (all of which involve excision of malignant skin lesions).

Response: A review of our billing data indicates that all these procedures are performed in the physician's office from 70 percent to 91 percent of the time, with most of the procedures performed 80 percent of the time in the physician's office setting. They are therefore appropriate to the physician's office and not the ASC.

Comment: One commenter proposed the following codes for addition to the ASC list:

CPT Code	Description
19200	Mastectomy, radical, including pectoral muscles, axillary lymph nodes.
19220	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation).

Response: These procedures involve axillary node dissection. After consultation with physicians in the community, our medical staff believe these procedures do not meet the ASC criteria. Surgical time frequently exceeds the 90 minutes specified for ASCs in § 416.65(b)(1)(i). In addition, since these procedures have potential for greater complications, they generally require more observation time than the 4 hours specified for inclusion on the ASC list in § 416.65(b)(1)(ii). We believe these procedures are appropriately performed on an inpatient basis, and our data indicate they are both performed 90 percent of the time in the inpatient setting. Therefore, we are not adding them to the ASC list.

Comment: Commenters proposed addition of the following codes:

CPT Code	Description
19162	Mastectomy, partial; with axillary lymphadenectomy.
19240	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle.

Response: Our billing data indicate that CPT code 19162 is performed on an

inpatient hospital basis 78 percent of the time, and CPT code 19240 is performed on an inpatient hospital basis 92 percent of the time. In addition, CPT code 19162 requires longer than the 4-hour recovery time requirement, and CPT code 19240 requires longer than the 90-minute operating time requirement for ASC coverage set forth at § 416.65(b)(1)(i). Therefore, they fail to meet our criteria for coverage in an ASC.

Musculoskeletal System

Comment: One commenter suggested the addition of the following codes to the ASC list:

CPT Code	Description
22110	Partial excision of vertebrae (eg, for osteomyelitis); cervical.
22114	Partial excision of vertebrae (eg, for osteomyelitis); lumbar.

Response: CPT code 22110 is performed 80 percent of the time on an inpatient basis; and CPT code 22114, 94 percent. CPT codes 22110 and 22114 are not appropriate for the ASC setting because the procedures require extensive dissection and a recovery time of more than 4 hours.

Comment: One commenter proposed CPT code 29848 (arthroscopy, wrist with release of transverse carpal ligament) for addition to the ASC list.

Response: CPT code 29848 is performed 8 percent of the time on an inpatient basis and does not meet our 20 percent inpatient criterion.

Respiratory System

Comment: One commenter proposed the addition of the following codes to the ASC list:

CPT Code	Description
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure).
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via in- ferior meatus or canine fossa punc- ture).
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of osteum).

Response: CPT codes 31233 and 31235 were replacement codes to codes previously on the ASC list. They were cross-referred from existing codes in the 1994 CPT, and both have been added to the list by our manual instructions. (These procedures are listed in Addendum C, part 6, at the end of this notice.) We are not adding CPT code 31231 to our list because it replaced