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## ADVISORY PANEL ON AMBULATORY PAYMENT CLASSIFICATION GROUPS

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### Presenter/Presentation Information Checklist

**Instructions:** Send this hardcopy checklist (Parts I and II) with your presentation to the following address by 5 p.m. on the date specified in the **Federal Register** notice:

Shirl Ackerman-Ross  
Designated Federal Officer, APC Panel  
CMS/CMM/HAPG/DOC  
7500 Security Blvd., C4-05-17  
Baltimore, MD 21244-1850  
E-mail address: APC Panel@cms.hhs.gov

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**Part I: Personal Information for Presenter(s)** (If you have more than three presenters, photocopy the form, or go to <http://www.cms.hhs.gov/faca/apcpage.asp> to print another copy.)

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

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

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

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## 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 check the following:*

✓ List the financial relationship of presenter(s), if any, with any company whose product, services, or procedures are under consideration	
✓ Physicians' Current Procedural Terminology (CPT) code(s) involved	
✓ APC(s) affected	
✓ Physicians' Current Procedural Terminology (CPT) codes involved	
✓ Description of the issue(s)	
✓ Clinical description of the service under discussion ( <i>with comparison to other services within the APC</i> )	
✓ Recommendations and rationale for change	
✓ Expected outcome of change	
✓ Potential consequences of not making the change	