

ADVISORY PANEL ON HOSPITAL OUTPATIENT PAYMENT

Presenter/Presentation Information Checklist

Instructions: Submit this checklist (Parts I and II) with your presentation to APCPanel@cms.hhs.gov by 5 p.m. on the date specified in the Federal Register notice. Or, if unable to submit by email, a hard copy sent to:

Designated Federal Official, HOP Panel
CMS/CM/HAPG/DOC
7500 Security Blvd., C4-01-26
Baltimore, Maryland 21244-1850

Part I: Personal Information for Presenter(s) (If you have more than three presenters, photocopy the form, or go to <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms20017.pdf> to print another copy.)

Presenter's Name	Title	Organizational Affiliation, Name, Address, City, and State
Subject of Presentation	E-mail Address	Telephone Number

Clearly describe the action(s) that you are requesting CMS to take.

Presenter's Name	Title	Organizational Affiliation, Name, Address, City, and State
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Clearly describe the action(s) that you are requesting CMS to take.

Part II – Presentation Required Checklist

In order to meet the presentation requirements, all information stated below must be on page 1 of your presentation in a clear, logical format.

To ensure that all information has been supplied—which is required for each presentation at the APC Panel meeting—please provide the following:

1. List the financial relationship of presenter(s), if any, with any company whose product, services, or procedures are under consideration	
2. Physicians' Current Procedural Terminology (CPT) code(s) and Health Care Common Procedures Codes (HCPS) involved	
3. APC(s) affected	
4. Description of the issue(s)	
5. Clinical description of the service under discussion (with comparison to other services within the APC)	
6. Recommendations and rationale for change	
7. Recommendations and rationale for change	
8. Potential consequences of not making the change	