consequently no billing data to determine site of service. We are uncertain which code or codes the commenter is using when performing this procedure, but we understand the procedure is often used in conjunction with a radiology code. Radiology codes cannot be included in our ASC list because the ASC list is restricted to surgical codes in the surgery section of the CPT.

*Comment:* Commenters proposed the addition of the following codes:

CPT Code	Description
54400	Insertion of penile prosthesis; non-in- flatable (semi-rigid).
54401	Insertion of penile prosthesis; inflat- able (self-contained).
54405	Insertion of inflatable (multi-compo- nent) penile prosthesis, including placement of pump, cylinders, and/ or reservoir.
54407	Removal, repair, or replacement of in- flatable (multi-component) penile prosthesis, including pump and/or reservoir and/or cylinders.

*Response:* When we previously solicited public comment on penile prostheses implant procedures, we received comments unanimously opposed to the addition of these codes to the list. Commenters indicated that these procedures were inappropriate for the Medicare population in the ASC setting. The procedure recovery time exceeds the 4-hour limit, the maximum allowed for coverage in an ASC. Surgeons performing these procedures reported a recovery time of 24 to 72 hours.

We have given careful consideration to adding these procedures, based on the new comments we received favoring their addition. One commenter, who previously had written in strong opposition, stated that penile prostheses implants should be added to the list since some patients recover in less than 24 hours. Since our regulations indicate a 4-hour recovery limit, we have determined that these procedures remain inappropriate for the Medicare population in an ASC and should not be added to the list.

## Laparoscopy/Peritoneoscopy/ Hysteroscopy

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

CPT Code	Description
56308	Laparoscopy, surgical; with vaginal hysterectomy with or without re- moval of tube(s), with or without re- moval of ovary(s) (laparoscopic as- sisted vaginal hysterectomy).
56309	Laparoscopy, surgical; with removal of leiomyomata subserosal (single or multiple).

*Response:* CPT code 56308 is performed on an inpatient basis 91 percent of the time. This procedures involves cutting a hole in the pelvis floor and the severing of major arteries and veins. It also requires longer than 4 hours recovery time. We are therefore not adding it to the ASC list. CPT code 56309 meets our criteria and will be added to the list (see Addendum B).

*Comment:* Commenters wrote proposing that the following laparoscopic cholecystectomy procedure codes be added to the ASC list (21 commenters for CPT code 56340, 18 for CPT code 56341, and 17 for CPT code 56342, respectively):

CPT Code	Description
56340	Laparoscopy, surgical; cholecys- tectomy (any method).
56341	Laparoscopy, surgical; cholecys- tectomy with cholangiography.
56342	Laparoscopy, surgical; cholecys- tectomy with exploration of com- mon duct.

Response: The medical information available indicates laparoscopic cholecystectomy usually requires a 23hour observation period or an inpatient stay, and, therefore, exceeds the 4-hour recovery time requirement in § 416.65(b)(1)(ii). Therefore, we are not adding it to the list.

*Comment:* Commenters also proposed the addition of the following codes to the ASC list:

CPT Code	Description
56316	Laparoscopy, surgical; repair of initial inguinal hernia.
56317	Laparoscopy, surgical; repair of recur- rent inguinal hernia.

*Response:* These procedures meet our criteria and will be added to the list (see Addendum B).

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

CPT Code	Description
56351	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or pol- ypectomy, with or without D & C.
56356	Hysteroscopy, surgical; with endometrial ablation (any method).

*Response:* These procedures meet our criteria and will be added to the list (see Addendum B).

## Nervous System

*Comment:* Commenters proposed that we add to the ASC list the following nerve injection codes: CPT codes 62298, 64400, 64402, 64405, 64408, 64412, 64413, 64418, 64425, 64435, 64440, 64441, 64445, 64450, 64505, and 64508.

*Response:* According to our claims data, most of these procedures are performed less than 20 percent of the time on an inpatient basis and over 50 percent of the time in a physician's office (most being performed over 70 percent of the time in a physician's office). The exceptions are CPT codes 62298 and 64425, which meet the physician's office criterion but are performed less than 20 percent of the time in the inpatient setting, and CPT code 64508, which meets the inpatient criterion but is performed over 50 percent of the time in a physician's office. Since all these nerve injection codes fail to meet at least one of the criteria for addition, we are not adding them to the ASC list.

*Comment:* One commenter proposed the addition of CPT code 64421 (injection of intercostal nerves).

*Response:* CPT code 64421 is performed 31 percent of the time in a physician's office and 22 percent of the time on an inpatient basis. This procedure thus meets our criteria and will be added to the list (see Addendum B).

*Comment:* Two commenters proposed the addition to the ASC list of CPT code 64612, and one commenter proposed CPT code 64613. The descriptions of these CPT codes follow:

CPT Code	Description
64612	Destruction by neurolytic agent (chemodenervation of muscle endplate); muscles enervated by facial nerve (eg, for blepharospasm, hemifacial spasm).
64613	Destruction by neurolytic agent (chemodenervation of muscle endplate); cervical spinal muscles (eg, for spasmodic torticollis).

*Response:* CPT code 64612 is performed in the physician's office 84 percent of the time, and CPT code 64613