are making an exception to the criteria and retaining all the referenced skin lesion codes, based on the recommendation of our medical staff and consultants.

Cardiovascular System

Comment: Commenters opposed the deletion of the following codes:

CPT Code	Description
36530	Insertion of implantable intravenous infusion pump.
36531	Revision of implantable intravenous infusion pump.
36532	Removal of implantable intravenous infusion pump.

Response: We stated in the proposed notice that the Office of Health Technology Assessment (OHTA), a component of the Public Health Service's Agency for Health Care Policy and Research, would be issuing an assessment on the safety and efficacy of infusion pumps for certain treatments and we would re-evaluate our policy on these pumps in light of that assessment. OHTA issued its assessment, and consequently we revised our manual instruction in section 60-14B of the Medicare Coverage Issues Manual. According to this revision, the former instruction limiting Medicare coverage of infusion pumps to intra-arterial pumps for certain medical conditions has been revised to include intravenous infusion pumps for a greater number of medical indications. As a result, we are not deleting CPT codes 36530, 36531, and 36532.

Comment: Several commenters were opposed to our deletion of CPT code 63750 (insertion, subarachnoid catheter with reservoir and/or pump for intermittent or continuous infusion of drug, including laminectomy) and CPT code 63780 (insertion or replacement, subarachnoid or epidural catheter, with reservoir and/or pump for drug infusion, without laminectomy).

Response: Our medical advisors state that these procedures can be performed safely, effectively, and appropriately in the ASC setting. We are therefore retaining these procedures on the list.

Urinary System

Comment: We received over 300 comments in opposition to the deletion of CPT code 52000 (cystourethroscopy (separate procedure)). Of these comments, 200 were also against deleting the following CPT codes:

CPT Code	Description
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy and injection procedure for cystography, male or female.
52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incision of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone.

Most commenters opposed to the cystoscopy's deletion were urologists. The main themes mentioned by the commenters were the following: the differences in male and female cystoscopies, the differences in type of cystoscopies, diagnostic versus therapeutic cystoscopies, our deceptive data, and physician/patient access problems.

Response: Although the three cystoscopies proposed for deletion exceed our physician's office criterion, we are making an exception to this standard and retaining these codes on the list, based on the advice of our medical staff and consultants. Numerous commenters offered significant medical evidence for retention of cystoscopies on the ASC list, especially for male patients. Moreover, an exhaustive review of our data supports the commenters' belief that female cystoscopies skew the data in favor of the physician's office site of service and many CPT code 52000 cystoscopies, when performed, are upgraded to therapeutic cystoscopies and not reported under CPT code 52000.

Male Genital System

Comment: We received 136 comments in opposition to the deletion of CPT code 55700 (prostate biopsy). The following were the main themes mentioned in the comments: patient health, complications and infection, sterilization problems, and the use of the ultrasound machine.

Response: As with cystoscopies, information indicates many patients in need of a prostate biopsy have comorbidities or other complications that necessitate close monitoring. Complications of prostate biopsy can be serious. Infection and bleeding are not uncommon and, at times, warrant hospital admission.

Although prostate biopsy exceeds our physician's office criterion, we are making an exception to our standard and are retaining this procedure on the list. We base our determination on the number of comments received citing significant medical evidence, and the advice of our medical staff and consultants that prostate biopsy is an appropriate procedure for the ASC list.

Nervous System

Comment: Several commenters were opposed to our proposed deletion of the following codes:

CPT Code	Description
64442	Injection, anesthetic agent; paravertebral facet joint nerve, lumbar, single level.
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic).

They believed these codes should not be deleted because they frequently require the standby of a crash cart, should a complication occur during injection. CPT code 64442 requires a fluoroscopy, which few physicians' offices own; CPT code 64510 may compromise the patient's airway with the inadvertent block of a laryngeal nerve with a local anesthetic; and both procedures cause patient cardiac arrhythmias in 25 percent of patients. Commenters believed our data are erroneous since the data exclude anesthesiologists from site-of-service data, and anesthesiologists are the primary physicians performing these procedures.

Response: In view of these stated medical concerns and because the inclusion of anesthesiologists in a new claims data run resulted in the two procedures falling below the 50 percent physician's office criterion, both procedures will be retained on the list.

Eye and Ocular Adnexa

Comment: We received comments in opposition to our proposed deletion of the following ophthalmologic procedures codes:

CPT Code	Description
66762	Iridoplasty by photocoagulation (one or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle).
67101	Repair of retinal detachment, one or more sessions; cryotherapy or dia- thermy, with or without drainage of subretinal fluid.
67105	Repair of retinal detachment, photocoagulation (laser or xenon arc, one or more sessions), with or without drainage of subretinal fluid.