

the ASC setting. We determined that these 10 procedures would not be expected to pose a significant risk to beneficiary safety when performed in an ASC, and would not be expected to require active medical monitoring and care of the beneficiary at midnight following the procedure and, therefore, we proposed to include them on the list of ASC covered surgical procedures for CY 2015.

The 10 procedures that we proposed to add to the ASC list of covered surgical procedures, including their HCPCS code long descriptors and proposed CY 2015 payment indicators, were displayed in Table 48 of the CY 2015 OP/ASC proposed rule (79 FR 41018).

Comment: Several commenters supported adding the 10 procedures to the CY 2015 covered surgical procedures list for ASCs.

Response: We thank the commenters for their support. As indicated later in this section, we are finalizing our proposal to add these procedure codes to the ASC list, in addition to two other procedure codes recommended by commenters.

Comment: Some commenters stated that the APC relative weight for APC 0208 is too low for the cervical and lumbar fusion procedures (as described by HCPCS codes 22551, 22554, and 22612) proposed to be added to the list of ASC covered surgical procedures, and they urged CMS to reassign these three procedure codes to another APC with a higher relative weight.

Response: As discussed in detail in section II.A.2.e. of this final rule with comment period, we agree with the commenters, and we are reassigning CPT codes 22551, 22554, and 22612 to APC 0425 for CY 2015 because the geometric mean costs of these codes are more similar to the geometric mean cost of APC 0425, which has a higher geometric mean cost than APC 0208.

Comment: Some commenters stated that, in order to perform the procedures proposed to be added to the ASC list of covered surgical procedures, additional procedure codes needed to be added to the list because some of the proposed additions to the list could not be furnished without procedures described by additional codes. Other codes were requested to be added because they represent procedures that are commonly furnished in conjunction with procedures described by the codes that were proposed to be added. Commenters stated that without adding the additional codes for procedures that must be performed in conjunction with or are often performed along with the proposed added procedures, these types

of cases will continue to not be furnished in the ASC setting. Commenters stated that some of the procedures described by these codes were covered by other carriers and could be safely performed in the ASC setting for Medicare patients. Some commenters believed that, because Medicare makes facility payments for unlisted CPT codes under the OP/ASC, CMS should provide ASCs with the same flexibility to use unlisted CPT codes to report procedures. The list of codes that commenters requested to be added in addition to those that were proposed to be added is shown in Table 44 below.

TABLE 44—PROCEDURES REQUESTED FOR ADDITION TO THE CY 2015 LIST OF ASC COVERED SURGICAL PROCEDURES

CY 2015 CPT/HCPCS codes	CY 2015 short descriptor
19307	Mast mod rad.
20930*** ..	Sp bone agrft morsel add-on.
20931*** ..	Sp bone agrft struct add-on.
20936*	Sp bone agrft local add-on.
20937*	Sp bone agrft morsel add-on.
20938*	Sp bone agrft struct add-on.
22526	Idet single level.
22527	Idet 1 or more levels.
22532*	Lat thorax spine fusion.
22533*	Lat lumbar spine fusion.
22534*	Lat thor/lumb addl seg.
22552*	Addl neck spine fusion.
22558*	Lumbar spine fusion.
22585*	Additional spinal fusion.
22610*	Thorax spine fusion.
22633*	Lumbar spine fusion combined.
22830*	Exploration of spinal fusion.
22840*	Insert spine fixation device.
22842*	Insert spine fixation device.
22845*	Insert spine fixation device.
22846*	Insert spine fixation device.
22849*	Reinsert spinal fixation.
22850*	Remove spine fixation device.
22851	Apply spine prosth device.
22855*	Remove spine fixation device.
22856	Cerv artific diskectomy.
23470	Reconstruct shoulder joint.
28805	Amputation thru metatarsal.
31600	Incision of windpipe.
32551	Insertion of chest tube.
33244	Remove eltrd transven.
35471	Repair arterial blockage.
35903	Excision graft extremity.
37191	Ins endovas vena cava filtr.
37193	Rem endovas vena cava filter.
39400	Mediastinoscopy incl biopsy.
43280	Laparoscopy fundoplasty.
43281	Lap paraesophag hern repair.
43770	Lap place gastr adj device.
44180	Lap enterolysis.
44970	Laparoscopy appendectomy.
54332	Revise penis/urethra.
54336	Revise penis/urethra.
54535	Extensive testis surgery.
54650	Orchiopexy (fowler-stephens).
57120	Closure of vagina.

TABLE 44—PROCEDURES REQUESTED FOR ADDITION TO THE CY 2015 LIST OF ASC COVERED SURGICAL PROCEDURES—Continued

CY 2015 CPT/HCPCS codes	CY 2015 short descriptor
57282	Colpopexy extraperitoneal.
57283	Colpopexy intraperitoneal.
57310	Repair urethrovaginal lesion.
57425	Laparoscopy surg colpopexy.
58260	Vaginal hysterectomy.
58262	Vag hyst including t/o.
58543	Lsh uterus above 250 g.
58544	Lsh w/t/o uterus above 250 g.
58553	Laparo-vag hyst complex.
58554	Laparo-vag hyst w/t/o compl.
58573	Tlh w/t/o uterus over 250 g.
60252	Removal of thyroid.
60260	Repeat thyroid surgery.
60271	Removal of thyroid.
63011	Remove spine lamina 1/2 scri.
63012	Remove lamina/facets lumbar.
63015	Remove spine lamina >2 crvcl.
63016	Remove spine lamina >2 thr.
63017	Remove spine lamina >2 lmr.
63035	Spinal disk surgery add-on.
63040	Laminotomy single cervical.
63046	Remove spine lamina 1 thr.
63048	Remove spinal lamina add-on.
63057	Decompress spine cord add-on.
63064	Decompress spinal cord thr.
63075	Neck spine disk surgery.
63076	Neck spine disk surgery.
77002****	Needle localization by xray.
L-codes**	(L codes for implants—plates and screws, peek or bone, putty—HCPCS not specified).

* CPT codes on the OP/ASC inpatient list for CY 2015.

** HCPCS codes for prosthetics or prosthetic supplies.

*** CPT codes already on the ASC list of covered surgical procedures.

**** CPT code already on the ASC list of covered ancillary services.

Response: We examined all of the codes that commenters requested for addition to the ASC list of covered surgical procedures. Of the 75 codes requested for addition to the ASC list, we did not review the 19 procedures that are reported by CPT codes that are on the OP/ASC inpatient list (identified with one asterisk in Table 44), or the unspecified non-surgical HCPCS L-codes (identified with two asterisks in Table 44) because these codes are not eligible for addition to the ASC list of covered surgical procedures, consistent with our final policy which is discussed in detail in the August 2, 2007 final rule (72 FR 42476 through 42486; 42 CFR 416.166). In addition, we did not review the 2 procedures reported by CPT codes that are already on the ASC list of covered surgical procedures (identified with three asterisks in Table 44), or the 1 procedure reported by a CPT code that is on the ASC list of covered ancillary