is performed in the physician's office 74 percent of the time. Thus, the codes fail to meet the criteria for our list.

Eye and Ocular Adnexa

Comment: One commenter proposed the addition of CPT code 65770 (keratoprosthesis).

Response: CPT code 65770 is performed 10 percent of the time in a physician's office and 62 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: Several commenters suggested adding CPT code 65772 (corneal relaxing incision for correction of surgically induced astigmatism), and one suggested adding code CPT code 65775 (corneal wedge resection for correction of surgically induced astigmatism).

Response: Neither procedure meets our inpatient criterion. CPT codes 65772 is performed 1 percent of the time on an inpatient basis, and CPT code 65775 is performed 3 percent of the time on an inpatient basis. Therefore, we are not adding them to the ASC list.

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

CPT Code	Description
65855	Trabeculoplasty by laser surgery, one or more sessions (defined treat-
66761	ment series). Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or more sessions).
67145	Chemodenervation of extraocular muscle.
67210	Destruction of localized lesion of ret- ina (eg, maculopathy, choroidopathy, small tumors), one or more sessions; photocoagulation (laser or xenon arc).
67228	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; photocoagulation (laser or xenon arc).

Commenters stated that these codes are already performed from 25 percent to 40 percent of the time in the OPD, and their failure to meet the 20 percent inpatient criterion should not preclude their addition to the ASC list.

Response: A review of our most recent billing data indicates that none of these procedures is performed 40 percent of the time in the OPD; rather, they are performed from 14 percent to 30 percent of the time in the OPD. However, each of these procedures is performed from 58 percent to 79 percent of the time in a physician's office. Since these procedures not only fail to meet the 20

percent inpatient criterion but also the 50 percent physician's office criterion, they will not be added to the ASC list.

Čomment: One commenter proposed the following CPT codes for addition to the list:

CPT Code	Description
65125	Modification of ocular implant (eg, drilling receptacle for prosthesis appendage) (separate procedure).
65860	Severing adhesions of anterior seg- ment, laser technique (separate procedure).
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents).
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure).

Response: CPT codes 65125 and 66825 do not meet the inpatient criterion. CPT code 65125 is performed 5 percent of the time on an inpatient basis, and CPT code 66825 is performed 7 percent of the time on an inpatient basis. CPT code 65860 is performed in a physician's office 65 percent of the time. CPT code 66172 is a new code added in 1994 and is not cross-referred to a procedure currently covered in an ASC. We generally need a year of billing data before we can make a decision as to the appropriate setting for performance. Therefore, none of these codes will be added to the ASC list.

Comment: One commenter proposed the addition of CPT code 66820 (discission of secondary membraneous cataract, stab incision).

Response: CPT code 66820 is performed 5 percent of the time on an inpatient basis and 53 percent of the time in a physician's office and, thus, fails to meet our criteria and will not be added to the list.

Comment: Commenters proposed the addition of the following codes:

CPT Code	Description
67345	Chemodenervation of extraocular muscle.
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach).
68115	Excision of lesion, conjunctiva; over 1 cm.

Response: CPT code 67345 is a physician's office procedure, performed 85 percent of the time in that setting. CPT codes 67900 and 68115 fail to meet our inpatient criterion with only 3 percent each inpatient performance. Therefore, these codes will not be added to the ASC list.

Auditory System

Comment: Commenters proposed the addition of CPT code 69433 (tympanostomy).

Response: This procedure is performed 91 percent of the time in a physician's office. Therefore, it fails to meet the criteria for inclusion on the ASC list.

Other Procedures

Comment: One commenter proposed the use of hyperbaric medical treatment in an ASC with payment for an appropriate technical component. The commenter stated that the routine care of wounds in conjunction with the use of hyperbaric treatments is included under CPT code 99183, but this code does not include coverage of technical costs in an ASC.

Response: The Medicare list of surgical procedures covered in an ASC includes only surgical procedures listed in the surgical section of the CPT. Hyperbaric medical treatment is not surgery and is listed in the CPT under miscellaneous, special services. Thus, we cannot add it to the ASC list.

Proposed Deletions

Integumentary System

Comment: We proposed to delete nine skin lesion excision codes: CPT codes 11042, 11424, 11604, 13101, 13121, 13132, 13152, 14040, and 14041. All nine codes received comments opposing their deletion. Commenters stated that these procedures may sometimes involve complications and compromise safety in the physician's office.

Response: The physician's office site of performance for these procedures ranges from 53 percent to 71 percent. However, each of these CPT procedure codes involves a range of lesion sizes and anatomical sites. For example, CPT code 11424, representing a 3.1 to 4.0 cm. lesion, includes scalp, neck, hands, feet, and genitalia. While a 4 cm. foot or hand lesion may be excised in the physician's office, a 4 cm. lesion on the genitalia requires a higher surgical setting. Larger size lesions, especially if malignant, require the sterile environment of an operating room, extensive anesthesia, and the monitoring of patient cardiovascular parameters and vital signs. Our medical staff thus believe the commenters are correct that our site-of-service data for these codes are deceptive.

As we have stated earlier in this notice and in previous notices, we may occasionally make an exception to our general criteria, if, based on the advice of our medical staff, we believe that the site-of-service data are deceptive. We