AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure/MPC List screen

January 2014

Colonoscopy

Several specific CPT codes identified by CMS through the MPC List screen were scheduled for review at the September 2011 RUC meeting. The RUC review of the codes led to significant concerns with the survey data, and in some cases, coding and payment policy for the individual codes. The specialty societies representing gastroenterology indicated that appropriate surveys could not be conducted until after the specialty societies had an opportunity to clarify the coding and update the descriptors via the CPT Editorial Panel Process. The specialty societies worked with the CPT Editorial Panel and CMS to resolve this coding and payment policy question as it relates to over 100 GI endoscopy services.

In the CPT 2014 cycle, the RUC reviewed all the esophagoscopy, EGD and ERCP families of codes. For the CPT 2015 cycle, the RUC reviewed the illeoscopy, pouchoscopy and flexible sigmoidoscopy services in October 2013 and reviewed colonoscopy and colonoscopy through the stoma procedures in January 2014. In November, 2013, as part of the 2014 Medicare Final Rule, CMS released their work value recommendations on the three families reviewed for the CPT 2014 cycle. It was noted that while CMS disagreed with a majority of the RUC recommendations, the agency seemed to agree that the incremental methodology was the best approach to use in valuing these codes. However, the RUC agreed that CMS often used inappropriate assumptions regarding physician work and intensity and thus offered increments for procedures not in accordance with the appropriate clinical utility either within the immediate family or within the larger code family. Therefore, as was done in the previous set of codes, the RUC continued to use the incremental methodology as its primary approach to valuing the additional physician work above the base diagnostic procedure. The RUC noted that this methodology was necessary for three reasons. First, given that an entire genre of services is being reviewed, relativity amongst the family is critical. The potential for rank order anomalies is high considering the large amount of codes reviewed in succession. Second, CMS (then HCFA) used the incremental approach in their initial valuation of these services in 1992 and 1993. According to CMS commentary in the Federal Register for those years, the agency established a hierarchy of work from the least to the most difficult endoscopic procedure. Following this, fixed increments were added to the base procedure. Therefore, the RUC determined that these new codes should continue to be valued the same way endoscopic services were initially valued at the creation of the RBRVS. Finally, the RUC has established valuation of physician work through incremental intra-service work as an approved, viable alternate methodology. In fact, endoscopy is listed as an example of this methodology in the RUC's instructions for specialty societies developing work value recommendations.

The RUC and the specialty societies explicitly addressed the perception that there is a body of peer-reviewed literature which states that diagnostic colonoscopies take 15 minutes of time to perform. When valuing procedures at the RUC, the Committee views the RUC survey as the gold standard for validating physician time and valuing physician work. So, in order to validate a RUC survey, one would need to produce another

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equally valid survey, which would measure time and intensity in a similar way. In order to ensure the specialties' survey meets the exacting standards that are expected of a RUC survey, the RUC reviewed two pieces of information.

First, a demographic breakout of the survey respondents was reviewed to ensure that the survey population closely matches the population of real world patients receiving diagnostic colonoscopies. The specialty societies, after the survey was completed, went back to the survey respondents and collected additional demographic data, not typically collected as part of the standard RUC survey. For instance, 94% of the survey respondents indicated that they perform the majority of colonoscopy procedures in a facility setting, while 94% of Medicare patients receive a diagnostic colonoscopy in a facility. Also, the specialty societies also demonstrated that the RUC survey was representative in terms of both practice type, with a mix of single specialty groups, multi-specialty groups and Medical School Faculty Practice plans, and geographic practice setting, with an even share of respondents practicing in suburban and urban locations. Finally, 89% of the survey respondents indicated that they typically work out of 1 room simultaneously. The RUC recognizes that there would be efficiencies gained if a physician is working out of 2 rooms, however that is not typical. Given this large, varied data sample, the RUC agreed with the specialty society that the survey data accurately represents the typical scenario in which a physician would perform a diagnostic colonoscopy in the U.S.

Second, to specifically address the question of peer-reviewed literature, the specialties provided a table of fifteen articles published over the last decade or so in which there is some reference to colonoscopy procedure time. Importantly, none of these studies were done with the purpose of obtaining colonoscopy procedure time. Each study had some other goal (e.g. withdrawal time from adenoma detection rate, pain perception, etc). As a result, the authors chose their patient population to achieve the primary study question involved. In addition, many of the studies are single center studies, done in the Ambulatory Surgical Center (ASC), which do not represent much of the variety seen in the typical scenario.

Specifically, the specialties addressed the most well-known of these studies, the Robert Barclay study in the New England Journal of Medicine (NEJM) (*N Engl J Med 2006;355:2533-41*). This study was performed in a single center ASC. The methodology for measuring the endoscope time was reasonably precise but may not have included washing time or suctioning time. In addition, there was an insurance status criterion which was applied for the inclusion of patients in this study which mitigated a truly random population. Therefore, this study is not truly generalizable since these patients are the most straightforward patients that go to the ASC, are healthy and complete their prep. The specialties noted that even after noting these flaws in the data throughout, the listed studies tend to center around the 25 minutes of intra-service time, the median survey time for the diagnostic colonoscopy code 45378. Furthermore, the specialty societies noted a study that was submitted to the journal *Gastrointestinal Endoscopy*, which reports a large study of 522 colonoscopy procedure performed at the Mayo Clinic, which show a mean total procedure time of 23.2 minutes.

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Finally, the specialties discussed that far from having the physician work intensity of these services decrease over the years, in some ways colonoscopies are more intense today. In current practice there is an enhanced appreciation for flat adenomas, particularly in the right side of the colon. These were not known to exist or be nearly as prevalent during previous valuations. The adenomas are more difficult to identify because they aren't raised like ordinary polyps. To identify, the physician must look at the texture of the colon which requires greater scrutiny and washing to perform. The specialties explained that while these arguments are not made to provide compelling evidence, the work intensity has at the very least not gone down in comparison to both previous valuations and other services across the RBRVS.

45378 ***Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)***
The RUC reviewed the survey results of 165 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 25 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the Key Reference Service CPT code 31625 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites* (work RVU= 3.36) and noted that while the reference code has 5 additional minutes of intra-service time, 30 minutes compared to 25 minutes, 45378 is a slightly more intense procedure and should be valued identically to 31625. Therefore, the RUC recommends a direct work RVU crosswalk from 31625 for the surveyed code. To further justify a work RVU of 3.36 for CPT code 45378, the RUC compared the surveyed code to CPT code 58555 *Hysteroscopy, diagnostic (separate procedure)* (work RVU= 3.33) and agreed that both services should be valued almost identically given identical intra-service times and analogous work intensity. Finally, the RUC reviewed CPT code 32551 *Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed,* open (work RVU= 3.29, intra time= 20 minutes) and agreed that with comparable physician work and similar total time, this reference code offers and an accurate comparison to the recommended value. **The RUC recommends a work RVU of 3.36 for CPT code 45378.**

45379 ***Colonoscopy, flexible; with removal of foreign body(s)***
The RUC reviewed the survey results of 104 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 35 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the current work RVU of 4.68, in between the median and 25th percentile, is too high considering the drop in total time from the current time to the surveyed time. The RUC agreed that the appropriate

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methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.01 in the upper GI endoscopic family of services for the additional work of removing a foreign body over the base diagnostic procedure. Therefore, the RUC added the approved 1.01 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.37 for 45379, which is lower than the current value.

To justify a work RVU of 4.37, the RUC compared the surveyed code to MPC code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU= 4.71) and noted that while the reference code has 5 less minutes of intra-service time, 30 minutes compared to 35 minutes, 37191 is a more intense procedure and should be valued higher than 45379. In addition, the RUC also reviewed CPT codes 31629 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)* (work RVU= 4.09, intra time= 30 minutes) and 35476 *Transluminal balloon angioplasty, percutaneous; venous* (work RVU= 5.10, intra time= 35 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.37 for CPT code 45379.**

45380 ***Colonoscopy, flexible; with biopsy, single or multiple***
The RUC reviewed the survey results of 152 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 28 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the current work RVU of 4.43, the survey median, is too high considering the drop in total time from the current time to the surveyed time. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.30 in the upper GI endoscopic family of services for the additional work of performing a biopsy over the base diagnostic procedure. Therefore, the RUC added the approved 0.30 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 3.66 for 45380, which is lower than the current value.

To justify a work RVU of 3.66, the RUC compared the surveyed code to MPC code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50) and noted that while the reference code has 2 additional minutes of intra-service time, 45380 is a more intense procedure and is correctly valued higher than this MPC code. In addition, the RUC reviewed CPT codes 57461 *Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix* (work RVU= 3.43, intra time= 28 minutes) and 31629 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when*

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performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i) (work RVU= 4.09, intra time= 40 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 3.66 for CPT code 45380.**

45381 ***Colonoscopy, flexible; with directed submucosal injection(s), any substance***
The RUC reviewed the survey results of 123 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 28 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the respondents overestimated the work of this procedure, with a 25th percentile value of 3.95. Given the total time reduction from the current time to the newly surveyed time, the RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.31 in the upper GI endoscopic family of services for the additional work of performing a submucosal injection over the base diagnostic procedure. Therefore, the RUC added the approved 0.31 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 3.67 for 45381, which is lower than the current value.

To justify a work RVU of 3.67, the RUC compared the surveyed code to MPC code 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* (work RVU= 4.05) and agreed that since the reference code has slightly higher intra-service time, 30 minutes compared to 28 minutes, and is a slightly more intense procedure, 52224 is valued appropriately higher than CPT code 45381. In addition, the RUC reviewed CPT codes 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (work RVU= 3.12, intra time= 30 minutes) and 15277 *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children* (work RVU= 4.00, intra time= 25 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 3.67 for CPT code 45381.**

45382 ***Colonoscopy, flexible; with control of bleeding, any method***

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The RUC reviewed the survey results of 120 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 40 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the appropriate value for 45382 should be in between the median (5.50) and 25th percentile (4.50) work values. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.40 in the colonoscopy through stoma family of services for the additional work of controlling bleeding over the base diagnostic procedure. Therefore, the RUC added the approved 1.40 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.76 for 45382, which is lower than the current value.

To justify a work RVU of 4.76, the RUC compared the surveyed code to CPT code 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C* (work RVU= 4.74) and noted that both services have identical intra-service time, 40 minutes, and comparable physician work. Therefore, the RUC agreed that both services should be valued almost identically. In addition, the RUC reviewed CPT codes 49406 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous* (work RVU= 4.25, intra time= 40 minutes) and 93724 *Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)* (work RVU= 4.88, intra time= 40 minutes) and agreed that with comparable physician work and identical intra-service times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.76 for CPT code 45382.**

45388 ***Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)***

The RUC reviewed the survey results of 76 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 35 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

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The RUC reviewed the respondents' estimated physician work values and agreed that the appropriate value for 45388 should be in between the median (5.50) and 25th percentile (4.50) work values. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.62 in the colonoscopy through stoma family of services for the additional work of performing ablation of a tumor with pre/post dilation and guide wire passage over the base diagnostic procedure. Therefore, the RUC added the approved 1.62 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.98 for 45388.

To justify a work RVU of 4.98, the RUC compared the surveyed code to CPT code 52276 *Cystourethroscopy with direct vision internal urethrotomy* (work RVU= 4.99) and agreed that since both codes have identical, intra-service time, 35 minutes, and comparable physician work, the two codes should be valued almost identically. In addition, the RUC reviewed CPT codes 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C* (work RVU= 4.74, intra time= 40 minutes) and 35476 *Transluminal balloon angioplasty, percutaneous; venous* (work RVU= 5.10, intra time= 35 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.98 for CPT code 45388.**

45384 ***Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery***
The RUC reviewed the survey results of 101 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 28 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the respondents overestimated the work of this procedure, with a median value of 4.50. Given the intra-service time reduction from the current time to the newly surveyed time, the RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.81 in the upper GI endoscopic family of services for the additional work of removing a tumor by hot biopsy over the base diagnostic procedure. Therefore, the RUC added the approved 0.81 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.17 for 45384, which is lower than the current value.

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To justify a work RVU of 4.17, the RUC compared the surveyed code to CPT code 32550 *Insertion of indwelling tunneled pleural catheter with cuff* (work RVU= 4.17) and noted that although the reference code has 2 additional minutes of intra-service time, CPT code 45384 is a more intense procedure and should be valued identically to code 32550. In addition , the RUC reviewed CPT codes 20660 *Application of cranial tongs, caliper, or stereotactic frame, including removal* (work RVU= 4.00, intra time= 30 minutes) and 52275 *Cystourethroscopy, with internal urethrotomy; male* (work RVU= 4.69, intra time= 30 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.17 for CPT code 45384.**

45385 ***Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique***
The RUC reviewed the survey results of 145 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 30 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the appropriate value for 45385 should be in between the median (5.25) and 25th percentile (4.38) work values. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.31 in the upper GI endoscopic family of services for the additional work of removing a tumor by snare over the base diagnostic procedure. Therefore, the RUC added the approved 1.31 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.67 for 45385, which is lower than the current value.

To justify a work RVU of 4.67, the RUC compared the surveyed code to MPC code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU= 4.71) and determined that while both service have identical intra-service time, 30 minutes, code 45385 is a more intense procedure and should be valued slightly higher than 37191. In addition, the RUC reviewed CPT codes 52234 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)* (work RVU= 4.62, intra time= 30 minutes) and 37213 *Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed* (work RVU= 5.00, intra time= 33 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.67 for CPT code 45385.**

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45386 ***Colonoscopy, flexible; with transendoscopic balloon dilation***
The RUC reviewed the survey results of 80 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 38 minutes, intra-service time of 35 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the respondents overestimated the physician work involved in this procedure with a 25th percentile work RVU of 4.55. To account for the drop in total time from the current time to the survey, the RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.51 in the upper GI endoscopic family of services for the additional work of balloon dilation less than 30 mm over the base diagnostic procedure. Therefore, the RUC added the approved 0.51 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 3.87 for 45386, which is lower than the current value.

To justify a work RVU of 3.87, the RUC compared the surveyed code to CPT code 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple* (work RVU= 3.82) and agreed that while the reference code has 5 additional minutes of intra-service time, code 45386 is a more intense procedure and should thus be valued slightly higher than 49411. In addition, the RUC reviewed MPC code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra time= 30 minutes) and CPT code 49418 *Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous* (work RVU= 4.21, intra time= 40 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 3.87 for CPT code 45386.**

45389 ***Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)***
The RUC reviewed the survey results of 64 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 45 minutes and post-service time of 17 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

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The RUC reviewed the respondents' estimated physician work values and agreed that the appropriate value for 45389 should be in between the median (5.99) and 25th percentile (5.00) work values. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 2.14 in the upper GI endoscopic family of services for the additional work of stent placement over the base diagnostic procedure. Therefore, the RUC added the approved 2.14 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 5.50 for 45389.

To justify a work RVU of 5.50, the RUC compared the surveyed code to MPC code 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU= 5.44) and agreed that while both services have identical intra-service time, 45 minutes, 45389 has slightly more total time and should thus be valued slightly higher. In addition, the RUC reviewed CPT codes 52341 *Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 5.35, intra time= 45 minutes) and 93458*Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed* (work RVU= 5.85, intra time= 45 minutes) and agreed that with comparable physician work and identical intra-service time, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 5.50 for CPT code 45389.**

45391 *Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures*

The RUC reviewed the survey results of 37 gastroenterologists and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 45 minutes and post-service time of 20 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the respondents underestimated (median work RVU= 4.75) the physician work involved in this service. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.59 in the upper GI endoscopic family of services for the additional work of performing an endoscopic ultrasound over the base diagnostic procedure. Therefore, the RUC added the approved 1.59 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.95 for 45391, which is lower than the current value.

To justify a work RVU of 4.95, the RUC compared the surveyed code to CPT code 52315 *Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated* (work RVU= 5.20) and noted that while both services have identical intra-service time, 45 minutes, the reference code is a more intense procedure and should be valued higher than code 45391. In addition, the RUC

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reviewed CPT codes 93724 *Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)* (work RVU= 4.88, intra time= 40 minutes) and 58562 *Hysteroscopy, surgical; with removal of impacted foreign body* (work RVU= 5.20, intra time= 40 minutes) and agreed that with comparable physician work and similar total times, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.95 for CPT code 45391.**

45392 ***Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures***

The RUC reviewed the survey results of 35 gastroenterologists and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 60 minutes and post-service time of 20 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the respondents underestimated (median work RVU= 5.50) the physician work involved in this service. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 2.24 in the upper GI endoscopic family of services for the additional work of performing ultrasound guidance with fine needle aspiration over the base diagnostic procedure. Therefore, the RUC added the approved 2.24 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 5.60 for 45392, which is lower than the current value.

To justify a work RVU of 5.60, the RUC compared the surveyed code to CPT code 50382 *Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation* (work RVU= 5.50) and noted that since both codes have identical intra-service time, 60 minutes, and analogous total time, both services should be valued similarly. In addition, the RUC reviewed CPT codes *52001Cystourethroscopy with irrigation and evacuation of multiple obstructing clots* (work RVU= 5.44, intra time= 60 minutes) and 32998 *Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral* (work RVU= 5.68, intra time= 60 minutes) and agreed that with comparable physician work and identical intra-service time, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 5.60 for CPT code 45392.**

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45390 ***Colonoscopy, flexible; with endoscopic mucosal resection***
The RUC reviewed the survey results of 74 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 45 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the appropriate value for 45390 should be in between the median (6.61) and 25th percentile (5.35) work values. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 2.99 in the upper GI endoscopic family of services for the additional work of performing endoscopic mucosal resection over the base diagnostic procedure. Therefore, the RUC added the approved 2.99 work RVUs to CPT code 45378 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 6.35 for 45390.

To justify a work RVU of 6.35, the RUC compared the surveyed code to MPC code 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU= 6.75) and noted that while both services have identical intra-service time, 45 minutes, the reference code has more total time and should thus be valued higher than 45390. In addition, the RUC reviewed CPT codes 93453 *Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed* (work RVU= 6.24, intra time= 45 minutes) and 37192 *Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU= 7.35, intra time= 45 minutes) and agreed that with comparable physician work and identical intra-service time, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 6.35 for CPT code 45390.**

45393 ***Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed***
The RUC reviewed the survey results of 98 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 40 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

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The RUC reviewed the respondents' estimated physician work values and agreed that the appropriate value for 45393 should be in between the median (5.50) and 25th percentile (4.50) work values. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.42 in the colonoscopy through stoma family of services for the additional work of performing decompression over the base diagnostic procedure. Therefore, the RUC added the approved 1.42 work RVUs to CPT code 45393 (RUC recommended work RVU = 3.36) to arrive at a work RVU of 4.78 for 45393.

To justify a work RVU of 4.78, the RUC compared the surveyed code to CPT code 49406 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous* (work RVU= 4.25) and agreed that while both codes have identical intra-service time, 40 minutes, and analogous total time, 45393 is a more intense procedure and should be valued higher than the reference code. In addition, the RUC reviewed MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80, intra time= 40 minutes) and CPT code 93455 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography (work RVU= 5.54, intra time= 40 minutes) and agreed that with comparable physician work and identical intra-service time, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.78 for CPT code 45393.**

45398 *Colonoscopy, flexible; with band ligation, (eg, hemorrhoids)*
The RUC reviewed the survey results of 65 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 30 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with two additional minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC noted that since this service does not have an equivalent RUC approved increment from any previous family, the survey respondents' 25th percentile, a work RVU of 4.30, is an appropriate value for 45398. To justify a work RVU of 4.30, the RUC compared the surveyed code to CPT code 52234 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)* (work RVU= 4.62) and noted that while both services have identical intra-service time, 30 minutes, the reference code is a more intense procedure and should be valued higher than 45398. In addition, the RUC reviewed CPT codes 32550 *Insertion of indwelling tunneled pleural catheter with cuff* (work RVU= 4.17, intra time= 30 minutes) and 52275 *Cystourethroscopy, with internal urethrotomy; male* (work RVU= 4.69, intra time= 30 minutes) and agreed that with comparable physician work and identical intra-service time, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 4.30 for CPT code 45398.**

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G0105 ***Colorectal cancer screening; colonoscopy on individual at high risk***
G0121 ***Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk***
The above HCPCS Level II G codes were created in 1998 by CMS as a mechanism to identify a screening service for which there was a newly approved Medicare benefit, and to ensure that frequency limits could be monitored during claims adjudication. Each G-code has a matched Category I CPT code with exactly the same physician work, same practice expense details, and same payment. CMS and other third-party payors have maintained throughout the history of these codes that there is no difference in physician work between these codes are their corresponding CPT codes. The RUC agreed with the specialty societies that colonoscopy, as defined by CPT, is the same procedure whether it is performed on a patient with a family history of cancer (ie, high risk); on an asymptomatic patient as a preventative service (ie, not meeting criteria for high risk); or on a patient with a prior history of polyp removal. For each of these patients, the same colonoscopy procedure is performed by the provider, as clearly defined in the revised CPT guidelines. **Therefore, the RUC recommends a work RVU of 3.36 for G0105 and G0121, a direct crosswalk to CPT code 45378.**

Practice Expense:
The Practice Expense Subcommittee reviewed the direct practice expense inputs for the colonoscopy services and noted that these services mostly crosswalk from the flexible sigmoidoscopy codes approved for 2014. In general, the total clinical staff times were slightly lower than the current inputs. The largest change was the addition of 30 minutes for staff to clean the scope. There were several modifications to supplies for a small subset of codes to match refinements made to the flexible sigmoidoscopy codes approved in the previous year. Finally, there was the addition of a new supply, hemorrhoidal banding system, for CPT code 45398. The RUC approved the revised PE spreadsheet as modified by the PE Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Definitions

Proctosigmoidoscopy is the examination of the rectum and may include examination of a portion of the sigmoid colon.

Sigmoidoscopy is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.

Colonoscopy is the examination of the entire colon, from the rectum to the cecum, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

Colonoscopy through stoma is the examination of the colon, from the colostomy stoma to the cecum or colon-small intestine anastomosis, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

When performing a diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report 45378 (colonoscopy) or 44388 (colonoscopy through stoma) with modifier 53 and provide appropriate documentation.

If a therapeutic colonoscopy (45379, 45380, 45381, 45382, 4538X1, 45384, 4538X5, 44389-44407) is performed and does not reach the cecum or colon-small intestine anastomosis, report the appropriate therapeutic colonoscopy code with modifier 52 and provide appropriate documentation.

Report ileoscopy through stoma (44380, 44382, 44381, 44384) for endoscopic examination of a patient who has an ileostomy.

Report colonoscopy through stoma (44388-44408) for endoscopic examination of a patient who has undergone segmental resection of the colon (eg, hemicolectomy, sigmoid colectomy, low anterior resection) and has a colostomy.

For definitions of Proctosigmoidoscopy, Sigmoidoscopy, Colonoscopy and guidelines for colonoscopies that do not reach the cecum or colon-small intestine anastomosis, see Colon and Rectum/Endoscopy.

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For colonoscopy per rectum, see 45378, 45392, 45390, 45393, 45398.

Report proctosigmoidoscopy (45300-45327), flexible sigmoidoscopy (45330-45347), or anoscopy (46600, 46604, 46606, 46608, 46610, 46611, 46612, 46614, 46615), as appropriate for endoscopic examination of the defunctionalized rectum or distal colon in a patient who has undergone colectomy, in addition to colonoscopy through stoma (44388-44408) or ileoscopy through stoma (44380, 44382, 44381, 44384) if appropriate.

When bleeding occurs as the result of an endoscopic procedure, control of bleeding is not reported separately during the same operative session.

~~Surgical endoscopy always includes diagnostic endoscopy.~~

For computed tomographic colonography, see 74261, 74262, 74263.

Definition of Colonoscopy
Colonoscopy is the examination of the entire colon, from the rectum to the cecum, and may include the examination of the terminal ileum or small intestine proximal to an anastomosis. ~~When performing an endoscopy on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope beyond the splenic flexure, due to unforeseen circumstances, report the colonoscopy code with modifier 53 and appropriate documentation.~~
When performing a diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report 45378 (colonoscopy) or 44388 (colonoscopy through stoma) with modifier 53 and provide appropriate documentation.

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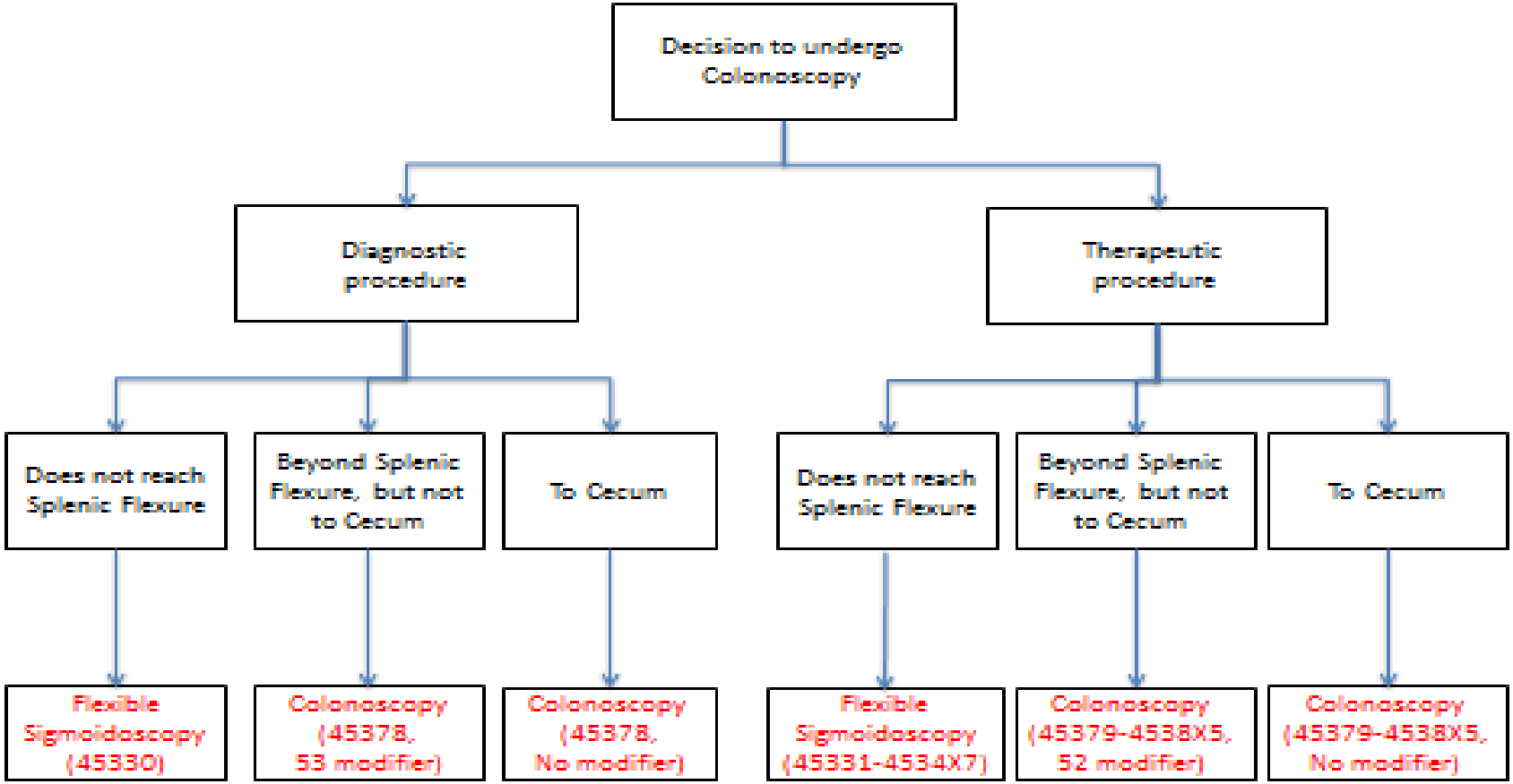

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⊙45355 Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple (45355 has been deleted. To report, use 45399) ~~(For fiberoptic colonoscopy beyond 25cm to splenic flexure, see 45330-45345)~~ ~~(To report biopsy or therapeutic colonoscopy via colotomy, use 45399)~~				
⊙▲45378	N1	Colonoscopy, flexible~~, proximal to splenic flexure~~; diagnostic, ~~with or without~~including collection of specimen(s) by brushing or washing, ~~with or without colon decompression~~when performed (separate procedure) (Do not report 45378 in conjunction with 45379, 45380, 45381, 45382, 45385, 45386, 45389, 45391, 45392, 45388, 45384, 45349, 45390, 45393, 45398) (For colonoscopy with decompression [pathologic distention], use 45393)	000	3.36
⊙45379	N2	with removal of foreign body(s) (Do not report 45379 in conjunction with 45378) (If imaging guidance is performed, use 76000)	000	4.37
⊙45380	N3	with biopsy, single or multiple (Do not report 45380 in conjunction with 45390 for the same lesion) (Do not report 45380 in conjunction with 45378)	000	3.66

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⊙45381	N4	with directed submucosal injection(s), any substance (Do not report 45381 in conjunction with 45382, 45390 for the same lesion) (Do not report 45381 in conjunction with 45378) ~~(For control of bleeding, use 45382)~~	000	3.67
⊙▲45382	N5	with control of bleeding, any method ~~(eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)~~ (Do not report 45382 in conjunction with 45381, 45398 for the same lesion) (Do not report 45382 in conjunction with 45378)	000	4.76
D⊙45383		~~with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique~~ (45383 has been deleted. To report, use 45388)	000	N/A
⊙●45388	N6	with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) (Do not report 45388 in conjunction with 45386 for the same lesion) (Do not report 45388 in conjunction with 45378)	000	4.98
⊙45384	N7	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps ~~or bipolar cautery~~ (Do not report 45384 in conjunction with 45378)	000	4.17

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⊙45385	N8	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique (Do not report 45385 in conjunction with 45390 for the same lesion) (Do not report 45385 in conjunction with 45378) ~~(For small intestine and stomal endoscopy, see 44360-44393)~~ (For endoscopic mucosal resection, use 45390)	000	4.67
⊙▲45386	N9	with transendoscopic balloon dilation ~~by balloon, 1 or more strictures~~ (Do not report 45386 in conjunction with ~~45387~~45378, 45388, 45389) (If fluoroscopic guidance is performed, use 74360) (For transendoscopic balloon dilation of multiple strictures during the same session, report 45386 with modifier 59 for each additional stricture dilated)	000	3.87
D⊙45387		~~with transendoscopic stent placement (includes predilation)~~ (45387 has been deleted. To report, use 45389)	000	N/A
●⊙45389	N10	with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed) (Do not report 45389 in conjunction with 45378, 45386) (If fluoroscopic guidance is performed, use 74360)	000	5.50

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⊙▲45391	N11	with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures (Do not report 45391 in conjunction with ~~45330, 4534~~45378, ~~4534~~45392, ~~4537876872,~~ ~~7687~~76975) (Do not report 45391 more than once per session)	000	4.95
⊙▲45392	N12	with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures (Do not report 45392 in conjunction with ~~4533045378~~, ~~4534~~45391, ~~4534~~76872, ~~4537876942~~, ~~7687~~76975) (Do not report 45392 more than once per session)	000	5.60
⊙●45390	N13	with endoscopic mucosal resection (Do not report 45390 in conjunction with 45378, 45380, 45381, 45385, 45398 for the same lesion) (Do not report 4538X3 in conjunction with 45378)	000	6.35
⊙●45393	N14	with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed (Do not report 45393 in conjunction with 45378) (Do not report 45393 more than once per session)	000	4.78

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⊙●45398	N15	with band ligation, (eg, hemorrhoids) (Do not report 45398 in conjunction with 45382 for the same lesion) (Do not report 45398 in conjunction with 45378, 45390, 46221) (To report control of active bleeding with band ligation, use 45382)	000	4.30
⊙●45399		Unlisted procedure, colon		
G0105	N16	Colorectal cancer screening; colonoscopy on individual at high risk	000	3.36
G0121	N17	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	000	3.36
Radiology **Diagnostic Radiology (Diagnostic Imaging)** **Gastrointestinal Tract**				

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74360 Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation

(For procedure, see 43195, 43196, 43220, 43226, 43453, 44402, 44405, 45386, 45389 as appropriate)

(Do not report 74360 in conjunction with 43213, 43214, 43233)

Diagnostic Ultrasound
Genitalia

76872 Ultrasound, transrectal

(Do not report 76872 in conjunction with 45341, 45342, 45391, 45392, 0249T)

Radiologic Guidance
Other Procedures

76975 Gastrointestinal endoscopic ultrasound, supervision and interpretation

(Do not report 76975 in conjunction with 43231, 43232, 43237, 43238, 43240, 43242, 43259, 44406, 44407, 45341, 45342, 45391, 45392, or 76942)

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October 25, 2013

Barbara Levy, MD
Chair, AMA / Specialty Society Relative Value Update Committee
515 N. State St.
Chicago, IL 60657

Dear Dr. Levy,

The undersigned RUC Advisors will not be conducting RUC surveys for HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 that were added as family codes in the New and Revised LOI. Our rationale for this decision is provided below.

G0104, G0105, G0106, G0120, and G0121
The G-codes were created in 1998 by CMS as a mechanism to identify a screening service for which there was a newly approved Medicare benefit, and to ensure that frequency limits could be monitored during claims adjudication. Each G-code has a matched Category I CPT code with exactly the same physician work, same practice expense details, and same payment.

CMS G-Code	Cat I CPT Code
G0104	45330
G0105, G0121	45378
G0106, G0120	74280

CMS and other third party payors have agreed that there is no difference in work (ie, same provider and facility payment for 15 years). The only rationale for maintaining the G-codes is for easy software monitoring of frequency limits that correspond to payment rules for preventative services – not because the procedures are different. The G-codes are redundant to CPT codes and would be unnecessary given current computer software capabilities if payors updated their software and allowed reporting of CPT Category I codes paired with screening ICD-9 diagnosis codes to monitor for frequency limits.

Our recent submission of a code change proposal for the family of colonoscopy codes clearly defines colonoscopy. The typical (national) patient vignette for code 45378 is a patient undergoing a screening colonoscopy. Our societies strongly believe that colonoscopy, as defined by CPT, is the same procedure whether it is performed on a patient with a family history of cancer (ie, high risk); on an asymptomatic patient as a preventative service (ie, not meeting criteria for high risk); or on a patient with a prior history of polyp removal. For each of these patients, the same colonoscopy procedure is performed by the provider, as clearly defined in the revised CPT guidelines. It is illogical to believe that the work for 45378 would be different than G0105 or G0121.

45355

CPT code 45355 (Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple) is a low volume procedure. The surgical societies will submit a request for deletion to CPT.

In summary, we believe that it is appropriate for CMS to continue to crosswalk the physician work, practice expense details, and payment of the CPT codes to their corresponding G codes and will request deletion of 45355. If you have any questions, please contact Leslie Narramore (Lnarramore@gastro.org) or Jan Nagle (JLMdata@aol.com).

Sincerely,

R. Bruce Cameron, MD
ACG RUC Advisor

Joel Brill, MD
AGA RUC Advisor

Nicholas Nickl, MD
ASGE RUC Advisor

Christopher Senkowski, MD
ACS RUC Advisor

Guy Orangio, MD
ASCRS RUC Advisor

Donald Selzer, MD
SAGES RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45378 Tracking Number N1 Original Specialty Recommended RVU: **3.51**
Presented Recommended RVU: **3.51**
Global Period: 000 RUC Recommended RVU: **3.36**

CPT Descriptor: Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 64-year-old patient is referred for colorectal cancer screening.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 48%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated and inserted into the rectum. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. When indicated, brushings or washings are obtained of suspicious abnormalities. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45378		
Sample Size:	2394	**Resp N:** 165	**Response:** 6.8 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	200.00	**400.00**	700.00	2000.00
Survey RVW:	2.15	3.60	**4.00**	4.80	11.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	13.00	20.00	**25.00**	30.00	45.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45378	**Recommended Physician Work RVU: 3.36**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**20.00**	**-5.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
91110	000	3.64	**RUC Time**

CPT Descriptor Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 13.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 45378**	**Key Reference CPT Code:** 31625	**Source of Time** **RUC Time**

Median Pre-Service Time	27.00	0.00
Median Intra-Service Time	25.00	30.00
Median Immediate Post-service Time	15.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**67.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.48	3.65
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.39	3.57
Urgency of medical decision making	3.35	3.48
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.13	3.70
Physical effort required	4.04	3.17
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.96	3.83
Outcome depends on the skill and judgment of physician	4.30	3.87
Estimated risk of malpractice suit with poor outcome	4.48	3.91

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.04	3.35
Intra-Service intensity/complexity	4.09	3.43
Post-Service intensity/complexity	3.17	3.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. More than 140,000 new cases of CRC are diagnosed in the United States, with more than 50,000 deaths from the disease each year[1]. Experts believe that more than half of the annual deaths are preventable. Of those diagnosed with CRC, at least two-thirds are Medicare-eligible. In addition to the pain, suffering, and death, the economic costs of CRC treatment are staggering. The annual expenditure for CRC was estimated at $14 billion by the National Institutes of Health (NIH) in 2010. That same year, Medicare spent an estimated $7.4 billion dollars on CRC treatment, which is 85% of the National Cancer Institute's (NCI) estimate for expenditures for those 65 and over. [2]

Colonoscopy is a life-saving procedure. Data recently published in *The New England Journal of Medicine* (*NEJM*) provide some of the clearest evidence that colonoscopy has advantages over sigmoidoscopy for the prevention of CRC.[3] Researchers followed 88,902 study participants for 22 years and found that 1,815 developed CRC. Forty percent of those cancers could have been prevented if all of the patients in the study had received colonoscopy, and colonoscopy was associated with reduced death from cancer in the proximal colon.[3] A study published in 2012 highlights the ability to reduce CRC deaths through polyp detection and removal, underscoring the value of colonoscopy and polypectomy.[4] Following removal of adenomatous polyps during colonoscopy, a 53 percent reduction in CRC deaths was reported compared to the risk in the general population.[4]

An estimated 14.2 million screening, diagnostic, and therapeutic colonoscopies are performed annually in the United States and 1.6 million of these procedures are for screening.[5] While work, time, and effort for colonoscopy is based on average-risk patients receiving a routine test, colonoscopy often identifies multiple, large, and/or flat polyps which are challenging to identify, and require greater time, effort, and skill to remove.

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[1] http://www.cancer.org/research/cancerfactsfigures/cancerfactsfigures/cancer-facts-figures-2013

[2] http://costprojections.cancer.gov/

[3] Nishihara R, Wu K, Lochhead MB, et al. Long-Term Colorectal-Cancer Incidence and Mortality after Lower Endoscopy. N Engl J Med 2013;369:1095-105.

[4] Zauber AG, Winawer SJ, O'Brien MJ, et al. Colonoscopic polypectomy and long-term prevention of colorectal-cancer deaths. N Engl J Med 2012;366:687-96.

[5] Seeff LC, Richards, TB, Shaprio JA, et.al. How many endoscopies are performed for colorectal cancer screening? Results from CDC's survey of endoscopic capacity. Gastroenterology 2004; 127(6):1670-7.

The incidence of CRC has been declining in the United States since 1985, and the rate of decline increased in 2001, coincident with the beginning of Medicare coverage for screening colonoscopy. [6,7,8] Much of the decline in CRC incidence and mortality is directly attributable to the widespread use of colonoscopy in the United States.[6,7,8] Colonoscopy screening is a unique service because it can both detect and resect precancerous lesions,[4] reducing CRC incidence and mortality.[9] Despite research showing that CRC screening saves lives, a November 2013 CDC Vital Signs report found that 23 million adults in the United States have not had the recommended screening. Experts believe that more lives could be saved each year with more awareness and screening.

The Lewin Group, in collaboration with the National Colorectal Cancer Roundtable established by the American Cancer Society and the Centers for Disease Control and Prevention, developed a cost model that explored how increased CRC screening among pre-Medicare individuals (aged 50-64 years) could translate into Medicare savings through earlier detection and treatment, specifically polypectomy and treatment of early stage cancer. The model, published in 2007, concluded that the earlier regular screening begins, the greater the benefit to Medicare. Screening with colonoscopy translates into Medicare savings of $15 billion, greater than the savings achieved with a stool blood testing model.[10]

Colonoscopy has significant value to both patients and society. In an era of value-based reimbursement, de-valuing a service of such high value for CRC prevention carries the significant risk of adversely affecting access and quality of care to Medicare beneficiaries. We must continue to encourage safe, high quality, meticulous inspection of the colonic mucosa, which demonstrates the established value of colonoscopy for the prevention of CRC and the associated suffering and cost of preventable CRC.

Discussion and Recommendation

45378 *Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)*

Code 45378 has been reviewed by the RUC twice, most recently in 2005 during the third Five-Year Review. The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a RUC survey and received 165 responses. The consensus panel determined that physician work for this service has not decreased since the last time it was reviewed by the RUC with valuation accepted by CMS. The previous surveys included the administration of moderate sedation in the intra-service time. For all gastrointestinal endoscopy services reviewed by the RUC since 2012, administration of moderate sedation has been moved from intra-service to pre-service time. When the previous intra-service time is adjusted for the movement of moderate sedation from intra- to pre-service time, the current intra-service time is consistent with the intra-service time in the 2005 Five-Year review.

Since this procedure was last surveyed, there has been a change in technology and guidelines, both of which have impacted the intensity of work. Changes in the multi-society task force recommendations on CRC surveillance intervals based on polyp anatomy, morphology and number, have been impacted by the movement from fiberoptic to video endoscopic systems with high-definition viewing screens, which has improved the ability of the endoscopist to examine the mucosa and identify pre-malignant lesions, such as flat adenomas.[11] Thus, the current survey validates the previous review and valuation, with a reduction in RVW to account for the movement of moderate sedation and changes to the pre-service package.

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[6] Edwards BK, Ward E, Kohler BA, et al. Annual report to the nation on the status of cancer, 1975-2006, featuring colorectal cancer trends and impact of interventions (risk factors, screening, and treatment) to reduce future rates. Cancer 2010;116:544-73.

[7] Myer PA, Mannalithara A, Singh G, Ladabaum U. Proximal and distal colorectal cancer resection rates in the United States since widespread screening by colonoscopy. Gastroenterology 2012;143:1227-36.

[8] Cheng L, Eng C, Nieman LZ, Kapadia AS, Du XL. Trends in colorectal cancer incidence by anatomic site and disease stage in the United States from 1976 to 2005. American journal of clinical oncology 2011;34:573-80.

[9] Kahi CJ, Imperiale TF, Juliar BE, Rex DK. Effect of screening colonoscopy on colorectal cancer incidence and mortality. Clin Gastroenterol Hepatol 2009;7:770-5.

[10] Dobson A, Sen N. Methodology for Estimating the Potential Cost Savings to Medicare from Increased Colorectal Cancer Screening of the Pre-Medicare Population. http://nccrt.org/wp-content/plugins/download-monitor/download.php?id=42. Accessed December 31, 2013.

[11] Leiberman DA, Rex DK. Guidelines for Colonoscopy Surveillance After Screening and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer. *Gastroenterology*. 2012:143(3):844-857. doi: 10.1053/j.gastro.2012.06.001

We recommend an RVW of 3.60 which is the survey 25th percentile.

Pre-time Package 1b is appropriate for 45378, with an additional 2 minutes for left lateral decubitus positioning of the patient, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31625

Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites*, was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages. The pre, intra, and post-work for 31625 and 45378 are similar, with the exception of the endoscope that is utilized and the inclusion of fluoroscopic guidance, which is a lower intensity component of the procedure.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**52287**	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	3.20	0.120	**58**	22	**21**	15
2012	**32551**	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	3.29	0.101	**83**	43	**20**	20
2010	**31296**	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	0.071	**88**	43	**30**	15
2002	**57461**	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	3.43	0.099	**58**	15	**28**	15
	45378	Colonoscopy, diagnostic	3.36	0.106	**67**	27	**25**	15
2000	**16035**	Escharotomy; initial incision	3.74	0.131	**70**	30	**20**	20
2007	**20660**	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	**90**	30	**30**	30
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45378

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology	How often? Commonly
Specialty General Surgery	How often? Commonly
Specialty Colorectal Surgery	How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1838400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 612,801 in 2012. (612,801*3 = ~ 1,838,400)

Specialty Gastroenterology	Frequency 1305264	Percentage 71.00 %
Specialty General Surgery	Frequency 294144	Percentage 16.00 %
Specialty Colorectal Surgery	Frequency 73536	Percentage 4.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 612,801 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 612,801 in 2012

Specialty Gastroenterology	Frequency 435089	Percentage 71.00 %
Specialty General Surgery	Frequency 98049	Percentage 16.00 %
Specialty Colorectal Surgery	Frequency 24513	Percentage 4.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45378

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45379 Tracking Number N2 Original Specialty Recommended RVU: **4.52**
Presented Recommended RVU: **4.52**
Global Period: 000 RUC Recommended RVU: **4.37**

CPT Descriptor: Colonoscopy, flexible; with removal of foreign body(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old patient with abdominal pain and constipation swallowed a diagnostic capsule which became lodged at the ileo-cecal valve. Colonoscopy with removal of the foreign body is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 56%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated inserted into the rectum and advanced to the foreign body using air insufflation, water flush, and suctioning as necessary to view the mucosa. The foreign body is grasped with an appropriate retrieval device. The foreign body, retrieval device and colonoscope are withdrawn. The colonoscope is reinserted to the cecum; the appendiceal orifice and ileo-cecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and

abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45379		
Sample Size:	2394	**Resp N:** 104	**Response:** 4.3 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	9.00	1000.00
Survey RVW:	2.78	4.29	**4.76**	5.86	16.90
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	30.00	**35.00**	45.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45379	**Recommended Physician Work RVU: 4.37**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 16.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 45379**	**Key Reference CPT Code: 31631**	**Source of Time RUC Time**
Median Pre-Service Time	33.00	45.00	
Median Intra-Service Time	35.00	45.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**83.00**	**120.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.47	3.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.35	3.35
Urgency of medical decision making	3.88	3.71
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.41	4.12
Physical effort required	4.18	3.94
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.94
Outcome depends on the skill and judgment of physician	4.29	4.18
Estimated risk of malpractice suit with poor outcome	4.06	3.82

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.41	3.24
Intra-Service intensity/complexity	4.29	4.06

Post-Service intensity/complexity	3.35	3.41

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45379 *Colonoscopy, flexible; with removal of foreign body*

We recommend an RVW of 4.52 for 45379. This value is greater than the 25th percentile RVW, but less than the current RVW. It reflects the recommendation for the colonoscopy base code 45378 plus an established increment of 1.01 (43215-43200; 43247-43235; 4327X5-43260; 45332-45330) approved by the RUC for removal of foreign body.

Pre-time Package 2b is appropriate for 45379, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31631
Many codes were chosen as a reference by the survey respondents for 45379. Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was chosen most often (17/104), however, this code was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2007	**20660**	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	**90**	30	**30**	30
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20
2004	**32550**	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	**90**	40	**30**	20
2012	**36221**	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	4.17	0.083	**108**	48	**30**	30
	45379	Colonoscopy, w-FBR	4.37	0.096	**83**	33	**35**	15
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20
2010	**93452**	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	4.75	0.102	**108**	48	**30**	30
2010	**93454**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	4.79	0.104	**108**	48	**30**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45379

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 2457
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 819 in 2012. (819*3 = ~ 2,457)

Specialty Gastroenterology Frequency 1890 Percentage 76.92 %

Specialty General surgery Frequency 270 Percentage 10.98 %

Specialty Colorectal surgery Frequency 74 Percentage 3.01 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 819
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 819 in 2012.

Specialty Gastroenterology Frequency 631 Percentage 77.04 %

Specialty General surgery Frequency 90 Percentage 10.98 %

Specialty Colorectal surgery Frequency 25 Percentage 3.05 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45379

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45380 Tracking Number N3 Original Specialty Recommended RVU: **3.81**
Presented Recommended RVU: **3.81**
Global Period: 000 RUC Recommended RVU: **3.66**

CPT Descriptor: Colonoscopy, flexible; with biopsy, single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient presents with diarrhea, anemia, and intermittent rectal bleeding. Colonoscopy with biopsies of a lesion is performed

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 52%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated and inserted into the rectum. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Abnormal mucosa is identified in the sigmoid colon and biopsies are taken. Photodocumentation of appropriate normal landmarks and abnormalities are obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45380		
Sample Size:	2394	**Resp N:** 152	**Response:** 6.3 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	100.00	**266.00**	400.00	1000.00
Survey RVW:	2.25	3.99	**4.43**	5.20	12.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	24.00	**28.00**	35.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45380	**Recommended Physician Work RVU: 3.66**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**28.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**20.00**	**-5.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
99236	XXX	4.20	**RUC Time**

CPT Descriptor Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 22 **% of respondents:** 14.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 45380**	**Key Reference CPT Code:** 31625	**Source of Time RUC Time**
Median Pre-Service Time	27.00	25.00	
Median Intra-Service Time	28.00	30.00	
Median Immediate Post-service Time	15.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**70.00**	**70.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.91	3.77
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.77	3.82
Urgency of medical decision making	3.68	3.55
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.23	3.91
Physical effort required	4.18	3.55
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.09	3.77
Outcome depends on the skill and judgment of physician	4.23	3.86
Estimated risk of malpractice suit with poor outcome	4.18	3.91

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.36	3.27
Intra-Service intensity/complexity	4.00	3.59

Post-Service intensity/complexity	3.59	3.45

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45380 *Colonoscopy, flexible; with biopsy, single or multiple*

We recommend an RVW of 3.81 for 45380. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the colonoscopy base code 45378 plus an established increment of 0.30 (43201-43200; 43239-43235; 43261-43260; 44382-44380; 44385-44386; 45330-45331) approved by the RUC for endoscopic biopsies.

Pre-time Package 1b is appropriate for 45380, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31625

Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages. The survey data for 45380 from 2003 is comparable to the current survey data for 31625, but the intensity and complexity data indicate that 45380 is more intense and complex than 31625 with 45380 ranking higher in 10/11 measures.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**32557**	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	0.079	**67**	22	**30**	15
2003	**31625**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	3.36	0.087	**70**	25	**30**	15

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2002	**57461**	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	3.43	0.099	**58**	15	**28**	15
2000	**19103**	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	3.69	0.097	**65**	20	**30**	15
	45380	Colonoscopy, biopsy	3.66	0.100	**70**	27	**28**	15
2011	**15277**	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	4.00	0.090	**110**	65	**25**	20
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45380

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Commonly

Specialty Colorectal surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 2708256
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 902,752 in 2012. (902,752*3 = ~ 2,708,256)

Specialty Gastroenterology Frequency 2274935 Percentage 83.99 %

Specialty General surgery Frequency 162495 Percentage 5.99 %

Specialty Colorectal surgery Frequency 54165 Percentage 1.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 902,752 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 902,752 in 2012

Specialty Gastroenterology Frequency 758312 Percentage 84.00 %

Specialty General surgery Frequency 54165 Percentage 5.99 %

Specialty Colorectal surgery Frequency 18060 Percentage 2.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45380

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45381 Tracking Number N4 Original Specialty Recommended RVU: **3.82**
Presented Recommended RVU: **3.82**
Global Period: 000 RUC Recommended RVU: **3.67**

CPT Descriptor: Colonoscopy, flexible; with directed submucosal injection(s), any substance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient is found to have a colon cancer that cannot be resected endoscopically. Colonoscopy with injection of India ink to tattoo the lesion is performed prior to surgical referral.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 78%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 59%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (if indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. A lesion is identified in the proximal transverse colon that is highly suspect as being a malignancy not suitable for endoscopic resection. A 23 gauge sclerotherapy needle is advanced through the instrument channel and multiple small boluses of India ink are injected into submucosa at sites around the lesion to facilitate surgical identification of the lesion. The scope is advanced to the cecum using air insufflation as necessary; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to

allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45381		
Sample Size:	2394	**Resp N:** 123	**Response:** 5.1 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	20.00	**40.00**	79.00	1000.00
Survey RVW:	2.28	3.95	**4.35**	5.30	11.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	24.00	**28.00**	35.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45381	**Recommended Physician Work RVU: 3.67**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**28.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**20.00**	**-5.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99236	XXX	4.20	**RUC Time**

CPT Descriptor Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 18 **% of respondents:** 14.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45381**	**Key Reference CPT Code:** 99236	**Source of Time RUC Time**
Median Pre-Service Time	27.00	19.00	
Median Intra-Service Time	28.00	55.00	
Median Immediate Post-service Time	15.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**70.00**	**94.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.39	3.89
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.61	3.67
Urgency of medical decision making	3.78	3.56
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.56	2.72
Physical effort required	4.11	2.78
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.11	3.39
Outcome depends on the skill and judgment of physician	4.33	3.67
Estimated risk of malpractice suit with poor outcome	4.00	3.39

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.39	3.06
Intra-Service intensity/complexity	4.00	3.78

Post-Service intensity/complexity	3.67	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45381 *Colonoscopy, flexible; with directed submucosal injection(s), any substance*

We recommend an RVW of 3.82 for 45381. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the colonoscopy base code 45378 plus an established increment of 0.31 (43201-43200; 43236-43235; 45335-45330) approved by the RUC for endoscopic directed submucosal injection.

Pre-time Package 1b is appropriate for 45381, with an additional 2 minutes for left lateral decubitus positioning of the patient s and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 99236

Many codes were chosen as a reference by the survey respondents for 45381. Key Reference code 99236, *Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit,* was chosen most often (18/123). Code 99236 requires more total time compared with 45381 and has a higher RVW compared to 45381. Additional comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**32557**	Pleural drainage, percutaneous, with insertion of indwelling	3.12	0.079	**67**	22	**30**	15

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		catheter; with imaging guidance						
2003	**31625**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	3.36	0.087	**70**	25	**30**	15
2002	**57461**	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	3.43	0.099	**58**	15	**28**	15
2000	**19103**	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	3.69	0.097	**65**	20	**30**	15
	45381	Colonoscopy, submuc inject	3.67	0.100	**70**	27	**28**	15
2011	**15277**	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	4.00	0.090	**110**	65	**25**	20
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45381

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 199257
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 66,419 in 2012. (66,419*3 = ~ 199,257)

Specialty Gastroenterology Frequency 169368 Percentage 84.99 %

Specialty General surgery Frequency 9963 Percentage 5.00 %

Specialty Colorectal surgery Frequency 5978 Percentage 3.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 66,419 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 66,419 in 2012

Specialty Gastroenterology Frequency 56456 Percentage 84.99 %

Specialty General surgery Frequency 3321 Percentage 5.00 %

Specialty Colorectal surgery Frequency 1993 Percentage 3.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45381

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45382 Tracking Number N5 Original Specialty Recommended RVU: **5.50**
Presented Recommended RVU: **5.50**
Global Period: 000 RUC Recommended RVU: **4.76**

CPT Descriptor: Colonoscopy, flexible; with control of bleeding, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient presents with painless, active lower GI hemorrhage. Colonoscopy for control of bleeding is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 59%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, if indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated, inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and the ileocecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Active bleeding is identified from an angiodysplastic lesion in the colon. A bipolar cautery probe is inserted through the colonoscope and positioned on the bleeding lesion; therapy is applied to control the bleeding. Photodocumentation of

appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45382		
Sample Size:	2394	**Resp N:** 120	**Response:** 5.0 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**30.00**	50.00	1000.00
Survey RVW:	2.00	4.50	**5.50**	6.13	15.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	18.00	30.00	**40.00**	45.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45382	**Recommended Physician Work RVU: 4.76**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 15.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 45382**	**Key Reference CPT Code:** 52342	**Source of Time RUC Time**

Median Pre-Service Time	41.00	60.00
Median Intra-Service Time	40.00	60.00
Median Immediate Post-service Time	15.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**96.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.53	3.95
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.26	3.95
Urgency of medical decision making	4.63	3.95
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.79	4.32
Physical effort required	4.63	3.95
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.68	4.16
Outcome depends on the skill and judgment of physician	4.74	4.26
Estimated risk of malpractice suit with poor outcome	4.68	4.16

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.47	4.00
Intra-Service intensity/complexity	4.74	4.00
Post-Service intensity/complexity	4.00	3.68

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45382 *Colonoscopy, flexible; with control of bleeding, any method*

We recommend an RVW of 5.50 for 45382. This value is the median survey RVW and is less than the current RVW. The RUC has not established an increment for control of bleeding due to the varying intensity and complexity of the procedure in different areas of the body. The RUC recommended increment for control of bleeding for esophagoscopy (43227) and EGD (43255) over each family's base code was 1.67 and 1.94 RVWs respectively, reflecting the higher complexity and intensity of control of bleeding in EGD over esophagoscopy. The RUC recommended increment for control of bleeding for flexible sigmoidoscopy (45334) over the family base code was 1.30 RVW, consistent with the physician work, complexity and intensity involved in comparison to 43227 and 43255 (ie, less work). The expert panel felt that the incremental work of 45382, represented by 1.99 RVW, exceeds the incremental work of EGD, 1.94 RVW, in that the rate of hemorrhage from colonic sources in this setting is comparable to that for gastric sources in the EGD code, but that the extent of mucosal surface, difficulty of passage (eg, tortuosity, diverticula, greater difficulty in clot evacuation) and smaller more subtle focal bleeding sources differ from the typical upper GI bleeding sources. The 25th percentile RVW of 4.50, with an increment of 0.99 RVW, would cause a rank order anomaly for 45382 in relation to other codes for control of bleeding, as well as a rank order anomaly within the colonoscopy family. The median RVW of 5.50 creates an increment of 1.99, consistent with the physician work, complexity and intensity involved in comparison to 43227, 43255 and 45334 (ie, more work). This value also appropriately places 45382 relative to the rest of the codes in the colonoscopy family.

Pre-time Package 2b is appropriate for 45382, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 52342

Many codes were chosen as a reference by the survey respondents for 45382. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often (19/120), however, this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Several other references were chosen almost equally. The lack of a direct comparative service to 45382, resulted in the survey respondents choosing references they

were familiar with and then making a magnitude estimation of work. The table below provides codes that have comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2011	**52315**	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	**94**	29	**45**	20
2011	**36246**	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	0.088	**106**	41	**45**	20
2011	**36251**	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	5.35	0.085	**116**	41	**45**	30
2012	**52235**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	5.44	0.098	**94**	29	**45**	20
	45382	Colonoscopy, bleeding	4.76	0.089	**96**	41	**40**	15
2012	**36222**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	5.53	0.096	**118**	48	**40**	30
2012	**35475**	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	0.110	**92**	26	**43**	23
2010	**93456**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	6.15	0.112	**118**	48	**40**	30
1995	**52277**	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	6.16	0.095	**130**	45	**45**	40

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45382

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 64071
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 21,357 in 2012. (21,357*3 = ~ 64,071)

Specialty Gastroenterology Frequency 56382 Percentage 87.99 %

Specialty General surgery Frequency 2563 Percentage 4.00 %

Specialty Colorectal surgery Frequency 1281 Percentage 1.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 21,357 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 21,357 in 2012.

Specialty Gastroenterology Frequency 18794 Percentage 87.99 %

Specialty General surgery Frequency 854 Percentage 3.99 %

Specialty Colorectal surgery Frequency 427 Percentage 1.99 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45382

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45388 Tracking Number N6 Original Specialty Recommended RVU: **5.64**
Presented Recommended RVU: **5.64**
Global Period: 000 RUC Recommended RVU: **4.98**

CPT Descriptor: Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient undergoes colonoscopy for evaluation of anemia and GI blood loss. A flat lesion is identified in the transverse colon and ablated.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 83%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is withdrawn through the ascending colon and transverse colon. The colonoscope is slowly withdrawn through the descending and sigmoid colon and the colonic mucosa is examined. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. A flat lesion is identified in the transverse colon. Under endoscopic visualization, a guidewire is passed through the colonoscope and the scope is

withdrawn. The colonoscope is reinserted and a sizing balloon catheter is placed through the scope into the colon to straddle the region of abnormality to be ablated. The sizing balloon is inflated to ascertain the luminal diameter to be treated. The sizing balloon is removed and an ablation catheter of appropriate caliber is passed over the guidewire into the colon. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45388		
Sample Size:	2394	**Resp N:** 76	**Response:** 3.1 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**15.00**	41.00	900.00
Survey RVW:	3.36	4.50	**5.50**	6.37	16.80
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	29.00	**35.00**	45.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45388	**Recommended Physician Work RVU: 4.98**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**23.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31267	000	5.45	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 15.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 45388**	**Key Reference CPT Code:** 31267	**Source of Time RUC Time**
Median Pre-Service Time	33.00	0.00	
Median Intra-Service Time	35.00	50.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**83.00**	**110.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.17	3.92
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.17	3.92
Urgency of medical decision making	4.17	3.83
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.67	4.00
Physical effort required	4.42	3.92
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.58	3.83
Outcome depends on the skill and judgment of physician	4.67	4.00
Estimated risk of malpractice suit with poor outcome	4.58	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.92	3.67
Intra-Service intensity/complexity	4.50	4.00

Post-Service intensity/complexity	3.92	3.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45388 *Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 5.64 for 45388. This value is equal to the recommendation for the colonoscopy base 45378 plus an established increment of 2.13 (43229-43200; 43270-43235; 43278-43260; 45346-45330) approved by the RUC for endoscopic ablation of lesion including pre- and/or post-dilation and passage of guide wire.

Pre-time Package 2b is appropriate for 45388, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31267
Many codes were chosen as a reference by the survey respondents for 45388. Key Reference code 31267, *Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus,* was chosen most often (12/77), however this code was surveyed and presented to the RUC in 1994 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
1997	**58562**	Hysteroscopy, surgical; with removal of impacted foreign body	5.20	0.102	**90**	30	**40**	20
2003	**59070**	Transabdominal amnioinfusion, including ultrasound guidance	5.24	0.109	**125**	65	**30**	30
2003	**59074**	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	5.24	0.109	**125**	65	**30**	30

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**36222**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	5.53	0.096	**118**	48	**40**	30
	45388	Colonoscopy ablation +dilation+wire	4.98	0.114	**83**	33	**35**	15
2010	**93456**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	6.15	0.112	**118**	48	**40**	30
2012	**35475**	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	0.110	**92**	26	**43**	23
2012	**36225**	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	6.00	0.096	**123**	48	**45**	30
2010	**93456**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	6.15	0.112	**118**	48	**40**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45383, 44799. 100% of the volume of 45383 (54,097 Medicare volume) will be reported by 45388. 5% of the unlisted code (68 Medicare volume) will be reported for the pre- and post-dilation and 1% of the unlisted code (14 Medicare volume) will be reported for the guide wire placement components of the service.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Sometimes

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 162291
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 54,097 in 2012. (54,097*3 = ~ 162,291)

Specialty Gastroenterolog Frequency 110358 Percentage 68.00 %

Specialty General surgery Frequency 22721 Percentage 14.00 %

Specialty Colorectal surgery Frequency 14606 Percentage 8.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 54,097 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 54,097 in 2012.

Specialty Gastroenterology Frequency 36786 Percentage 68.00 %

Specialty General surgery Frequency 7574 Percentage 14.00 %

Specialty Colorectal surgery Frequency 4869 Percentage 9.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45383

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45384 Tracking Number N7 Original Specialty Recommended RVU: **4.32**
Presented Recommended RVU: **4.32**
Global Period: 000 RUC Recommended RVU: **4.17**

CPT Descriptor: Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient undergoes colonoscopy for colorectal cancer screening. Diminutive polyps are identified in the proximal colon and removed.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 81%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 53%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated and inserted into the rectum. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is withdrawn to the ascending colon where the identified lesions are removed with successive applications of hot biopsy forceps until there is no residual. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal

landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45384		
Sample Size:	2394	**Resp N:** 101	**Response:** 4.2 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**100.00**	300.00	1000.00
Survey RVW:	2.30	3.90	**4.50**	5.40	11.60
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	24.00	**28.00**	35.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45384	**Recommended Physician Work RVU: 4.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**28.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**20.00**	**-5.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31267	000	5.45	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 13.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 45384**	**Key Reference CPT Code:** 31267	**Source of Time RUC Time**

Median Pre-Service Time	27.00	30.00
Median Intra-Service Time	28.00	50.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**70.00**	**110.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.71	3.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.71	3.64
Urgency of medical decision making	3.79	3.64
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.21	4.00
Physical effort required	4.21	3.79
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.07	3.86
Outcome depends on the skill and judgment of physician	4.29	4.14
Estimated risk of malpractice suit with poor outcome	4.29	3.93

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.57	3.50
Intra-Service intensity/complexity	4.14	3.86
Post-Service intensity/complexity	3.57	3.57

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45384 *Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery*

We recommend an RVW of 4.32 for 45384. This value is less than the current RVW and is equal to the recommendation for the colonoscopy base 45378 plus an established increment of 0.81 (43216-43200; 43250-43235; 45333-45330) approved by the RUC for endoscopic biopsies by hot biopsy forceps or bipolar cautery.

Pre-time Package 1b is appropriate for 45384, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31267
Many codes were chosen as a reference by the survey respondents for 45384. Key Reference code 31267, *Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus,* was chosen most often (14/101), however this code was surveyed and presented to the RUC in 1994 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2007	**20660**	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	**90**	30	**30**	30
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20
2004	**32550**	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	**90**	40	**30**	20
	45384	Colonoscopy, hot biopsy	4.17	0.118	**70**	27	**28**	15
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or	4.62	0.120	**79**	29	**30**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)						
1995	**52275**	Cystourethroscopy, with internal urethrotomy; male	4.69	0.112	**90**	30	**30**	30
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45384

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Sometimes

Specialty Colorectal surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 470274
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare data base 156,758 in 2012. (156,758*3 = ~ 470,274)

Specialty Gastroenterology Frequency 300975 Percentage 63.99 %

Specialty General surgery Frequency 89352 Percentage 18.99 %

Specialty Colorectal surgery Frequency 37622 Percentage 8.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 156,758 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 156,758 in 2012.

Specialty Gastroenterology	Frequency 100325	Percentage 63.99 %
Specialty General surgery	Frequency 29784	Percentage 18.99 %
Specialty Colorectal surgery	Frequency 12541	Percentage 8.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45384

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45385 Tracking Number N8 Original Specialty Recommended RVU: **4.82**
Presented Recommended RVU: **4.82**
Global Period: 000 RUC Recommended RVU: **4.67**

CPT Descriptor: Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 64-year old patient undergoes colonoscopy for colorectal cancer screening. Polyps are identified and removed by snare technique.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and the ileo-cecal valve intubated, if indicated. The colonoscope is withdrawn to the ascending colon where a polyp on a stalk is identified. A snare is passed through the endoscope and looped around the lesion. As the snare is tightened, electrocautery is applied in a controlled manner and the identified lesion is removed. The snare is withdrawn, and a retrieval device is inserted through the colonoscope to capture the polyp. The retrieval device and polyp are withdrawn to the tip of the colonoscope, which is withdrawn through the rectum. The colonoscope is re-inserted through the rectum to

the area of the lesion. The base of the lesion is examined; if there is residual tissue the snare technique is repeated until there is no residual. The colonoscope is slowly withdrawn through the transverse, descending and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45385		
Sample Size:	2394	**Resp N:** 145	**Response:** 6.0 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	150.00	**250.00**	400.00	1200.00
Survey RVW:	2.00	4.38	**5.25**	5.85	13.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	25.00	**30.00**	40.00	75.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45385	**Recommended Physician Work RVU: 4.67**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31267	000	5.45	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
91110	000	3.64	**RUC Time**

CPT Descriptor Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 28 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 45385**	**Key Reference CPT Code:** 31267	**Source of Time RUC Time**

Median Pre-Service Time	33.00	30.00
Median Intra-Service Time	30.00	50.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**78.00**	**110.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.79	3.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.75	3.75
Urgency of medical decision making	4.14	4.04
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.57	4.36
Physical effort required	4.36	4.07
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.54	4.29
Outcome depends on the skill and judgment of physician	4.46	4.36
Estimated risk of malpractice suit with poor outcome	4.39	4.18

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.46	3.57
Intra-Service intensity/complexity	4.43	4.18
Post-Service intensity/complexity	3.57	3.64

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45385 *Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique*

We recommend an RVW of 4.82 for 45385. This value is less than the current RVW and is equal to the recommendation for the colonoscopy base 45378 plus an established increment of 1.31 (43217-43200; 43251-43235; 45338-45330) approved by the RUC for endoscopic removal of lesion by snare.

Pre-time Package 2b is appropriate for 45385, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31267
Many codes were chosen as a reference by the survey respondents for 45385. Key Reference code 31267, *Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus,* was chosen most often (28/145), however this code was surveyed and presented to the RUC in 1994 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2004	**32550**	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	**90**	40	**30**	20
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	28	**30**	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20
	45385	Colonoscopy, snare	4.67	0.122	**78**	33	**30**	15
1995	**52276**	Cystourethroscopy with direct vision internal urethrotomy	4.99	0.104	**95**	30	**35**	30

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**37213**	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	5.00	0.109	**99**	41	**33**	25
2003	**59070**	Transabdominal amnioinfusion, including ultrasound guidance	5.24	0.109	**125**	65	**30**	30
2003	**59074**	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	5.24	0.109	**125**	65	**30**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45385

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Commonly

Specialty Colorectal surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 2066550
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare data base 688,850 in 2012. (688,850*3 = ~ 2,066,550)

Specialty Gastroenterology Frequency 1694571 Percentage 82.00 %

Specialty General surgery Frequency 144659 Percentage 7.00 %

Specialty Colorectal surgery Frequency 61997 Percentage 3.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 688,850 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 688,850 in 2012

Specialty Gastroenterology	Frequency 564857	Percentage 82.00 %
Specialty General surgery	Frequency 48220	Percentage 7.00 %
Specialty Colorectal surgery	Frequency 20666	Percentage 3.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45385

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45386 Tracking Number N9 Original Specialty Recommended RVU: **4.02**
Presented Recommended RVU: **4.02**
Global Period: 000 RUC Recommended RVU: **3.87**

CPT Descriptor: Colonoscopy, flexible; with transendoscopic balloon dilation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with history of resection of a sigmoid colon cancer presents with abdominal pain. Therapeutic colonoscopy with dilation of the anastomotic stricture is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 82%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 46%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is inserted through the rectum and advanced to the descending colon using air insufflation, water flush, and suctioning as necessary to view the mucosa. A stricture is identified which prohibits passage of the colonoscope. The colonoscope is positioned. A through-the-scope fixed wire balloon catheter is advanced through the colonoscope, positioned across the stricture, and inflated to a diameter of approximately 15 mm. The balloon catheter is deflated and the stricture is observed. If necessary, the balloon dilator is removed and subsequent balloon catheters of larger diameter are inserted through the colonoscope, positioned across the stricture, and inflated. The balloon catheter is then deflated, and the stricture is observed to confirm adequate dilation of the stricture. When dilation is adequate, the

balloon catheter is removed. Following dilation, the area is observed for bleeding. The colonoscope is advanced to the cecum using air insufflation as necessary; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45386		
Sample Size:	2394	**Resp N:** 80	**Response:** 3.3 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	1000.00
Survey RVW:	3.50	4.55	**5.50**	6.33	16.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	30.00	**35.00**	45.00	75.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45386	**Recommended Physician Work RVU: 3.87**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	39,248

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 30.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 45386**	**Key Reference CPT Code:** 52342	**Source of Time RUC Time**

Median Pre-Service Time	38.00	60.00
Median Intra-Service Time	35.00	60.00
Median Immediate Post-service Time	15.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**88.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.25	3.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.17	3.83
Urgency of medical decision making	4.08	3.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.67	4.21
Physical effort required	4.50	3.75
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.63	4.13
Outcome depends on the skill and judgment of physician	4.50	4.13
Estimated risk of malpractice suit with poor outcome	4.58	4.04

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.88	3.63
Intra-Service intensity/complexity	4.54	4.00
Post-Service intensity/complexity	3.83	3.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

We recommend an RVW of 4.02 for 45386. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the colonoscopy base code 45378 plus an established increment of 0.51 (43220-43200; 43249-43235) approved by the RUC for endoscopic balloon dilation less than 30 mm.

Pre-time Package 2b is appropriate for 45386, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 45386. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often (24/80), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**52214**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	3.50	0.082	**79**	29	**30**	20
2000	**19103**	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	3.69	0.097	**65**	20	**30**	15
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.80	0.071	**90**	30	**40**	20
2009	**49411**	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	3.82	0.072	**85**	25	**40**	20
2007	**20660**	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	**90**	30	**30**	30
	45386	Colonoscopy, dilation	3.87	0.079	**88**	38	**35**	15

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2012	**36221**	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	4.17	0.083	**108**	48	**30**	30
2010	**49418**	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	4.21	0.071	**104**	44	**40**	20
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45386

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 6507
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 2,169 in 2012. (2,169*3 = ~ 6,507)

Specialty Gastroenterology	Frequency 4880	Percentage 74.99 %
Specialty General surgery	Frequency 911	Percentage 14.00 %
Specialty Colorectal surgery	Frequency 455	Percentage 6.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,169
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 2,169 in 2012.

Specialty Gastroenterology	Frequency 1627	Percentage 75.01 %
Specialty General surgery	Frequency 304	Percentage 14.01 %
Specialty Colorectal surgery	Frequency 152	Percentage 7.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45386

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45389 Tracking Number N10 Original Specialty Recommended RVU: **5.65**
Presented Recommended RVU: **5.65**
Global Period: 000 RUC Recommended RVU: **5.50**

CPT Descriptor: Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient with history of resection of a sigmoid cancer presents with abdominal pain and imaging findings of an obstructing lesion in the mid-transverse colon. Colonoscopy with dilation of the colon and placement of a stent is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 80%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 43%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic and fluoroscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is inserted through the rectum and advanced to the transverse colon using air insufflation, water flush, and suctioning as necessary to view the mucosa. An obstructing, concentric tumor is identified which prohibits passage of the standard colonoscope. The colonoscope is withdrawn and a thin caliber flexible colonoscope is inserted through the rectum and passed through the colonic tumor to the cecum. The appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is withdrawn, and the ascending colon and

proximal transverse colon are examined. The tumor is measured and the distal and proximal margins of the tumor are marked for stent placement. The colonoscope is reinserted to 2 cm past the distal end of the tumor and a guidewire is inserted through the endoscope across the full length of the tumor. The colonoscope is withdrawn. Under fluoroscopic guidance, the expandable wire mesh stent and introducing device are advanced over the guidewire into the colon and positioned across the tumor. If necessary, contrast is inserted under fluoroscopic guidance to confirm positioning of the stent. Fluoroscopic imaging is obtained and spot digital images are taken. The stent is slowly deployed across the tumor under fluoroscopic guidance, with repositioning if necessary. Once the stent is placed, the guidewire and introducing device are withdrawn and the thin caliber colonoscope is reinserted to confirm proper positioning of the stent. Balloon dilatation of the stent may be required. The colonoscope is slowly withdrawn through the distal transverse colon and descending and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient’s condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
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Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45389		
Sample Size:	2394	**Resp N:** 64	**Response:** 2.6 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	9.00	275.00
Survey RVW:	3.55	5.00	**5.99**	7.46	19.60
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**8.00**		
Intra-Service Time:	12.00	40.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**17.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45389	**Recommended Physician Work RVU: 5.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**17.00**	**23.00**	**-6.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 45389**	**Key Reference CPT Code:** 52342	**Source of Time RUC Time**
Median Pre-Service Time	41.00	60.00	
Median Intra-Service Time	45.00	60.00	
Median Immediate Post-service Time	17.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**103.00**	**140.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.58	4.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	3.92
Urgency of medical decision making	4.50	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	4.25
Physical effort required	4.92	4.08
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.92	4.17
Outcome depends on the skill and judgment of physician	5.00	4.50
Estimated risk of malpractice suit with poor outcome	4.67	3.92

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.58	4.17
Intra-Service intensity/complexity	5.00	4.17

Post-Service intensity/complexity	4.50	4.25

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45389 *Colonoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 5.65 for 45389. This value is less than the current RVW and equal to the recommendation for the colonoscopy base 45378 plus an established increment of 2.14 (43212-43200; 43266-43235; 45347-45330) approved by the RUC for placement of endoscopic stent, including pre- and post-dilation and guide wire passage, when performed.

Pre-time Package 2b is appropriate for 45389, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 45389. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often (12/64), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2011	**52315**	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	**94**	29	**45**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2011	**36246**	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	0.088	**106**	41	**45**	20
2008	**52341**	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	5.35	0.079	**135**	65	**45**	20
2012	**52235**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	5.44	0.098	**94**	29	**45**	20
2012	**36222**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	5.53	0.096	**118**	48	**40**	30
	45389	Colonoscopy, stent+dilation+wire	5.50	0.095	**103**	41	**45**	17
2012	**35475**	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	0.110	**92**	26	**43**	23
2012	**52351**	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	5.75	0.096	**118**	53	**45**	20
2010	**93458**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	5.85	0.093	**123**	48	**45**	30
2012	**36223**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	6.00	0.096	**123**	48	**45**	30
2012	**36225**	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	6.00	0.096	**123**	48	**45**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45387, 44799. 100% of the volume of 45387 (664 Medicare volume) will be reported by 45389. 5% of the unlisted code (68 Medicare volume) will be reported for the pre- and post-dilation and 1% of the unlisted code (14 Medicare volume) for the guide wire placement components of the service.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 1992
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 664 in 2012. (664*3 = ~ 1,992)

Specialty Gastroenterology Frequency 1574 Percentage 79.01 %

Specialty General surgery Frequency 120 Percentage 6.02 %

Specialty Colorectal surgery Frequency 179 Percentage 8.98 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 664
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 664 in 2012.

Specialty Gastroenterology Frequency 525 Percentage 79.06 %

Specialty General surgery Frequency 40 Percentage 6.02 %

Specialty Colorectal surgery Frequency 60 Percentage 9.03 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45387

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45391 Tracking Number N11 Original Specialty Recommended RVU: **5.10**
Presented Recommended RVU: **5.10**
Global Period: 000 RUC Recommended RVU: **4.95**

CPT Descriptor: Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 52- year- old patient with abdominal discomfort and weight loss is found to have a sigmoid colon mass with adenopathy on imaging studies. Diagnostic colonoscopy with endoscopic ultrasound is performed to evaluate and stage the tumor.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 80%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 100%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic and endoscopic ultrasound equipment are available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. A lesion is identified in the sigmoid colon. Photodocumentation of appropriate normal landmarks and abnormalities is

obtained. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn. A dedicated echoendoscope is prepared with a balloon placed over the transducer housing. The echoendoscope is then introduced through the rectum and advanced to the level of the identified abnormality under direct endoscopic visualization. While slowly withdrawing the echoendoscope, ultrasound imaging is performed. Ultrasound spot digital images are taken and reviewed by the endoscopist. At the conclusion of the procedure, the echoendoscope is removed.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs and ultrasound images are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	AGA, ASGE, ACG		
CPT Code:	45391		
Sample Size:	1476	**Resp N:** 37	**Response:** 2.5 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying the ASGE Endoscopic Ultrasound Special Interest Group, as approved by the Research subcommittee. This SOR contains the combined data of both groups.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	25.00	98.00
Survey RVW:	2.40	4.00	**4.75**	6.99	10.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	30.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45391	**Recommended Physician Work RVU: 4.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**20.00**	**23.00**	**-3.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
91110	000	3.64	**RUC Time**

CPT Descriptor Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 21.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45391**	**Key Reference CPT Code:** 31631	**Source of Time RUC Time**
Median Pre-Service Time	41.00	45.00	
Median Intra-Service Time	45.00	45.00	
Median Immediate Post-service Time	20.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**106.00**	**120.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.75	3.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.88	3.75
Urgency of medical decision making	3.88	3.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.25	4.13
Physical effort required	3.88	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	4.13
Outcome depends on the skill and judgment of physician	4.25	3.75
Estimated risk of malpractice suit with poor outcome	4.00	3.75

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.63	3.50
Intra-Service intensity/complexity	3.88	3.75

Post-Service intensity/complexity	3.63	3.38

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45391 *Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures*

We recommend an RVW of 5.10 for 45391. This value is equal to the recommendation for the colonoscopy base 45378 plus an established increment of 1.59 (43231-43200; 43237-43235) approved by the RUC for endoscopic ultrasound examination.

Pre-time Package 2b is appropriate for 45391, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31631
Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages. The survey data for 31631 from 2004 is comparable to the current survey data for 45391; however, 45391 ranked higher in intensity and complexity (10/11 measures) than 31631. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20
1997	**58558**	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	4.74	0.091	**90**	30	**40**	20
1994	**93724**	Electronic analysis of antitachycardia pacemaker system	4.88	0.108	**65**	15	**40**	10

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		(includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)						
2012	**37213**	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	5.00	0.109	**99**	41	**33**	25
	45391	Colonoscopy, EUS	4.95	0.081	**106**	41	**45**	20
1997	**58562**	Hysteroscopy, surgical; with removal of impacted foreign body	5.20	0.102	**90**	30	**40**	20
2011	**52315**	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	**94**	29	**45**	20
2011	**36246**	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	0.088	**106**	41	**45**	20
2001	**52402**	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	5.27	0.085	**95**	30	**50**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45391

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2496
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 832 in 2012. (832*3 = ~ 2,496)

Specialty Gastroenterology Frequency 2072 Percentage 83.01 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 832
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 832 in 2012.

Specialty Gastroenterology Frequency 691 Percentage 83.05 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45391

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45392 Tracking Number N12 Original Specialty Recommended RVU: **5.75**
Presented Recommended RVU: **5.75**
Global Period: 000 RUC Recommended RVU: **5.60**

CPT Descriptor: Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old patient with history of resection of gastric cancer presents with abdominal discomfort and weight loss. Enlarged regional lymph nodes are found on imaging studies. Diagnostic colonoscopy with endoscopic ultrasound staging of the tumor and fine needle aspiration biopsy are performed to plan therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 70%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic and ultrasound equipment are available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated and inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and ileo-cecal valve intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. A

lesion is identified in the sigmoid colon. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa, and then straightened. Photodocumentation is performed. The colonoscope is withdrawn. A dedicated echoendoscope is prepared with a balloon placed over the transducer housing. The echoendoscope is then introduced through the rectum and advanced to the level of the identified abnormality under direct endoscopic visualization. While slowly withdrawing the echoendoscope, ultrasound imaging is performed. Ultrasound spot digital images are taken and reviewed by the endoscopist. A determination is made on the risk/benefit of biopsy of the lesion. The needle biopsy device is advanced through the biopsy channel of the echoendoscope. Doppler imaging is performed to insure that any vascular structures or areas within the lesion are recognized prior to biopsy. Under direct ultrasound visualization, the needle is advanced through the colon wall into the lesion. The central stylet is removed from the needle, negative pressure is applied to the hub of the device, and to and fro movements are made with the needle in the lesion. After multiple passes of the needle, the needle is withdrawn from the echoendoscope and the aspirated material is sprayed onto glass slides for examination. At the conclusion of procedure, the colon is deflated and the echoendoscope is removed.

Description of Post-Service Work: The patient’s condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs and ultrasound images are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	AGA, ASGE, ACG				
CPT Code:	45392				
Sample Size:	1476	**Resp N:**	35	**Response:** 2.3 %	
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying the ASGE Endoscopic Ultrasound Special Interest Group, as approved by the Research subcommittee. This SOR contains the combined data of both groups.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	13.00	60.00
Survey RVW:	2.65	4.60	**5.50**	8.03	12.50
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	25.00	45.00	**60.00**	75.00	120.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45392	**Recommended Physician Work RVU: 5.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**20.00**	**23.00**	**-3.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58560	000	6.99	**RUC Time**

CPT Descriptor Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 6 **% of respondents:** 17.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 45392**	**Key Reference CPT Code:** 58560	**Source of Time RUC Time**
Median Pre-Service Time	41.00	40.00	

Median Intra-Service Time	60.00	60.00
Median Immediate Post-service Time	20.00	25.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**121.00**	**125.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.17	3.17
Urgency of medical decision making	3.83	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.50	3.17
Physical effort required	4.50	3.17
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.33	2.83
Outcome depends on the skill and judgment of physician	4.50	3.17
Estimated risk of malpractice suit with poor outcome	4.17	2.83

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	3.17
Intra-Service intensity/complexity	4.50	3.17
Post-Service intensity/complexity	4.00	3.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45392 *Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures*

We recommend an RVW of 5.75 for 45392. This value equal to the recommendation for the colonoscopy base 45378 plus an established increment of 2.24 (43232-43200; 43238-43235) approved by the RUC for transendoscopic ultrasound guided fine needle aspiration/biopsy.

Pre-time Package 2b is appropriate for 45392, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 58560
Key Reference code 58560, *Hysteroscopy, surgical; with division or resection of intrauterine septum (any method),* was surveyed and presented to the RUC in 1997 prior to the discussion of pre-time packages. The survey data for 58560 from 1997 is comparable to the current survey data for 45391 and the intensity and complexity data indicate that 58560 and 45391 are also similar.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2001	**52001**	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	5.44	0.065	**130**	50	**60**	20
2005	**50382**	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	5.50	0.070	**125**	50	**60**	15
2006	**32998**	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	5.68	0.070	**135**	45	**60**	30
2005	**37188**	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	5.71	0.080	**113**	35	**58**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
	45392	Colonoscopy, EUS with FNA	5.60	0.072	**121**	38	**60**	20
2008	**52342**	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	5.85	0.070	**140**	60	**60**	20
1997	**58563**	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	6.16	0.077	**130**	40	**60**	30
1997	**58559**	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	6.16	0.078	**125**	40	**60**	25
2011	**36247**	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	6.29	0.080	**131**	41	**60**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45392

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterolog How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 345
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 115 in 2012. (115*3 = ~ 345)

Specialty Gastroenterology Frequency 307 Percentage 88.98 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 115
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 115 in 2012.

Specialty Gastroenterology Frequency 102 Percentage 88.69 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45392

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45390 Tracking Number N13 Original Specialty Recommended RVU: **6.50**
Presented Recommended RVU: **6.50**
Global Period: 000 RUC Recommended RVU: **6.35**

CPT Descriptor: Colonoscopy, flexible; with endoscopic mucosal resection

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient with abdominal discomfort and occult GI bleeding is referred for colonoscopy. A large sessile polyp is identified, and endoscopic mucosal resection is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 75%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 58%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is lubricated inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and ileo-cecal valve are identified and ileo-cecal valve intubated, if indicated. The colonoscope is withdrawn through the ascending colon, transverse colon and descending and sigmoid colon to allow circumferential examination of the colonic mucosa. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa, and then straightened. A lesion is identified in the sigmoid colon that cannot be removed by standard snare polypectomy technique. The colonoscope is withdrawn, a friction cap is fitted onto the end of the scope, and the colonoscope is inserted through the rectum into the colon to the site where endoscopic

mucosal resection is to be performed. An injection needle is passed through the colonoscope, and a solution of a topical contrast agent such as methylene blue, saline and epinephrine is injected submucosally to raise the lesion. The injection needle is withdrawn. The area of abnormality is suctioned into the friction fitted cap to create a pseudopolyp. A snare is passed through the colonoscope and looped around the lesion. As the snare is tightened, electrocautery is applied in a controlled manner and the identified lesion is removed. Snare removal is repeated until all visually identified portions of the lesion are resected. The snare is withdrawn and a retrieval device is inserted through the colonoscope to capture the lesion. The retrieval device with the lesion is withdrawn to the tip of the colonoscope, which is withdrawn through the rectum. The colonoscope is reinserted through the rectum to the area of the lesion. The base of the lesion is examined; if there is residual tissue the snare or other appropriate technique is applied until there is no residual, and bleeding, if any, is controlled. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient’s condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45390		
Sample Size:	2394	**Resp N:** 74	**Response:** 3.0 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**15.00**	34.00	200.00
Survey RVW:	3.64	5.35	**6.61**	7.48	20.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	23.00	40.00	**45.00**	60.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45390	**Recommended Physician Work RVU: 6.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
58560	000	6.99	**RUC Time**

CPT Descriptor Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 17.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 45390**	**Key Reference CPT Code:** 52342	**Source of Time RUC Time**
Median Pre-Service Time	33.00	60.00	

Median Intra-Service Time	45.00	60.00
Median Immediate Post-service Time	15.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**93.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.31	4.08
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.15	4.00
Urgency of medical decision making	4.38	4.08
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	4.46
Physical effort required	4.92	4.23
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.92	4.46
Outcome depends on the skill and judgment of physician	4.85	4.38
Estimated risk of malpractice suit with poor outcome	4.77	4.31

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.15	3.92
Intra-Service intensity/complexity	5.00	4.31
Post-Service intensity/complexity	4.31	4.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45390 *Colonoscopy, flexible; with endoscopic mucosal resection*

We recommend an RVW of 6.50 for 45390. This value equal to the recommendation for the colonoscopy base 45378 plus an established increment of 2.99 (43211-43200; 43254-43235) approved by the RUC for endoscopic mucosal resection.

Pre-time Package 2b is appropriate for 45390, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 45390. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often (13/75), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Several other references were chosen almost equally. The lack of a direct comparative service to 45390, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The table below provides codes that have comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**35475**	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	0.110	**92**	26	**43**	23
2012	**36223**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	6.00	0.096	**123**	48	**45**	30
2010	**93456**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right	6.15	0.112	**118**	48	**40**	30

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		heart catheterization						
2010	**93453**	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	6.24	0.101	**123**	48	**45**	30
	45390	Colonoscopy, EMR	6.35	0.119	**93**	33	**45**	15
2012	**52352**	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	6.75	0.118	**118**	53	**45**	20
2010	**93457**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	6.89	0.102	**133**	53	**50**	30
2008	**52344**	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	7.05	0.120	**125**	60	**45**	20
2011*	**37192**	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	7.35	0.137	**101**	41	**45**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45385, 44799. Five percent of 45385 (34,443 Medicare volume) and 5% of the unlisted code (68 Medicare volume) would be reported with new code 45390.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 103532
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (5% of 45385 [34,443] + 5% of 44799 [68])*3 = ~103,352

Specialty Gastroenterology Frequency 83000 Percentage 80.16 %

Specialty General surgery Frequency 5200 Percentage 5.02 %

Specialty Colorectal surgery Frequency 3000 Percentage 2.89 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 34,511 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate = 5% of 45385 [34,443] + 5% of 44799 [68]

Specialty Gastroenterology Frequency 27500 Percentage 79.68 %

Specialty General surgery Frequency 1800 Percentage 5.21 %

Specialty Colorectal surgery Frequency 1000 Percentage 2.89 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45385

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45393 Tracking Number N14 Original Specialty Recommended RVU: **5.50**
Presented Recommended RVU: **5.50**
Global Period: 000 RUC Recommended RVU: **4.78**

CPT Descriptor: Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76- year- old patient with history of altered mental status presents with abdominal distension and a megacolon on imaging studies. Colonoscopy with decompression of the colon and placement of a tube is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 84%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 46%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation, if any, are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient or surrogate; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is inserted into the rectum and advanced to the cecum using minimal air insufflation across grossly patulous regions of colon containing gas, stool and fluid, performing continuous suctioning of the colonic contents to decompress the colon. The appendiceal orifice and ileo-cecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is withdrawn through the ascending colon, transverse colon and descending and sigmoid colon, and the colonic mucosa is examined, with continuous suctioning continued to decompress the colon. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa, and then straightened. A 10 Fr tube is inserted

through the rectum into the colon. The tip of the tube is identified, the tube and colonoscope are positioned, a grasping device is inserted through the colonoscope, and the tube is grasped. The tube is advanced endoscopically into the transverse colon. The grasping device is released from the tube and the colonoscope is withdrawn maintaining the position of the tube. Photodocumentation is performed. The colonoscope is then straightened, the colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45393		
Sample Size:	2394	**Resp N:** 98	**Response:** 4.0 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	10.00	60.00
Survey RVW:	3.50	4.50	**5.50**	6.85	15.00
Pre-Service Evaluation Time:			**33.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	18.00	30.00	**40.00**	50.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45393	**Recommended Physician Work RVU: 4.78**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 45393**	**Key Reference CPT Code:** 31631	**Source of Time RUC Time**

Median Pre-Service Time	41.00	45.00
Median Intra-Service Time	40.00	45.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**96.00**	**120.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.88	3.65
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.24	3.71
Urgency of medical decision making	4.47	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.65	4.29
Physical effort required	4.53	4.12
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.53	4.29
Outcome depends on the skill and judgment of physician	4.65	4.41
Estimated risk of malpractice suit with poor outcome	4.53	4.35

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.94	3.65
Intra-Service intensity/complexity	4.41	4.24
Post-Service intensity/complexity	3.88	3.71

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45393 *Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed*

Pre-time Package 2b is appropriate for 45393, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31631

Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages. Code 31631 was ranked lower than 45393 in all 11 intensity complexity measures. The table below provides comparison references with similar intra-time and similar RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2011	**52315**	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	**94**	29	**45**	20
2011	**36246**	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	0.088	**106**	41	**45**	20
2011	**36251**	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	5.35	0.085	**116**	41	**45**	30
2012	**52235**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	5.44	0.098	**94**	29	**45**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
	45393	Colonoscopy, decompression	4.78	0.090	**96**	41	**40**	15
2012	**36222**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	5.53	0.096	**118**	48	**40**	30
2010	**93455**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	5.54	0.094	**123**	53	**40**	30
2012	**35475**	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	0.110	**92**	26	**43**	23
2012	**52351**	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	5.75	0.096	**118**	53	**45**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45378. One percent of the volume of 45378 (6,128 Medicare volume) would be reported with 45393.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 18384
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of the volume of 45378 (6,128 Medicare volume) * 3 = ~18384

Specialty Gastroenterology Frequency 16178 Percentage 88.00 %

Specialty General surgery Frequency 1103 Percentage 5.99 %

Specialty Colorectal surgery Frequency 750 Percentage 4.07 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,128
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of the volume of 45378 = 6,128 Medicare volume

Specialty Gastroenterology Frequency 5450 Percentage 88.93 %

Specialty General surgery Frequency 350 Percentage 5.71 %

Specialty Colorectal surgery Frequency 250 Percentage 4.07 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45382

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45398 Tracking Number N15 Original Specialty Recommended RVU: **4.30**
Presented Recommended RVU: **4.30**
Global Period: 000 RUC Recommended RVU: **4.30**

CPT Descriptor: Colonoscopy, flexible; with band ligation, (eg, hemorrhoids)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old with frequent hematochezia is referred for evaluation. Colonoscopy with banding of rectal varices is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 85%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 67%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible colonoscope is inserted into the rectum and advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and ileo-cecal valve intubated, if indicated. The colonoscope is withdrawn through the ascending colon, transverse colon, descending and sigmoid colon, and the colonic mucosa is examined. In the rectum, the colonoscope is retroflexed to allow examination of the rectal mucosa and then straightened. Rectal varices with stigmata of recent bleeding are identified. The colonoscope is withdrawn, and the multiband device installed on the colonoscope. The colonoscope is reinserted through the rectum, retroflexed, angulated, and advanced to the suspected bleeding site. With suction applied to the varix, a band is deployed,

and the site is inspected. Additional bands are then applied proximally on the same varix. The process is repeated with bands deployed on additional varices. The colonoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	45398		
Sample Size:	2394	**Resp N:** 65	**Response:** 2.7 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	10.00	250.00
Survey RVW:	2.10	4.30	**5.40**	6.70	16.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	27.00	**30.00**	45.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45398	**Recommended Physician Work RVU: 4.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31267	000	5.45	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 13.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 45398**	**Key Reference CPT Code:** 31267	**Source of Time** **RUC Time**

Median Pre-Service Time	33.00	30.00
Median Intra-Service Time	30.00	50.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**78.00**	**110.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.78	3.78
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.78	3.67
Urgency of medical decision making	4.00	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.33	4.22
Physical effort required	4.11	4.11
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	4.00
Outcome depends on the skill and judgment of physician	4.33	4.22
Estimated risk of malpractice suit with poor outcome	4.11	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.67	3.67
Intra-Service intensity/complexity	4.33	4.22
Post-Service intensity/complexity	3.56	3.56

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule CMS identified CPT code 45378 as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of codes (45378 - 45392). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy code set. The New and Revised Level of Interest Form for the January 2014 RUC meeting identified HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 as additional codes in the colonoscopy "family" to be surveyed. On October 25, 2013 the specialties submitted a letter to the RUC providing our rationale as to why we would not be surveying those additional codes. Please see the attached letter.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy codes, comparing the data and work RVUs (RVWs) with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy base code (45378) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

45398 *Colonoscopy, flexible; with banding, (eg, hemorrhoids)*

We recommend an RVW of 4.30 for 45398. This value is the survey 25th percentile RVW. This recommendation is based on the policy of lower of current or 25th percentile RVW where no increment has been established.

Pre-time Package 2b is appropriate for 45393, with an additional 2 minutes for left lateral decubitus positioning of the patient and to position the endoscopy equipment/monitor, and anesthesia lines/equipment relative to the patient prior to induction of moderate sedation.

Comparison to Key Ref 31267
Codes 31267, *Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus,* 91110, *Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report,* and 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* were each chosen by 13% of the respondents. Several other references were chosen almost equally. The lack of a direct comparative service to 45398, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The table below provides codes that have more comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20
2004	**32550**	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	**90**	40	**30**	20
2012	**36221**	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated	4.17	0.083	**108**	48	**30**	30

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed						
	45398	Colonoscopy, banding	4.30	0.110	**78**	33	**30**	15
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20
1995	**52275**	Cystourethroscopy, with internal urethrotomy; male	4.69	0.112	**90**	30	**30**	30
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. One percent of unlisted code 44799 (14 Medicare volume) will be reported using new code 45398.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 42
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of unlisted code 44799 (14 Medicare volume) *3 = ~42

Specialty Gastroenterology Frequency 37 Percentage 88.09 %

Specialty General surgery Frequency 3 Percentage 7.14 %

Specialty Colorectal surgery Frequency 1 Percentage 2.38 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of unlisted code 44799 = ~14 Medicare volume

Specialty Gastroenterology Frequency 12 Percentage 85.71 %

Specialty General surgery Frequency 1 Percentage 7.14 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45382

ISSUE: Colonoscopy

TAB: 10

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG
REF	31625	Bronchoscopy, rigid or flexible,	23	0.087			3.36			70		10	5	10			30				15								
REF	91110	Gastrointestinal tract imaging, i	22	0.040			3.64			100		5					80				15								
Aug05	45378	Colonoscopy, flexible, proximal to sp		0.092			3.69			75		20	5	5			30				15								
	45378	5 min CS movement		0.106			3.69			75		25	5	5			25				15								
SURVEY	45378	Colonoscopy, flexible; diagnost	165	0.118	2.15	3.60	4.00	4.80	11.50	75		25	5	5	13	20	25	30	45		15	0	200	400	700	2000	48%		
REC		Colonoscopy		0.100			3.36			67	1b	19	3	5			25			8a	15							0	0%

Rationale Direct Crosswalk to KRC 31625

REF	31631	Bronchoscopy, rigid or flexible,	17	0.064			4.36			120		20	10	15			45				30								
REF	31638	Bronchoscopy, rigid or flexible,	12	0.055			4.88			140		20	15	15			60				30								
Jun93	45379	Colonoscopy, flexible, proximal to sp		0.074			4.68			109		21		15			48				25								
	45379	10 min CS movement		0.090			4.68			94		31					38				25								
SURVEY	45379	Colonoscopy, flexible; with rem	104	0.106	2.78	4.29	4.76	5.86	16.90	85		25	5	5	15	30	35	45	90		15	0	1	3	9	1000	56%		
REC	45379	foreign body removal		0.096			4.37			83	2b	25	3	5			35			8b	15							-3	-8%

Rationale 45378 RVU + Foreign body RUC increment 1.01

REF	31625	Bronchoscopy, rigid or flexible,	22	0.087			3.36			70		10	5	10			30				15								
REF	99236	Observation or inpatient hospita	17	0.060			4.20			94		19					55				20								
Aug00	45380	Colonoscopy, flexible, proximal to sp		0.057			4.43			118.5		45					52				22								
	45380	5 min CS movement		0.061			4.43			118.5		50					47				22								
SURVEY	45380	Colonoscopy, flexible, proximal	152	0.121	2.25	3.99	4.43	5.20	12.00	78		25	5	5	15	24	28	35	60		15	0	100	266	400	1000	52%		
REC	45380	biopsy		0.100			3.66			70	1b	19	3	5			28			8a	15							-19	-40%

Rationale 45378 RVU + biopsy RUC increment 0.30

REF	99236	Observation or inpatient hospita	18	0.060			4.20			94		19					55				20								
REF	31631	Bronchoscopy, rigid or flexible,	17	0.064			4.36			120		20	10	15			45				30								
Apr02	45381	Colonoscopy, flexible, proximal to sp		0.055			4.19			116		45					49				22								
	45381	10 min CS movement		0.059			4.19			116		50					44				22								
SURVEY	45381	Colonoscopy, flexible; with dire	123	0.118	2.28	3.95	4.35	5.30	11.50	78		25	5	5	15	24	28	35	60		15	1	20	40	79	1000	59%		
REC	45381	submucosal injection		0.100			3.67			70	1b	19	3	5			28			8a	15							-16	-36%

Rationale 45378 RVU + submucosal injection RUC increment 0.31

REF	52342	Cystourethroscopy; with treatm	19	0.070			5.85			140		40	10	10			60				20								

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG
REF	31631	Bronchoscopy, rigid or flexible,	13	0.064			4.36			120		20	10	15			45				30								
REF	91110	Gastrointestinal tract imaging, i	13	0.040			3.64			100		5					80				15								
Jun93	45382	Colonoscopy, flexible, proximal to sp		0.079			5.68			125		20		25			57				23								
	45382	10 min CS movement		0.096			5.68			100		30					47				23								
SURVEY	45382	Colonoscopy, flexible; with cont	120	0.106	2.00	4.50	5.50	6.13	15.00	100		35	5	5	18	30	40	45	90		15	0	12	30	50	1000	59%		
REC	45382	control of bleeding		0.089			4.76			96	2b	33	3	5			40			8b	15							-7	-15%

Rationale 45378 + c stoma bleeding increment 1.40

REF	31267	Nasal/sinus endoscopy, surgica	14	0.082			5.45			110		30					50				30								
REF	31625	Bronchoscopy, rigid or flexible,	13	0.087			3.36			70		10	5	10			30				15								
Jun93	45384	Colonoscopy, flexible, proximal to sp		0.095			4.69			73		16					42				15								
	45384	10 min CS movement		0.105			4.69			73		21					37				15								
SURVEY	45384	Colonoscopy, flexible; with rem	101	0.127	2.30	3.90	4.50	5.40	11.60	73		20	5	5	15	24	28	35	60		15	0	10	100	300	1000	53%		
REC	45384	hot biopsy		0.118			4.17			70	1b	19	3	5			28			8a	15							-9	-24%

Rationale 45378 RVU + hot biopsy RUC increment 0.81

REF	31267	Nasal/sinus endoscopy, surgica	28	0.082			5.45			110		30					50				30								
REF	91110	Gastrointestinal tract imaging, i	13	0.040			3.64			100		5					80				15								
Jun93	45385	Colonoscopy, flexible, proximal to sp		0.107			5.30			74		16					43				15								
	45385	10 min CS movement		0.133			5.30			74		26					33				15								
SURVEY	45385	Colonoscopy, flexible; with rem	145	0.140	2.00	4.38	5.25	5.85	13.50	80		25	5	5	15	25	30	40	75		15	0	150	250	400	1200	50%		
REC	45385	snare		0.122			4.67			78	2b	25	3	5			30			8b	15							-3	-9%

Rationale 45378 RVU + snare RUC increment 1.31

REF	52342	Cystourethroscopy; with treatm	24	0.070			5.85			140		40	10	10			60				20								
REF	31631	Bronchoscopy, rigid or flexible,	14	0.064			4.36			120		20	10	15			45				30								
Apr02	45386	Colonoscopy, flexible, proximal to sp		0.057			4.57			121		45					54				22								
	45386	10 min CS movement		0.065			4.57			121		55					44				22								
SURVEY	45386	Colonoscopy, flexible; with tran	80	0.124	3.50	4.55	5.50	6.33	16.00	90		30	5	5	20	30	35	45	75		15	0	2	5	10	1000	46%		
REC	45386	dilation		0.079			3.87			88	2b	30	3	5			35			8b	15							-9	-20%

Rationale 45378 RVU + dilation less than 30 mm RUC increment 0.51

REF	31267	Nasal/sinus endoscopy, surgica	12	0.082			5.45			110		30					50				30								
REF	52342	Cystourethroscopy; with treatm	10	0.070			5.85			140		40	10	10			60				20								
Jun93	45383	Colonoscopy, flexible, proximal to sp		0.076			5.86			107		22					65				20								

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG
CURRENT	44799	Unlisted procedure, intestine		#DIV/0!																									
SURVEY	45388	Colonoscopy, flexible; with abla	76	0.127	3.36	4.50	5.50	6.37	16.80	85		25	5	5	20	29	35	45	90		15	0	8	15	41	900	50%		
REC	45388	ablation with pre and post dilation an		0.114			4.98			83	2b	25	3	5			35			8b	15								

Rationale 45378 RVU + ablation colonsocopy through stoma RUC increment 1.62

REF	52342	Cystourethroscopy; with treatm	12	0.070			5.85			140		40	10	10			60				20								
REF	31631	Bronchoscopy, rigid or flexible,	10	0.064			4.36			120		20	10	15			45				30								
Apr00	45387	Colonoscopy, flexible, proximal to sp		0.101			5.90			105		30					45				30								
CURRENT	44799	Unlisted procedure, intestine		#DIV/0!																									
SURVEY	45389	Colonoscopy, flexible; with end	64	0.104	3.55	5.00	5.99	7.46	19.60	109		35	5	8	12	40	45	60	90		17	0	1	3	9	275	43%		
REC	45389	stent placement with pre and post dil		0.095			5.50			103	2b	33	3	5			45			8b	17								

Rationale 45378 RVU + stent RUC increment 2.14

REF	52342	Cystourethroscopy; with treatm	13	0.070			5.85			140		40	10	10			60				20								
REF	58560	Hysteroscopy, surgical; with div	11	0.092			6.99			125		40					60				25								
REF	58561	Hysteroscopy, surgical; with rer	11	0.185			9.99			156		50					40				66								
CURRENT				#DIV/0!						0																			
SURVEY	45390	Colonoscopy, flexible; with end	74	0.124	3.64	5.35	6.61	7.48	20.00	95		25	5	5	23	40	45	60	120		15	0	3	15	34	200	58%		
REC	45390	EMR		0.119			6.35			93	2b	25	3	5			45			8b	15								

Rationale 45378 RVU + EMR RUC increment 2.99

REF	31631	Bronchoscopy, rigid or flexible,	17	0.064			4.36			120		20	10	15			45				30								
REF	52342	Cystourethroscopy; with treatm	15	0.070			5.85			140		40	10	10			60				20								
CURRENT				#DIV/0!						0																			
SURVEY	45393	Colonoscopy, flexible; with dec	98	0.107	3.50	4.50	5.50	6.85	15.00	98		33	5	5	18	30	40	50	90		15	0	3	5	10	60	46%		
REC	45393	decompression		0.090			4.78			96	2b	33	3	5			40			8b	15								

Rationale 45378 RVU + c-stoma decompression RUC increment 1.42

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	CS OFF	IS CHG	% CHG
REF	31267	Nasal/sinus endoscopy, surgica	9	0.082			5.45			110		30					50				30								
REF	52342	Cystourethroscopy; with treatm	9	0.070			5.85			140		40	10	10			60				20								
REF	91110	Gastrointestinal tract imaging, i	9	0.040			3.64			100		5					80				15								
CURRENT	45398			#DIV/0!						0																			
SURVEY	45398	Colonoscopy, flexible; with ban	65	0.145	2.10	4.30	5.40	6.70	16.00	80		25	5	5	15	27	30	45	90		15	0	0	2	10	250	67%		
REC	45398	banding		0.110			4.30			78	2b	25	3	5			30			8b	15								

Rationale There is no RUC established increment for this procedure

REF	31631	Bronchoscopy, rigid or flexible,	8	0.064			4.36			120		20	10	15			45				30								
REF	91110	Gastrointestinal tract imaging, i	5	0.040			3.64			100		5					80				15								
Apr04	45391	Colonoscopy, flexible, proximal to sp		0.071			5.09			110		25	5	5			55				20								
	45391	10 min CS movement		0.086			5.09					35					45				20								
SURVEY	45391	Colonoscopy, flexible; with end	37	0.075	2.40	4.00	4.75	6.99	10.00	110		35	5	5	20	30	45	60	90		20	0	5	10	25	98	100%		
REC	45391	EUS		0.081			4.95			106	2b	33	3	5			45			8b	20								

Rationale 45378 RVU + EUS RUC increment 1.59

REF	58560	Hysteroscopy, surgical; with div	6	0.092			6.99			125		40					60				25								
REF	31631	Bronchoscopy, rigid or flexible,	5	0.064			4.36			120		20	10	15			45				30								
Apr04	45392	Colonoscopy, flexible, proximal to sp		0.070			6.54			140		30	5	10			75				20								
	45392	10 min CS movement		0.080			6.54					40					65				20								
SURVEY	45392	Colonoscopy, flexible; with end	35	0.068	2.65	4.60	5.50	8.03	12.50	130		35	5	10	25	45	60	75	120		20	0	1	5	13	60	50%		
REC	45392	EUS with FNA		0.072			5.60			121	2b	33	3	5			60			8b	20								

Rationale 45378 RVU + EUS with FNA RUC increment 2.24

ISSUE: Colonoscopy

TAB: 10

Source	CPT	DESC	RVW CHG	% CHG
REF	31625	Bronchoscopy, rigid or flexible,		
REF	91110	Gastrointestinal tract imaging, i		
Aug05	45378	Colonoscopy, flexible, proximal		
	45378	5 min CS movement		
SURVEY	45378	Colonoscopy, flexible; diagnost		
REC		Colonoscopy	-0.33	-9%

Rationale Direct Crosswalk to KRC 31625

REF	31631	Bronchoscopy, rigid or flexible,		
REF	31638	Bronchoscopy, rigid or flexible,		
Jun93	45379	Colonoscopy, flexible, proximal		
	45379	10 min CS movement		
SURVEY	45379	Colonoscopy, flexible; with rem		
REC	45379	foreign body removal	-0.31	-7%

Rationale 45378 RVU + Foreign body RUC increment 1

REF	31625	Bronchoscopy, rigid or flexible,		
REF	99236	Observation or inpatient hospita		
Aug00	45380	Colonoscopy, flexible, proximal		
	45380	5 min CS movement		
SURVEY	45380	Colonoscopy, flexible, proximal		
REC	45380	biopsy	-0.77	-17%

Rationale 45378 RVU + biopsy RUC increment 0.30

REF	99236	Observation or inpatient hospita		
REF	31631	Bronchoscopy, rigid or flexible,		
Apr02	45381	Colonoscopy, flexible, proximal		
	45381	10 min CS movement		
SURVEY	45381	Colonoscopy, flexible; with dire		
REC	45381	submucosal injection	-0.52	-12%

Rationale 45378 RVU + submucosal injection RUC incr

REF	52342	Cystourethroscopy; with treatm

Source	CPT	DESC	RVW CHG	% CHG
REF	31631	Bronchoscopy, rigid or flexible,		
REF	91110	Gastrointestinal tract imaging, i		
Jun93	45382	Colonoscopy, flexible, proximal		
	45382	10 min CS movement		
SURVEY	45382	Colonoscopy, flexible; with cont		
REC	45382	control of bleeding	-0.92	-16%

Rationale 45378 + c stoma bleeding increment 1.40

REF	31267	Nasal/sinus endoscopy, surgica		
REF	31625	Bronchoscopy, rigid or flexible,		
Jun93	45384	Colonoscopy, flexible, proximal		
	45384	10 min CS movement		
SURVEY	45384	Colonoscopy, flexible; with rem		
REC	45384	hot biopsy	-0.52	-11%

Rationale 45378 RVU + hot biopsy RUC increment 0.81

REF	31267	Nasal/sinus endoscopy, surgica		
REF	91110	Gastrointestinal tract imaging, i		
Jun93	45385	Colonoscopy, flexible, proximal		
	45385	10 min CS movement		
SURVEY	45385	Colonoscopy, flexible; with rem		
REC	45385	snare	-0.63	-12%

Rationale 45378 RVU + snare RUC increment 1.31

REF	52342	Cystourethroscopy; with treatm		
REF	31631	Bronchoscopy, rigid or flexible,		
Apr02	45386	Colonoscopy, flexible, proximal		
	45386	10 min CS movement		
SURVEY	45386	Colonoscopy, flexible; with tran		
REC	45386	dilation	-0.70	-15%

Rationale 45378 RVU + dilation less than 30 mm RUC

REF	31267	Nasal/sinus endoscopy, surgica		
REF	52342	Cystourethroscopy; with treatm		
Jun93	45383	Colonoscopy, flexible, proximal		

Source	CPT	DESC	RVW CHG	% CHG
CURRENT	44799	Unlisted procedure, intestine		
SURVEY	45388	Colonoscopy, flexible; with abla		
REC	45388	ablation with pre and post dilati		

Rationale 45378 RVU + ablation colonsocopy through s

REF	52342	Cystourethroscopy; with treatm		
REF	31631	Bronchoscopy, rigid or flexible,		
Apr00	45387	Colonoscopy, flexible, proximal		
CURRENT	44799	Unlisted procedure, intestine		
SURVEY	45389	Colonoscopy, flexible; with end		
REC	45389	stent placement with pre and po		

Rationale 45378 RVU + stent RUC increment 2.14

REF	52342	Cystourethroscopy; with treatm		
REF	58560	Hysteroscopy, surgical; with div		
REF	58561	Hysteroscopy, surgical; with rer		
CURRENT				
SURVEY	45390	Colonoscopy, flexible; with end		
REC	45390	EMR		

Rationale 45378 RVU + EMR RUC increment 2.99

REF	31631	Bronchoscopy, rigid or flexible,		
REF	52342	Cystourethroscopy; with treatm		
CURRENT				
SURVEY	45393	Colonoscopy, flexible; with dec		
REC	45393	decompression		

Rationale 45378 RVU + c-stoma decompression RUC i

Source	CPT	DESC	RVW CHG	% CHG
REF	31267	Nasal/sinus endoscopy, surgica		
REF	52342	Cystourethroscopy; with treatm		
REF	91110	Gastrointestinal tract imaging, i		
CURRENT	45398			
SURVEY	45398	Colonoscopy, flexible; with ban		
REC	45398	banding		

Rationale There is no RUC established increment for tl

REF	31631	Bronchoscopy, rigid or flexible,		
REF	91110	Gastrointestinal tract imaging, i		
Apr04	45391	Colonoscopy, flexible, proximal		
	45391	10 min CS movement		
SURVEY	45391	Colonoscopy, flexible; with end		
REC	45391	EUS		

Rationale 45378 RVU + EUS RUC increment 1.59

REF	58560	Hysteroscopy, surgical; with div		
REF	31631	Bronchoscopy, rigid or flexible,		
Apr04	45392	Colonoscopy, flexible, proximal		
	45392	10 min CS movement		
SURVEY	45392	Colonoscopy, flexible; with end		
REC	45392	EUS with FNA		

Rationale 45378 RVU + EUS with FNA RUC increment

ISSUE: Colonoscopy

TAB: 10

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31625	Bronchoscopy, rigid or flexible, ir	23	0.087			3.36			70		10	5	10			30				15									
REF	91110	Gastrointestinal tract imaging, int	22	0.040			3.64			100		5					80				15									
Aug05	45378	Colonoscopy, flexible, proximal to sple		0.092			3.69			75		20	5	5			30				15									
	45378	5 min CS movement		0.106			3.69			75		25	5	5			25				15									
GI SVY	45378	Colonoscopy, flexible; diagnostic	143	0.118	2.15	3.70	4.00	4.83	11.50	75		25	5	5	13	20	25	30	45		15	3	250	500	800	2000				
SURG SVY	45378	Colonoscopy, flexible; diagnostic	22	0.134	2.50	3.06	3.60	4.43	10.00	64		25	4	5	15	19	20	30	45		10	0	50	125	238	400				
CMB SVY	45378	Colonoscopy, flexible; diagnostic	165	0.118	2.15	3.60	4.00	4.80	11.50	75		25	5	5	13	20	25	30	45		15	0	200	400	700	2000				
REC		Colonoscopy		0.100			3.36			67	1b	19	3	5			25			8a	15						0	0%	-0.33	-9%

Rationale Direct Crosswalk to KRC 31625

REF	31631	Bronchoscopy, rigid or flexible, ir	17	0.064			4.36			120		20	10	15			45				30									
REF	31638	Bronchoscopy, rigid or flexible, ir	12	0.055			4.88			140		20	15	15			60				30									
Jun93	45379	Colonoscopy, flexible, proximal to sple		0.074			4.68			109		21		15			48				25									
	45379	10 min CS movement		0.090			4.68			94		31					38				25									
GI SVY	45379	Colonoscopy, flexible; with remov	96	0.106	2.78	4.29	4.76	5.81	16.90	85		25	5	5	15	30	35	45	90		15	0	1	4	10	1000				
SURG SVY	45379	Colonoscopy, flexible; with remov	8	0.092	4.00	4.38	4.75	7.00	12.00	108		41	4	8	18	29	35	60	90		20	0	0	1	3	10				
CMB SVY	45379	Colonoscopy, flexible; with remov	104	0.106	2.78	4.29	4.76	5.86	16.90	85		25	5	5	15	30	35	45	90		15	0	1	3	9	1000				
REC	45379	foreign body removal		0.096			4.37			83	2b	25	3	5			35			8b	15						-3	-8%	-0.31	-7%

Rationale 45378 RVU + Foreign body RUC increment 1.01

REF	31625	Bronchoscopy, rigid or flexible, ir	22	0.087			3.36			70		10	5	10			30				15									
REF	99236	Observation or inpatient hospital	17	0.060			4.20			94		19					55				20									
Aug00	45380	Colonoscopy, flexible, proximal to sple		0.057			4.43			119		45					52				22									
	45380	5 min CS movement		0.061			4.43			119		50					47				22									
GI SVY	45380	Colonoscopy, flexible, proximal to	130	0.120	2.25	4.00	4.42	5.20	10.00	78		25	5	5	15	24	28	35	60		15	6	156	300	400	1000				
SURG SVY	45380	Colonoscopy, flexible, proximal to	22	0.120	2.50	3.85	4.50	5.68	12.00	74		25	4	5	17	23	30	35	50		10	0	21	80	100	250				
CMB SVY	45380	Colonoscopy, flexible, proximal to	152	0.121	2.25	3.99	4.43	5.20	12.00	78		25	5	5	15	24	28	35	60		15	0	100	266	400	1000				
REC	45380	biopsy		0.100			3.66			70	1b	19	3	5			28			8a	15						-19	-40%	-0.77	-17%

Rationale 45378 RVU + biopsy RUC increment 0.30

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	99236	Observation or inpatient hospital	18	0.060			4.20			94		19					55				20									
REF	31631	Bronchoscopy, rigid or flexible, ir	17	0.064			4.36			120		20	10	15			45				30									
Apr02	45381	Colonoscopy, flexible, proximal to sple		0.055			4.19			116		45					49				22									
	45381	10 min CS movement		0.059			4.19			116		50					44				22									
GI SVY	45381	Colonoscopy, flexible; with direct	113	0.118	2.28	3.95	4.34	5.35	11.50	78		25	5	5	15	24	28	35	60		15	1	20	50	95	1000				
SURG SVY	45381	Colonoscopy, flexible; with direct	10	0.147	2.65	3.87	4.46	5.00	8.00	63		21	3	5	17	20	25	30	50		9	2	8	14	20	30				
CMB SVY	45381	Colonoscopy, flexible; with direct	123	0.118	2.28	3.95	4.35	5.30	11.50	78		25	5	5	15	24	28	35	60		15	1	20	40	79	1000				
REC	45381	submucosal injection		0.100			3.67			70	1b	19	3	5			28			8a	15						-16	-36%	-0.52	-12%

Rationale 45378 RVU + submucosal injection RUC increment 0.31

REF	52342	Cystourethroscopy; with treatmer	19	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy, rigid or flexible, ir	13	0.064			4.36			120		20	10	15			45				30									
REF	91110	Gastrointestinal tract imaging, int	13	0.040			3.64			100		5					80				15									
Jun93	45382	Colonoscopy, flexible, proximal to sple		0.079			5.68			125		20		25			57				23									
	45382	10 min CS movement		0.096			5.68			100		30					47				23									
GI SVY	45382	Colonoscopy, flexible; with contr	112	0.106	2.00	4.50	5.50	6.03	15.00	100		35	5	5	20	30	40	45	90		15	3	15	30	50	1000				
SURG SVY	45382	Colonoscopy, flexible; with contr	8	0.082	2.95	4.70	5.40	7.63	10.00	126		54	4	8	18	31	45	60	60		15	0	4	9	10	60				
CMB SVY	45382	Colonoscopy, flexible; with contr	120	0.106	2.00	4.50	5.50	6.13	15.00	100		35	5	5	18	30	40	45	90		15	0	12	30	50	1000				
REC	45382	control of bleeding		0.089			4.76			96	2b	33	3	5			40			8b	15						-7	-15%	-0.92	-16%

Rationale 45378 + c stoma bleeding increment 1.40

REF	31267	Nasal/sinus endoscopy, surgical,	14	0.082			5.45			110		30					50				30									
REF	31625	Bronchoscopy, rigid or flexible, ir	13	0.087			3.36			70		10	5	10			30				15									
Jun93	45384	Colonoscopy, flexible, proximal to sple		0.095			4.69			73		16					42				15									
	45384	10 min CS movement		0.105			4.69			73		21					37				15									
GI SVY	45384	Colonoscopy, flexible; with remov	94	0.119	2.30	3.98	4.50	5.40	11.60	75		20	5	5	15	25	30	35	60		15	0	12	100	300	1000				
SURG SVY	45384	Colonoscopy, flexible; with remov	7	0.152	2.50	3.03	3.80	4.25	5.20	56		20	3	3	17	19	20	27	35		10	0	0	10	15	100				
CMB SVY	45384	Colonoscopy, flexible; with remov	101	0.127	2.30	3.90	4.50	5.40	11.60	73		20	5	5	15	24	28	35	60		15	0	10	100	300	1000				
REC	45384	hot biopsy		0.118			4.17			70	1b	19	3	5			28			8a	15						-9	-24%	-0.52	-11%

Rationale 45378 RVU + hot biopsy RUC increment 0.81

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31267	Nasal/sinus endoscopy, surgical,	28	0.082			5.45			110		30					50				30									
REF	91110	Gastrointestinal tract imaging, int	13	0.040			3.64			100		5					80				15									
Jun93	45385	Colonoscopy, flexible, proximal to sple		0.107			5.30			74		16					43				15									
	45385	10 min CS movement		0.133			5.30			74		26					33				15									
GI SVY	45385	Colonoscopy, flexible; with remov	130	0.140	2.00	4.41	5.25	5.84	13.50	80		25	5	5	15	25	30	40	60		15	20	200	300	400	1200				
SURG SVY	45385	Colonoscopy, flexible; with remov	15	0.137	3.79	3.90	5.00	6.88	9.00	73		25	3	5	20	23	30	45	75		10	0	10	40	78	200				
CMB SVY	**45385**	**Colonoscopy, flexible; with remov**	**145**	**0.140**	**2.00**	**4.38**	**5.25**	**5.85**	**13.50**	**80**		**25**	**5**	**5**	**15**	**25**	**30**	**40**	**75**		**15**	**0**	**150**	**250**	**400**	**1200**				
REC	**45385**	**snare**		**0.122**			**4.67**			**78**	**2b**	**25**	**3**	**5**			**30**			**8b**	**15**						**-3**	**-9%**	**-0.63**	**-12%**

Rationale 45378 RVU + snare RUC increment 1.31

REF	52342	Cystourethroscopy; with treatmer	24	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy, rigid or flexible, ir	14	0.064			4.36			120		20	10	15			45				30									
Apr02	45386	Colonoscopy, flexible, proximal to sple		0.057			4.57			121		45					54				22									
	45386	10 min CS movement		0.065			4.57			121		55					44				22									
GI SVY	45386	Colonoscopy, flexible; with transc	76	0.124	3.50	4.55	5.50	6.33	16.00	90		30	5	5	20	30	35	45	75		15	0	3	5	10	1000				
SURG SVY	45386	Colonoscopy, flexible; with transc	4	0.150	4.25	4.73	5.00	6.33	10.00	69		25	4	3	20	24	28	38	60		10	0	0	1	5	18				
CMB SVY	**45386**	**Colonoscopy, flexible; with transc**	**80**	**0.124**	**3.50**	**4.55**	**5.50**	**6.33**	**16.00**	**90**		**30**	**5**	**5**	**20**	**30**	**35**	**45**	**75**		**15**	**0**	**2**	**5**	**10**	**1000**				
REC	**45386**	**dilation**		**0.079**			**3.87**			**88**	**2b**	**30**	**3**	**5**			**35**			**8b**	**15**						**-9**	**-20%**	**-0.70**	**-15%**

Rationale 45378 RVU + dilation less than 30 mm RUC increment 0.51

REF	31267	Nasal/sinus endoscopy, surgical,	12	0.082			5.45			110		30					50				30									
REF	52342	Cystourethroscopy; with treatmer	10	0.070			5.85			140		40	10	10			60				20									
Jun93	45383	Colonoscopy, flexible, proximal to sple		0.076			5.86			107		22					65				20									
CURRENT	44799	Unlisted procedure, intestine		#DIV/0!																										
GI SVY	45388	Colonoscopy, flexible; with ablati	69	0.126	3.36	4.50	5.50	6.32	16.80	87		27	5	5	20	30	35	45	90		15	0	10	15	45	900				
SURG SVY	45388	Colonoscopy, flexible; with ablati	7	0.175	3.80	4.13	6.00	6.35	7.00	66		20	3	3	20	25	30	40	45		10	0	0	1	15	25				
CMB SVY	**45388**	**Colonoscopy, flexible; with ablati**	**76**	**0.127**	**3.36**	**4.50**	**5.50**	**6.37**	**16.80**	**85**		**25**	**5**	**5**	**20**	**29**	**35**	**45**	**90**		**15**	**0**	**8**	**15**	**41**	**900**				
REC	**45388**	**ablation with pre and post dilation and**		**0.114**			**4.98**			**83**	**2b**	**25**	**3**	**5**			**35**			**8b**	**15**									

Rationale 45378 RVU + ablation colonsocopy through stoma RUC increment 1.62

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	52342	Cystourethroscopy; with treatmer	12	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy, rigid or flexible, ir	10	0.064			4.36			120		20	10	15			45				30									
Apr00	45387	Colonoscopy, flexible, proximal to sple		0.101			5.90			105		30					45				30									
CURRENT	44799	Unlisted procedure, intestine		#DIV/0!																										
GI SVY	45389	Colonoscopy, flexible; with endos	60	0.102	3.55	5.00	6.00	7.46	19.60	114		35	5	10	12	40	45	60	90		19	0	1	3	10	275				
SURG SVY	45389	Colonoscopy, flexible; with endos	4	0.138	4.75	4.94	5.10	6.40	10.00	75		28	4	4	30	30	30	38	60		10	0	1	2	4	9				
CMB SVY	**45389**	**Colonoscopy, flexible; with endos**	**64**	**0.104**	**3.55**	**5.00**	**5.99**	**7.46**	**19.60**	**109**		**35**	**5**	**8**	**12**	**40**	**45**	**60**	**90**		**17**	**0**	**1**	**3**	**9**	**275**				
REC	**45389**	**stent placement with pre and post dilat**		**0.095**			**5.50**			**103**	**2b**	**33**	**3**	**5**			**45**			**8b**	**17**									

Rationale 45378 RVU + stent RUC increment 2.14

REF	52342	Cystourethroscopy; with treatmer	13	0.070			5.85			140		40	10	10			60				20									
REF	58560	Hysteroscopy, surgical; with divis	11	0.092			6.99			125		40					60				25									
REF	58561	Hysteroscopy, surgical; with remo	11	0.185			9.99			156		50					40				66									
CURRENT				#DIV/0!						0																				
GI SVY	45390	Colonoscopy, flexible; with endos	67	0.121	3.64	5.08	6.50	7.31	20.00	95		25	5	5	23	40	45	60	110		15	0	6	20	35	200				
SURG SVY	45390	Colonoscopy, flexible; with endos	7	0.105	5.90	7.03	7.15	8.00	12.00	101		25	3	5	35	42	60	60	120		8	0	0	2	4	12				
CMB SVY	**45390**	**Colonoscopy, flexible; with endos**	**74**	**0.124**	**3.64**	**5.35**	**6.61**	**7.48**	**20.00**	**95**		**25**	**5**	**5**	**23**	**40**	**45**	**60**	**120**		**15**	**0**	**3**	**15**	**34**	**200**				
REC	**45390**	**EMR**		**0.119**			**6.35**			**93**	**2b**	**25**	**3**	**5**			**45**			**8b**	**15**									

Rationale 45378 RVU + EMR RUC increment 2.99

REF	31631	Bronchoscopy, rigid or flexible, ir	17	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethroscopy; with treatmer	15	0.070			5.85			140		40	10	10			60				20									
CURRENT				#DIV/0!						0																				
GI SVY	45393	Colonoscopy, flexible; with decor	94	0.107	3.50	4.50	5.50	6.85	15.00	98		33	5	5	19	30	40	50	90		15	0	3	5	10	60				
SURG SVY	45393	Colonoscopy, flexible; with decor	4	0.127	3.80	4.10	4.60	6.25	10.00	80		35	4	4	18	20	28	41	60		10	1	4	5	5	5				
CMB SVY	**45393**	**Colonoscopy, flexible; with decor**	**98**	**0.107**	**3.50**	**4.50**	**5.50**	**6.85**	**15.00**	**98**		**33**	**5**	**5**	**18**	**30**	**40**	**50**	**90**		**15**	**0**	**3**	**5**	**10**	**60**				
REC	**45393**	**decompression**		**0.108**			**5.50**			**96**	**2b**	**33**	**3**	**5**			**40**			**8b**	**15**									

Rationale 45378 RVU + c-stoma decompression RUC increment 1.42

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31267	Nasal/sinus endoscopy, surgical,	9	0.082			5.45			110		30					50				30									
REF	52342	Cystourethroscopy; with treatmer	9	0.070			5.85			140		40	10	10			60				20									
REF	91110	Gastrointestinal tract imaging, int	9	0.040			3.64			100		5					80				15									
CURRENT	4538X5			#DIV/0!						0																				
GI SVY	45398	Colonoscopy, flexible; with bandi	57	0.145	2.10	4.25	5.40	6.21	16.00	80		25	5	5	15	27	30	45	90		15	0	0	2	10	250				
SURG SVY	45398	Colonoscopy, flexible; with bandi	8	0.175	4.40	4.85	6.05	7.00	8.00	70		20	5	5	21	29	30	41	60		10	0	1	4	20	200				
CMB SVY	45398	Colonoscopy, flexible; with bandi	65	0.145	2.10	4.30	5.40	6.70	16.00	80		25	5	5	15	27	30	45	90		15	0	0	2	10	250				
REC	45398	banding		0.110			4.30			78	2b	25	3	5			30			8b	15									

Rationale There is no RUC established increment for this procedure

REF	31631	Bronchoscopy, rigid or flexible, ir	8	0.064			4.36			120		20	10	15			45				30									
REF	91110	Gastrointestinal tract imaging, int	5	0.040			3.64			100		5					80				15									
Apr04	45391	Colonoscopy, flexible, proximal to sple		0.071			5.09			110		25	5	5			55				20									
	45391	10 min CS movement		0.086			5.09					35					45				20									
GI SVY	45391	Colonoscopy, flexible; with endos	37	0.075	2.40	4.00	4.75	6.99	10.00	110		35	5	5	20	30	45	60	90		20	0	5	10	25	98				
REC	45391	EUS		0.081			4.95			106	2b	33	3	5			45			8b	20									

Rationale 45378 RVU + EUS RUC increment 1.59

REF	58560	Hysteroscopy, surgical; with divis	6	0.092			6.99			125		40					60				25									
REF	31631	Bronchoscopy, rigid or flexible, ir	5	0.064			4.36			120		20	10	15			45				30									
Apr04	45392	Colonoscopy, flexible, proximal to sple		0.070			6.54			140		30	5	10			75				20									
	45392	10 min CS movement		0.080			6.54					40					65				20									
GI SVY	45392	Colonoscopy, flexible; with endos	35	0.068	2.65	4.60	5.50	8.03	12.50	130		35	5	10	25	45	60	75	120		20	0	1	5	13	60				
REC	45392	EUS with FNA		0.072			5.60			121	2b	33	3	5			60			8b	20									

Rationale 45378 RVU + EUS with FNA RUC increment 2.24

Code	Description	Current RVW	RUC RVW	Pre Svc Pkg	Pre	Intra	Post Svc Pkg	Post	Total	IWPUT	Increment over base	Rationale
Tab 8 - Colonoscopy through stoma												
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate	2.82	2.82	1b	26	25	8a	14	65	0.080	NA	Current value
44389	Colonoscopy through stoma; with biopsy, single or multiple	3.13	3.12	1b	26	30	8a	14	70	0.071	0.30	44388 RVU + biopsy RUC increment 0.30
44390	Colonoscopy through stoma; with removal of foreign body	3.82	3.82	2b	37	35	8b	15	87	0.073	1.01	44388 RVU + Foreign body RUC increment 1.01
44391	Colonoscopy through stoma; with control of bleeding, any	4.31	4.22	2b	40	40	8b	15	95	0.076	1.40	There is no RUC established increment for this procedure
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	3.81	3.63	1b	26	30	8a	10	66	0.091	0.81	44388 RVU + hot biopsy RUC increment 0.81
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.42	4.13	2b	27	30	8b	10	67	0.106	1.31	44388 RVU + snare RUC increment 1.31
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire	4.83	4.44	2b	32	30	8b	10	72	0.130	1.62	25th percentile
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when	4.7	4.96	2b	40	43	8b	15	98	0.084	2.14	44388 RVU + stent RUC increment 2.14
44403	Colonoscopy through stoma; with endoscopic mucosal	NA	5.81	2b	32	45	8b	15	92	0.103	2.99	44388 RVU + EMR RUC increment 2.99
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	NA	3.13	1b	26	30	8a	10	66	0.074	0.31	44388 RVU + submucosal injection RUC increment 0.31
44405	Colonoscopy through stoma; with transendoscopic balloon	NA	3.33	2b	32	38	8b	12	82	0.059	0.51	44388 RVU + dilation less than 30 mm RUC increment 0.51
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	NA	4.41	2b	40	40	8b	20	100	0.074	1.59	44388 RVU + EUS RUC increment 1.59
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and	NA	5.06	2b	40	60	8b	20	120	0.060	2.24	44388 RVU + EUS with FNA RUC increment 2.24
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	NA	4.24	2b	40	40	8b	15	95	0.077	1.42	There is no RUC established increment for this procedure
Tab 9- Flexible sigmoidoscopy												
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	2.60	2.43	2b	38	30	8b	15	83	0.044	1.59	45330 RVU + EUS RUC increment 1.59
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	4.05	3.08	2b	41	45	8b	20	106	0.040	2.24	45330 RVU + EUS with FNA RUC increment 2.24
Tab 10- Colonoscopy												
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)	3.69	3.36	1b	27	25	8a	15	67	0.10563	NA	Current RVW 3.69 - 8 min pre-svc @ 0.0224 intensity (0.18) = 3.51 RVW
45379	Colonoscopy, flexible; with removal of foreign body	4.68	4.37	2b	33	35	8b	15	83	0.10047	1.01	45378 RVU + Foreign body RUC increment 1.01
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	4.43	3.66	1b	27	28	8a	15	70	0.10503	0.30	45378 RVU + biopsy RUC increment 0.30
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	4.19	3.67	1b	27	28	8a	15	70	0.10538	0.31	45378 RVU + submucosal injection RUC increment 0.31
45382	Colonoscopy, flexible; with control of bleeding, any method	5.68	4.76	2b	41	40	8b	15	96	0.10793	1.40	c-stoma bleeding increment (1.40)
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	4.69	4.17	1b	27	28	8a	15	70	0.12324	0.81	45378 RVU + hot biopsy RUC increment 0.81
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	5.3	4.67	2b	33	30	8b	15	78	0.12721	1.31	45378 RVU + snare RUC increment 1.31
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	4.57	3.87	2b	38	35	8b	15	88	0.08298	0.51	45378 RVU + dilation less than 30 mm RUC increment 0.51
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	5.86	4.98	2b	33	35	8b	15	83	0.13247	1.62	45378 RVU + ablation colonsocopy through stoma RUC increment 1.62
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	5.9	5.5	2b	41	45	8b	17	103	0.09827	2.14	45378 RVU + stent RUC increment 2.14
45390	Colonoscopy, flexible; with endoscopic mucosal resection	NA	6.35	2b	33	45	8b	15	93	0.12214	2.99	45378 RVU + EMR RUC increment 2.99

Code	Description	Current RVW	RUC RVW	Pre Svc Pkg	Pre	Intra	Post Svc Pkg	Post	Total	IWPUT	Increment over base	Rationale
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	NA	4.78	2b	41	40	8b	15	96	0.10793	1.42	45378 RVU + c-stoma decompression RUC increment 1.42
45398	Colonoscopy, flexible; with banding, (eg, hemorrhoids)	NA	4.3	2b	33	30	8b	15	78	0.10988	0.94	There is no RUC established increment for this procedure
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	5.09	4.95	2b	41	45	8b	20	106	0.08456	1.59	45378 RVU + EUS RUC increment 1.59
45392	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	6.54	5.6	2b	41	60	8b	20	121	0.07425	2.24	45378 RVU + EUS with FNA RUC increment 2.24

Established increments by family

Tab 8 - Colonoscopy through stoma Proposed Incre

C-stoma	Description	Proposed RUC RVU	RUC Incrrement above base c-stoma (44388)		CMS 2014 increment above base c-stoma (44388)
44389	biopsy	3.12	0.30		NA
44404	submucosal injection	3.13	0.31		NA
44405	transendoscopic balloon dilation	3.33	0.51		NA
44392	hot biopsy removal	3.63	0.81		NA
44390	foreign body removal	3.83	1.01		NA
44394	snare removal	4.13	1.31		NA
44391	control of bleeding	4.22	1.40		NA
44406	EUS	4.41	1.59		NA
44408	decompression	4.24	1.42		NA
44401	ablation (includes pre- and post-dilation and guide wire passage)	4.44	1.62		NA
44402	endoscopic stent (includes pre- and post-dilation)	4.96	2.14		NA
44407	EUS with FNA	5.06	2.24		NA
44403	EMR	5.81	2.99		NA

Tab 9 - Flexible Sigmoidoscopy EUS Proposed Incre

Flex sig EUS	Description	Proposed RUC RVU	Increment above base flex sig Code (45330)		CMS 2014 increment above base flex sig (45330)
45341	EUS	2.43	1.59		NA
45342	EUS with FNA	3.08	2.24		NA

Tab 10 - Colonoscopy through stoma Proposed Incre

Colonoscopy	Description	Proposed RUC RVU	Increment above base colonoscopy Code (45378)		CMS 2014 increment above base colonoscopy (45378)
45379	foreign body removal	4.37	1.01		NA
45380	biopsy	3.66	0.30		NA
45381	submucosal injection	3.67	0.31		NA
45382	control of bleeding	4.76	1.40		NA
45384	hot biopsy removal	4.17	0.81		NA
45385	snare removal	4.67	1.31		NA
45386	transendoscopic balloon dilation	3.87	0.51		NA
45388	ablation (includes pre- and post-dilation and gu	4.98	1.62		NA
45389	stent placement (includes pre- and post-dilatio	5.50	2.14		NA
45390	EMR	6.35	2.99		NA
45393	decompression	4.78	1.42		NA
45398	banding	4.30	0.94		NA
45391	EUS	4.95	1.59		NA
45392	EUS with FNA	5.60	2.24		NA

Tab 4 - Ileoscopy RUC Approved Increments (Octobe

Ileoscopy Code	Description	Proposed RUC RVU	Increment above base ileoscopy Code (44380)		CMS 2014 increment above base ileoscopy (44380)
44382	biopsy	1.27	0.30		NA
44381	balloon dilation	1.48	0.51		NA
44384	endoscopic stent (includes pre- and post-dilation)	3.11	2.14		NA

Tab 5 - Pouchoscopy RUC Approved Increments (Octol

Pouchoscopy Code	Description	Proposed RUC RVU	Increment above base pouchoscopy Code (44385)		CMS 2014 increment above base pouch (44385)
44386	biopsy	1.60	0.30		NA

Tab 6 - Flexible Sigmoidoscopy RUC Approved Increments (

Flex Sig Code	Description	Proposed RUC RVU	Increment above base flex sig Code (45330)		CMS 2014 increment above base flex sig (45330)
45331	biopsy	1.14	0.30		NA
45332	foreign body removal	1.85	1.01		NA
45333	hot biopsy	1.65	0.81		NA
45334*	control of bleeding	2.10	1.30		NA
45335	submucosal injection	1.15	0.31		NA
45337	decompression on volvulus	2.2	1.4		NA

45338	snare polypectomy	2.15	1.31		NA
45340	balloon dilation	1.89	1.09		NA
45346	ablation (includes pre- and post-dilation and guide wire passage)	2.97	2.13		NA
45347	endoscopic stent (includes pre- and post-dilation)	2.98	2.14		NA

ERCP RUC-Approved Increments

ERCP Code	Description	RUC RVU	Increment above base ERCP Code (43260)	CMS 2014 work RVU	CMS 2014 increment above base ERCP (43260)
43261	biopsy	6.25	0.30	**6.25**	**0.30**
43275	foreign body removal	6.96	1.01	**6.96**	**1.01**
43278	ablation (includes pre- and post-dilation and guide wire passage)	8.08	2.13	**7.99**	**2.04**

EGD RUC-Approved Increments

EGD Code	Description	RUC RVU	Increment above base EGD Code (43235)	CMS 2014 work RVU	CMS 2014 increment above base EGD (43235)
43239	biopsy	2.56	0.30	**2.47**	**0.30**
43236	submucosal injection	2.57	0.31	**2.47**	**0.30**
43249	esophageal balloon dilation < 30mm	2.77	0.51	**2.77**	**0.60**
43245	gastric/duodenal balloon dilation < 30 mm	3.18	0.92	**3.18**	**1.01**
43248	guide wire insertion	3.01	0.75	**3.01**	**0.84**
43252	optical endomicroscopy	3.06	0.80	**3.06**	**0.89**
43250	hot biopsy	3.07	0.81	**3.07**	**0.90**
43247	foreign body removal	3.27	1.01	**3.18**	**1.01**
43251	snare	3.57	1.31	**3.57**	**1.40**
43237	EUS, limited to esophagus	3.85	1.59	**3.57**	**1.40**
43255*	control of bleeding	4.20	1.94	**3.66**	**1.49**
43243*	sclerosis injection	4.37	2.11	**4.37**	**1.20**
43270	ablation (includes pre- and post-dilation and guidewire passage)	4.39	2.13	**4.21**	**2.04**
43266	endoscopic stent (includes pre- and post-dilation and guide wire passage)	4.40	2.14	**4.05**	**1.88**
43233	balloon dilation > 30mm	4.45	2.19	**4.05**	**1.88**
43238	EUS FNA, limited to esophagus	4.50	2.24	**4.11**	**1.94**
43244*	band ligation	4.50	2.24	**4.5**	**2.33**
43259	EUS, esoph, stomach, duodenum	4.74	2.48	**4.14**	**1.40**
43254	endoscopic mucosal resection	5.25	2.99	**4.88**	**2.71**
43242	EUS FNA, esoph, stomach, duodenum	5.39	3.13	**4.68**	**2.51**

Esophagoscopy RUC-Approved Increments

Esoph Code	Description	RUC RVU	Increment above base Esoph Code (43200)	CMS 2014 work RVU	CMS 2014 increment above base Esoph (43200)
43202	biopsy	1.89	0.30	**1.80**	**0.30**
43201	submucosal injection	1.90	0.31	**1.80**	**0.30**
43220	esoph balloon dilation < 30mm	2.10	0.51	**2.10**	**0.60**
43226	dilation over guide wire insertion	2.34	0.75	**2.34**	**0.84**
43206	optical endomicroscopy	2.39	0.80	**2.39**	**0.89**
43216	hot biopsy	2.40	0.81	**2.40**	**0.90**
43215	foreign body removal	2.60	1.01	**2.51**	**1.01**
43204*	sclerosis injection	2.89	1.30	**2.40**	**0.90**
43217	snare polypectomy	2.90	1.31	**2.90**	**1.40**
43205*	band ligation	3.00	1.41	**2.51**	**1.01**
43231	EUS	3.19	1.60	**2.90**	**1.40**
43227*	control of bleeding	3.26	1.67	**2.99**	**1.49**

Esoph Code	Description	RUC RVU	Increment subtracted from EGD Code	CMS 2014 work RVU	CMS 2014 increment above base Esoph (43200)
43229	ablation (includes pre- and post-dilation and guide wire passage)	3.72	2.13	**3.54**	**2.04**
43212	endoscopic stent (includes pre- and post-dilation and guide wire passage)	3.73	2.14	**3.38**	**1.88**
43214	balloon dilation > 30mm	3.78	2.19	**3.38**	**1.88**
43232	EUS FNA	3.83	2.24	**3.54**	**2.04**
43211	endoscopic mucosal resection	4.58	2.99	**4.21**	**2.71**

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

ments
Ileoscopy Code Rationale
44388 RVU + biopsy RUC increment 0.30
44388 RVU + submucosal injection RUC increment 0.31
44388 RVU + dilation less than 30 mm RUC increment 0.51
44388 RVU + hot biopsy RUC increment 0.81
44388 RVU + Foreign body RUC increment 1.01
44388 RVU + snare RUC increment 1.31
There is no RUC established increment for this procedure
44388 RVU + EUS RUC increment 1.59
45378 RVU + c-stoma decompression RUC increment 1.42
25th percentile
44388 RVU + stent RUC increment 2.14
44388 RVU + EUS with FNA RUC increment 2.24
44388 RVU + EMR RUC increment 2.99

ments
Ileoscopy Code Rationale
45330 RVU + EUS RUC increment 1.59
45330 RVU + EUS with FNA RUC increment 2.24

ements
Ileoscopy Code Rationale
45378 RVU + Foreign body RUC increment 1.01
45378 RVU + biopsy RUC increment 0.30
45378 RVU + submucosal injection RUC increment 0.31
c-stoma bleeding increment (1.40)
45378 RVU + hot biopsy RUC increment 0.81
45378 RVU + snare RUC increment 1.31
45378 RVU + dilation less than 30 mm RUC increment 0.51
45378 RVU + ablation colonsocopy through stoma RUC increme
45378 RVU + stent RUC increment 2.14
45378 RVU + EMR RUC increment 2.99
45378 RVU + c-stoma decompression RUC increment 1.42
There is no RUC established increment for this procedure
45378 RVU + EUS RUC increment 1.59
45378 RVU + EUS with FNA RUC increment 2.24

r 2013)
Ileoscopy Code Rationale
44380 (0.97) + increment of 43202-43200 (0.30)
44380 (0.97) + increment of 43220-43200 (0.51)
44380 (0.97) + increment of 43266-43235 (2.14)

ber 2013)
Pouchoscopy Code Rationale
44385 (1.30) + increment of 43202-43200 (0.30)

October 2013)
Pouchoscopy Code Rationale
45330 (0.84) + increment of 43202-43200 (0.30)
45330 (0.84) + increment of 43215-43200 (1.01)
45330 (0.84) + increment of 43216-43200 (0.81)
25th percentile
45330 (0.84) + increment of 43201-43200 (0.31)
25th percentile

45330 (0.84) + increment of 43217-43200 (1.31)
25th percentile
45330 (0.84) + increment of 43212-43200 (2.13)
45330 (0.84) + increment of 43266-43235 (2.14)
RUC ERCP Code Rationale
43260 (5.95) + increment of 43202-43200 (0.30)
43260 (5.95) + increment of 43215-43200 (1.01)
43260 (5.95) + increment of 43212-43200 (2.13)
RUC EGD Code Rationale
43235 (2.26) + increment of 43202-43200 (0.30)
43235 (2.26) + increment of 43201-43200 (0.31)
43235 (2.26) + increment of 43220-43200 (0.51)
current value
43235 (2.26) + increment of 43226-43200 (0.75)
43235 (2.26) + increment of 43206-43200 (0.80)
43235 (2.26) + increment of 43216-43200 (0.81)
43235 (2.26)+ increment of 43215-43200 (1.01)
43235 (2.26) + increment of 43217-43200 (1.31)
25th percentile
25th percentile
25th percentile
26th percentile
25th percentile
43235 (2.26) + increment of 43214-43200 (2.19)
25th percentile
25th percentile
25th percentile
25th percentile
25th percentile
43259 (4.74) + increment of FNA 43237-43238 (0.65)
RUC Esophagoscopy Code Rationale
Current value
Direct crosswalk to MPC code 64483
Current value
Current value
Direct crosswalk to code 12006
Current value
Current value
25th percentile
Current value
25th percentile
25th percentile
25th percentile
RUC Esoph Code Rationale
43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43233 25th percentile (4.45) - 0.67 (diff 43235-43200) = 3.78
43238 25th percentile (4.50) - 0.67 (diff 43235-43200) = 2.24
43254 25th percentile (5.25) - 0.78 = 4.58

Established increments by procedure

CPT	Short descriptor	RVW	RUC Increment	CMS 2014 Increment	Rationale
			Biopsy		
44389	C-stoma with biopsy	3.12	0.30		44388 (2.82) + increment of 43202-43200 (0.30)
45380	Colonoscopy with biopsy	3.66	0.30		45378 (3.36) + increment of 43202-43200 (0.30)
45331	Flexible sigmoidoscopy with biopsy	1.14	0.30		45330 (0.84) + increment of 43202-43200 (0.30)
44386	Pouchoscopy with biopsy	1.60	0.30		44385 (1.30) + increment of 43202-43200 (0.30)
44382	Ileoscopy with biopsy	1.27	0.30		44380 (0.97) + increment of 43202-43200 (0.30)
43261	ERCP with biopsy	6.25	0.30	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43239	EGD with biopsy	2.56	0.30	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43202	Esophagoscopy with biopsy	1.89	0.30	0.30	Current value
			Balloon dilation < 30 mm		
44405	C-stoma with transendoscopic balloon dilation	3.33	0.51		44388 (2.82) + increment of 43202-43200 (0.51)
45386	Colonoscopy with transendoscopic balloon dilation	3.87	0.51		45378 (3.36) + increment of 43202-43200 (0.51)
45340*	Flexible sigmoidoscopy with balloon dilation	1.35	0.51		45330 (0.84) + increment of 43220-43200 (0.51)
44381	Ileoscopy with balloon dilation	1.48	0.51		44380 (0.97) + increment of 43220-43200 (0.51)
43249	EGD with esophagus balloon dilation < 30mm	2.77	0.51	0.60	43235 (2.26) + increment of 43220-43200 (0.51)
43220	Esophagoscopy with esophagus balloon dilation < 30mm	2.10	0.51	0.60	Current value
43245	EGD with gastric/duodenal balloon dilation < 30mm	3.18	0.92	0.60	Current value
			Submucosal injection		
44404	C-stoma with submucosal injection	3.13	0.31		44388 (2.82) + increment of 43201-43200 (0.31)
45381	Colonoscopy with submucosal injection	3.67	0.31		45378 (3.36) + increment of 43201-43200 (0.31)
45335	Flexible sigmoidoscopy with submucosal injection	1.15	0.31		45330 (0.84) + increment of 43201-43200 (0.31)
43236	EGD with submucosal injection	2.57	0.31	0.30	43235 (2.26) + increment of 43201-43200 (0.31)
43201	Esophagoscopy with submucosal injection	1.90	0.31	0.30	Direct crosswalk to MPC code 64483
			Dilation with Guide wire insertion		
43248	EGD with dilation over guide wire insertion	3.01	0.75	0.84	43235 (2.26) + increment of 43226-43200 (0.75)
43226	Esophagoscopy with dilation over guide wire insertion	2.34	0.75	0.84	Current value
			Optical endomicroscopy		
43252	EGD with optical endomicroscopy	3.06	0.80	0.89	43235 (2.26) + increment of 43206-43200 (0.80)
43206	Esophagoscopy with optical endomicroscopy	2.39	0.80	0.89	Direct crosswalk to code 12006
			Hot biopsy		
44392	C-stoma with hot biopsy	3.63	0.81		44388 (2.82) + increment of 43216-43200 (0.81)
45384	Colonoscopy with hot biopsy	4.17	0.81		45378 (3.36) + increment of 43216-43200 (0.81)
45333	Flexible sigmoidoscopy with hot biopsy	1.65	0.81		45330 (0.84) + increment of 43216-43200 (0.81)
43250	EGD with hot biopsy	3.07	0.81	0.90	43235 (2.26) + increment of 43216-43200 (0.81)
43216	Esophagosocpy with hot biopsy	2.40	0.81	0.90	Current value
			Foreign body removal		
44390	C-stoma with foreign body removal	3.82	1.01		44388 (2.82) + increment of 43215-43200 (1.01)
45379	Colonoscopy with foreign body removal	4.37	1.01		45378 (3.36) + increment of 43215-43200 (1.01)
45332	Flexible sigmoidoscopy with foreign body removal	1.85	1.01		45330 (0.84) + increment of 43215-43200 (1.01)
43275	ERCP with foreign body removal	6.96	1.01		43260 (5.95) + increment of 43215-43200 (1.01)
43247	EGD with foreign body removal	3.27	1.01	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43215	Esophagoscopy with foreign body removal	2.60	1.01	1.01	Current value
			Snare		
44394	C-stoma with snare polypectomy	4.13	1.31		44388 (2.82) + increment of 43217-43200 (1.31)
45385	Colonoscopy with snare polypectomy	4.67	1.31		45378 (3.36) + increment of 43217-43200 (1.31)
45338	Flexible sigmoidoscopy with snare polypectomy	2.15	1.31		45330 (0.84) + increment of 43217-43200 (1.31)
43251	EGD with snare polypectomy	3.57	1.31	1.40	43235 (2.26) + increment of 43217-43200 (1.31)
43217	Esophagoscopy with snare polypectomy	2.90	1.31	1.40	Current value
			Ablation		
44401	C-stoma with ablation (includes pre- and post-dilation and guide wire placement)	4.44	1.62		44388 (2.82) + increment of 44388-44401 (1.62)
45388	Colonoscopy with ablation (includes pre- and post-dilation and guide wire placement)	4.98	1.62		45378 (3.36) + increment of 44388-44401 (1.62)
45346	Flexible sigmoidoscopy with ablation (includes pre- and post-dilation and guide wire placement)	2.97	2.13		45330 (0.84) + increment of 43270-43235 (2.13)
43278	ERCP with ablation (includes pre- and post-dilation and guide wire placement)	8.08	2.13		43260 (5.95) + increment of 43270-43235 (2.13)
43229	Esophagoscopy with ablation (includes pre- and post-dilation and guide wire placement)	3.72	2.13	2.04	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43270	EGD with ablation (includes pre- and post-dilation and guide wire placement	4.39	2.13	2.04	25th percentile

Endoscopic stent placement					
44402	C-stoma with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.96	2.14		44388 (2.82) + increment of 43266-43235 (2.14)
45389	Colonoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	5.5	2.14		45378 (3.36) + increment of 43266-43235 (2.14)
44384	Ileoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.11	2.14		44380 (0.97) + increment of 43266-43235 (2.14)
45347	Flexible sigmoidoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	2.98	2.14		45330 (0.84) + increment of 43266-43235 (2.14)
43212	Esophagoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.73	2.14	1.88	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43266	EGD with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.40	2.14	1.88	25th percentile

Balloon dilation > 30 mm					
43214	Esophagoscopy with balloon dilation > 30 mm	3.78	2.19	1.88	43233 25th percentile (4.45) - 0.67 = 3.78
43233	EGD with balloon dilation > 30 mm	4.45	2.19	1.88	25th percentile

EMR					
44403	C-stoma with endoscopic mucosal resection	5.81	2.99		44388 (2.82) + increment of (43254-43235)
45390	Colonoscopy with endoscopic mucosal resection	6.35	2.99		45378 (3.36) + increment of (43254-43235)
43211	Esophagoscopy with endoscopic mucosal resection	4.58	2.99	2.71	43254 25th percentile (5.25) - 0.78 = 4.58
43254	EGD with endoscopic mucosal resection	5.25	2.99	2.71	25th percentile

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Oct-12	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	27	15	10	52	NA	Base
Jan-13	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, with collection of specimen(s) by brushing or washing, when performed	1b	27	15	12	54	NA	Base
Apr-13	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with collection of specimen(s) by brushing or washing when performed	2b	48	48	25	119	NA	Base
Oct-13	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA	Base
Oct-13	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA	Base
Oct-13	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	23	10	10	43	NA	Base
Oct-12	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	10	52	0.30	Biopsy
Jan-13	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	12	54	0.30	Biopsy
Apr-13	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	2b	48	55	23	124	0.30	Biopsy
Oct-13	44382	Ileoscopy, through stoma; with biopsy, single or multiple	1b	27	20	12	59	0.30	Biopsy
Oct-13	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1b	27	17	10	54	0.30	Biopsy
Oct-13	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1b	27	15	10	52	0.30	Biopsy
Oct-12	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2b	33	22	10	65	0.81	Hot biopsy
Jan-13	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	24	20	14	58	0.81	Hot biopsy
Oct-13	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	27	15	10	52	0.81	Hot biopsy
Oct-12	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31	Injection
Jan-13	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	20	15	62	0.31	Injection
Oct-13	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31	Injection
Oct-12	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	10	67	0.80	OE
Jan-13	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	20	77	0.80	OE

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Oct-12	43220	Esophagoscopy, flexible, transoral; with balloon dilation (less than 30 mm diameter)	1b	27	20	10	57	0.51	Dilation < 30 mm
Jan-13	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1b	27	20	15	62	0.51	Dilation < 30 mm
Oct-12	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire	1b	27	25	10	62	0.75	Guide wire
Jan-13	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by dilation of passage of dilator(s) through esophagus over guide wire	1b	27	20	15	62	0.75	Guide wire
Oct-12	43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2b	33	20	10	63	1.01	Foreign
Jan-13	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	2b	23	30	15	68	1.01	Foreign
Apr-13	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	2b	48	50	20	123	1.01	Foreign body
Oct-13	45332	Sigmoidoscopy, flexible; with removal of foreign body	2b	33	20	10	63	1.01	Foreign body
Oct-12	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2b	33	20	10	63	1.30	Sclerosis
Jan-13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal / gastric varices	2b	41	30	20	91	2.11	Sclerosis
Oct-12	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	30	10	73	1.31	Snare
Apr-13	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	20	10	63	1.31	Snare
Oct-13	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	15	10	58	1.31	Snare
Oct-12	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2b	33	20	10	63	1.41	Band
Jan-13	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal / gastric varices	2b	41	30	20	91	2.24	Band ligation

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Apr-13	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	2b	41	30	20	91	1.60	EUS
Apr-13	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus	2b	38	35	20	93	1.59	EUS
Apr-13	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	46	45	20	111	2.48	EUS
Apr-13	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	48	40	23	111	3.15	EUS
Apr-13	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	2b	46	45	20	111	2.24	EUS and FNA
Apr-13	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	2b	39	45	20	104	2.24	EUS and FNA
Apr-13	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	51	50	23	124	3.13	EUS and FNA
Oct-12	43227	Esophagoscopy, flexible, transoral; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2b	33	30	10	73	1.67	Bleeding
Jan-13	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	2b	41	30	20	91	1.94	Bleeding
Oct-13	45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2b	33	20	10	63	1.30	Bleeding

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Jan-13	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	45	15	93	2.13	Ablation
Jan-13	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	45	15	101	2.13	Ablation
Apr-13	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	2b	48	75	30	165	2.13	Ablation
Oct-13	4534X6	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	20	10	63	2.13	Ablation
Jan-13	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14	Stent placement
Jan-13	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	40	20	101	2.14	Stent placement
Apr-13	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	2b	48	68	23	151	2.79	Stent placement
Oct-13	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14	Stent placement
Oct-13	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	35	15	83	2.14	Stent placement
Jan-13	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	33	30	16	79	2.19	Dilation > 30 mm
Jan-13	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	38	30	20	88	2.19	Dilation > 30 mm
Oct-13	44381	Ileoscopy, through stoma; with trans-endoscopic balloon dilation	2b	33	25	15	73	0.51	Dilation
Jan-13	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	2b	33	45	15	93	3.41	Dilation
Jan-13	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric / duodenal stricture(s) (eg, balloon, bougie)	2b	33	23	15	71	0.92	Dilation
Oct-13	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	2b	33	20	15	68	1.09	Dilation

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Jan-13	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection (EMR)	2b	33	45	18	96	2.99	EMR
Jan-13	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	2b	38	45	20	103	2.99	EMR

Other Codes

Apr-13	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	2b	53	70	30	153	4.99
Jan-13	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube, or catheter	2b	33	30	15	78	0.33
Apr-13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	2b	41	30	15	86	2.06
Jan-13	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	2b	41	45	15	101	1.99
Apr-13	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	2b	48	60	30	150	0.65
Apr-13	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	2b	48	60	30	143	1.33
Apr-13	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	2b	48	60	28	148	0.78
Apr-13	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy	2b	48	78	28	166	2.08
Apr-13	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	2b		30		30	NA
Apr-13	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	2b	48	60	25	145	3.15
Apr-13	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	2b	48	70	25	155	1.16
Oct-13	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2b	33	25	15	73	1.40

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Oct-12	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	27	15	10	52	NA
Jan-13	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, with collection of specimen(s) by brushing or washing, when performed	1b	27	15	12	54	NA
Oct-13	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA
Oct-13	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA
Oct-13	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	23	10	10	43	NA
Oct-12	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	10	52	0.30
Jan-13	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or	1b	27	15	12	54	0.30
Oct-13	44382	Ileoscopy, through stoma; with biopsy, single or multiple	1b	27	20	12	59	0.30
Oct-13	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1b	27	17	10	54	0.30
Oct-13	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1b	27	15	10	52	0.30
Jan-13	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	24	20	14	58	0.81
Oct-13	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	27	15	10	52	0.81
Oct-12	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31
Jan-13	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	20	15	62	0.31
Oct-13	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31
Oct-12	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	10	67	0.80
Jan-13	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	20	77	0.80
Oct-12	43220	Esophagoscopy, flexible, transoral; with balloon dilation (less than 30 mm diameter)	1b	27	20	10	57	0.51
Jan-13	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1b	27	20	15	62	0.51
Oct-12	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire	1b	27	25	10	62	0.75
Jan-13	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by dilation of passage of dilator(s) through esophagus over guide wire	1b	27	20	15	62	0.75

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Apr-13	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with collection of specimen(s) by brushing or washing when performed	2b	48	48	25	119	NA
Apr-13	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single	2b	48	55	23	124	0.30
Oct-12	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2b	33	22	10	65	0.81
Oct-13	44381	Ileoscopy, through stoma; with trans-endoscopic balloon dilation	2b	33	25	15	73	0.51
Oct-12	43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2b	33	20	10	63	1.01
Jan-13	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	2b	23	30	15	68	1.01
Apr-13	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	2b	48	50	20	123	1.01
Oct-13	45332	Sigmoidoscopy, flexible; with removal of foreign body	2b	33	20	10	63	1.01
Oct-12	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2b	33	20	10	63	1.30
Jan-13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal / gastric varices	2b	41	30	20	91	2.11
Oct-12	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	30	10	73	1.31
Apr-13	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	20	10	63	1.31
Oct-13	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	15	10	58	1.31
Oct-12	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2b	33	20	10	63	1.41
Jan-13	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal / gastric varices	2b	41	30	20	91	2.24
Apr-13	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	2b	41	30	20	91	1.60
Apr-13	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus	2b	38	35	20	93	1.59
Apr-13	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	46	45	20	111	2.48
Apr-13	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	48	40	23	111	3.15

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Apr-13	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	2b	46	45	20	111	2.24
Apr-13	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	2b	39	45	20	104	2.24
Apr-13	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	51	50	23	124	3.13
Oct-12	43227	Esophagoscopy, flexible, transoral; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2b	33	30	10	73	1.67
Jan-13	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	2b	41	30	20	91	1.94
Oct-13	45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2b	33	20	10	63	1.30
Jan-13	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	45	15	93	2.13
Jan-13	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	45	15	101	2.13
Apr-13	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	2b	48	75	30	165	2.13
Oct-13	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	20	10	63	2.13
Jan-13	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14
Jan-13	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	40	20	101	2.14
Apr-13	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	2b	48	68	23	151	2.79
Oct-13	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Oct-13	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	35	15	83	2.14
Jan-13	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	33	30	16	79	2.19
Jan-13	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	38	30	20	88	2.19
Jan-13	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	2b	33	45	15	93	3.41
Jan-13	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric / duodenal stricture(s) (eg, balloon, bougie)	2b	33	23	15	71	0.92
Oct-13	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	2b	33	20	15	68	1.09
Jan-13	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection (EMR)	2b	33	45	18	96	2.99
Jan-13	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	2b	38	45	20	103	2.99
Apr-13	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	2b	53	70	30	153	4.99
Jan-13	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube, or catheter	2b	33	30	15	78	0.33
Apr-13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	2b	41	30	15	86	2.06
Jan-13	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	2b	41	45	15	101	1.99
Apr-13	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	2b	48	60	30	150	0.65
Apr-13	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	2b	48	60	30	143	1.33
Apr-13	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	2b	48	60	28	148	0.78
Apr-13	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy	2b	48	78	28	166	2.08
Apr-13	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	2b		30		30	NA

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Apr-13	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	2b	48	60	25	145	3.15
Apr-13	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	2b	48	70	25	155	1.16
Oct-13	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2b	33	25	15	73	1.40

Tab 10 Supplemental Handout
Demographic and Sedation Questions

The 45378 surveys represent the responses of 165 physicians who collectively performed 82,310 colonoscopies in the past 12 months. Below is the demographic information from the standard RUC survey instrument for 45378 and the follow-up questions distributed via email at the request of the pre-facilitation committee. The response rate for the follow-up questions was 82%.

RUC survey questions

Primary geographic practice setting:

Rural	8%
Suburban	38%
Urban	39%

Primary type of practice:

Solo practice	6%
Multispecialty group	13%
Single specialty group	54%
Medical School Faculty Practice Plan	13%

Follow-up survey questions

Where do you perform the majority of colonoscopy procedures?

ASC	62%
Hospital	32%
Office	6%

Is your primary hospital a

Community hospital	72%
Academic Medical Center	26%
VA	2%
Public (city/county) hospital	1%

When you perform endoscopy, how many rooms most commonly do you work out of simultaneously?

1 room	89%
2 room	11%
3 room	0%

Who administers sedation for colonoscopy most commonly?

I or a nurse under my supervision/direction	46%
A separate anesthesia professional (MD/DO/CRNA)	54%

Literature Review - Colonoscopy Procedure Time

-Literature search of all peer-reviewed articles with data on colonoscopy procedure time (using Pubmed, Google Scholar, and reference list searches)
-Only included articles with data collection of total procedure time after year 2000 (14 studies identified)

Article	Year	Study Population	Time measurement	Comment
Wallace MB et al. *Gastrointestinal Endoscopy (submitted)*	2014	522 colonoscopies in RTC at Mayo Clinic	- Mean total procedure time 23.2 min (SD 8.7)	-RCT from single academic center -Not identified via CPT code -Procedure time not well-defined
Raju GS et al. *Cancer Medicine*	2013	349 patients undergoing first screening colonoscopy at MD Anderson	- Average total procedure time was 36.0 min (32.1, 39.8) for those with no polyps	-Retrospective study from single academic center -Not identified via CPT code -Procedure time not well-defined
Benson ME et al. *Digestive Diseases and Sciences*	2010	550 average risk screening colonoscopies at University of Wisconsin ASC	-Mean cecal intubation time 8.4 min -Mean withdrawal time 7.0 min when no polyps detected	- Retrospective study from single ambulatory surgery center - Not identified via CPT code - Time recorded by nurses, not well-defined
Spier BJ et al. *Gastrointestinal Endoscopy*	2010	770 colonoscopies at VA medical center fellowship program	-Mean colonoscopy procedure time 39.8 min, including all procedures	- Retrospective study from single VA medical center with fellow involvement -Includes all colonoscopies, not identified via CPT code -Procedure time recorded by nurses
Overholt BF et al. *Journal of Clinical Gastroenterology*	2010	15,955 colonoscopies at 49 ASCs in QI project	-Mean time to cecum was 7.07 min (SD 4.84) -Mean withdrawal time was 8.77 min (SD 5.86) for colonoscopies with no polyps removed	- Quality assurance review from ambulatory surgery centers only -Not identified via CPT code -Procedure time recorded by nurses, not well-defined
Yamano H et al. *Journal of Gastroenterology*	2010	120 screening colonoscopies in RCT of air vs. CO_2	-Mean examination time was 45.4 min in air group and 38.7 min in CO_2 group	-RCT from Japan testing new device, not generalizable to routine practice - Includes all colonoscopies, not identified via CPT code
Lee YT et al. *American Journal of Gastroenterology*	2009	RCT of 1000 colonoscopies at 2 centers in Hong Kong	-Total colonoscopy time was 16.7 +- 10.3 min for routine care group	-RCT from Hong Kong testing new device, not generalizable to routine practice -Not identified via CPT code -Procedure time not well-defined

Barclay RL et al. *Clinical Gastroenterology and Hepatology*	2008	2053 screening colonoscopies in 12 physician practice	-Insertion time 7.2 +- 4.4 before and 7.3 +- 4.4 after intervention -Withdrawal time 6.3 +-3.9 before and 9.8 +-5.6 after intervention	-Single practice at ASC receiving QI protocol, not generalizable to routine practice - Includes all colonoscopies, not identified via CPT code - Procedure time not well-defined
Jonas DE et al. *American Journal of Gastroenterology*	2007	110 patients with screening colonoscopy at hospital-owned endoscopy center	-Median colonoscopy time 20 minutes as recorded by research assistant (RA) -Mean colonoscopy time 24 minutes	- Only patients who consented to study at single endoscopy center - Includes all colonoscopies, not identified via CPT code - Procedure time measured by RA
Barclay RL et al. *New England Journal of Medicine*	2006	7882 colonoscopies in 12 physician private practice	- Mean colonoscopic insertion time was 7.2±4.4 minutes. - Mean withdrawal time for no polyp exams was 6.3 +- 3.9 minutes	- Single practice at ambulatory surgery center - Not identified via CPT code - Procedure time recorded by nurses - Time measurement periodically interrupted during timed endoscopy
Sanchez et al. *American Journal of Gastroenterology*	2004	-5,700 negative procedures by 35 endoscopists at Mayo Clinic	-Median of mean endoscopist procedure time 20 minutes (14.5 to 29.1 min)	-Retrospective study from single academic center - Not identified via CPT code - Procedure time was not from 'scope in' to 'scope out'
Redelmeier at al. *Pain*	2004	-345 colonoscopies from Wellsley Hospital for randomized study of pain perception	-27 minutes duration +- 15 minutes for control group	-RCT from Canada testing new technique, not generalizable to routine practice - Includes all colonoscopies, not identified via CPT code -Procedure time not well-defined
Cotton PB et al. *Gastrointestinal Endoscopy*	2003	17,868 colonoscopies performed by 69 endoscopists	-Time taken for colonoscopy (from insertion to removal of the colonoscope) was 20 to 40 minutes in 73% of cases	-Retrospective database from 4 academic medical centers, 1 VA, 1 Air force center - Not identified via CPT code -Procedure time not well-defined
Nelson et al. *Gastrointestinal Endoscopy*	2002	3196 colonoscopies in VA population	-Mean insertion time 10.5 (median 8) and total procedure time 30.6 (median 26)	- Data from 13 VA medical centers - Not identified via CPT code - Procedure time not well-defined
Wexner SD et al. *Surgical Endoscopy*	2001	Prospective database of 13,580 colonoscopies by surgeons in SAGES	-22.7 min mean procedure time (all colonoscopies)	-Database includes only surgeons -Includes all colonoscopies, not identified via CPT code -Self-reported data on times, unclear methodology

8, 9, 10
Tab Number

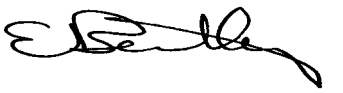
Colonoscopy through stoma / Flexible Sigmoidoscopy / Colonoscopy
Issue

44388 – 4438X8 / 45341 – 45342 / 45378-45392
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Edward Bentley, MD
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

1/3/2014
Date

8, 9, 10
Tab Number

Colonoscopy through stoma / Flexible Sigmoidoscopy / Colonoscopy
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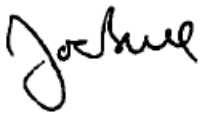

Signature

Joel V. Brill, MD
Printed Signature

American Gastroenterological Association
Specialty Society

1/3/2014
Date

8, 9, 10
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Colonoscopy through stoma / Flexible Sigmoidoscopy / Colonoscopy
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Signature

R. Bruce Cameron, MD
Printed Signature

American College of Gastroenterology
Specialty Society

1/3/2014
Date

8, 9, 10
Tab Number

Colonoscopy through stoma / Flexible Sigmoidoscopy / Colonoscopy
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Signature

Shivan Mehta, MD
Printed Signature

American Gastroenterological Association
Specialty Society

1/3/2014
Date

8, 9, 10
Tab Number

Colonoscopy through stoma / Flexible Sigmoidoscopy / Colonoscopy
Issue

44388 – 4438X8 / 45341 – 45342 / 45378-45392
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Signature

Nicholas Nickl, MD
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

1/3/2014
Date

8 and 10
Tab Number

Colonoscopy and Colonoscopy through stoma
Issue

44388-44392, 4439X1-4439X8, 45378-4539X1
Code Range

Attestation Statement

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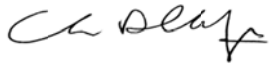

Signature

Charles Mabry, MD, FACS
Printed Signature

American College of Surgeons
Specialty Society

January 7, 2014
Date

8 and 10
Tab Number

Colonoscopy and Colonoscopy through stoma
Issue

44388-44392, 4439X1-4439X8, 45378-4539X1
Code Range

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Signature

Guy Orangio, MD, FACS
Printed Signature

American Society of Colon and Rectal Surgeons
Specialty Society

January 7, 2014
Date

8 and 10
Tab Number

Colonoscopy and Colonoscopy through stoma
Issue

44388-44392, 4439X1-4439X8, 45378-4539X1
Code Range

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Signature

Don Selzer, MD, FACS
Printed Signature

Society of American Gastrointestinal and Endoscopic Surgeons
Specialty Society

January 7, 2014
Date

CPT Code:45378-4538X5
Specialty Society('s) ACG, AGA, ASGE, ACS, ASCRS, SAGES

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)
45379	Colonoscopy, flexible; with removal of foreign body
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible; with control of bleeding, any method
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Colonoscopy, flexible; with transendoscopic balloon dilation
45391*	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45392*	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45398	Colonoscopy, flexible; with banding, (eg, hemorrhoids)

* LOI level I for ACG, AGA and ASGE only

Global Period: 000 Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference codes from similar families that were recently approved by the RUC (eg, reference code 45331, flexible sigmoidoscopy with biopsy, for comparison with 45380, colonoscopy with biopsy).

Current Time data					Survey Code Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45378	PEAC 2002	19	0	3	**45378**	**19**	**0**	**3**
45379	PEAC 2002	19	0	3	**45379**	**19**	**0**	**3**
45380	PEAC 2002	19	0	3	**45380**	**19**	**0**	**3**
45381	RUC 2002	19	0	3	**45381**	**19**	**0**	**3**
45382	PEAC 2002	19	0	3	**45382**	**19**	**0**	**3**
45384	PEAC 2002	19	0	3	**45384**	**19**	**0**	**3**
45385	PEAC 2002	19	0	3	**45385**	**19**	**0**	**3**
45386	RUC 2002	19	0	3	**45386**	**19**	**0**	**3**
45391	RUC 2004	19	0	3	**45391**	**19**	**0**	**3**
45392	RUC 2004	19	0	3	**45392**	**19**	**0**	**3**
45383	PEAC 2002	19	0	3	45388	**19**	**0**	**3**
45387	PEAC 2003	30	0	3	45389	**19**	**0**	**3**
45389	NEW	NA	NA	NA	45390	**19**	**0**	**3**
45390	NEW	NA	NA	NA	45393	**6**	**0**	**0**
45398	NEW	NA	NA	NA	45398	**19**	**0**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The practice expense inputs being presented for these codes correspond directly to the practice expense inputs that were approved for the similar flexible sigmoidoscopy codes that the RUC approved in October 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

For all codes shown above, except 45393:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

4538X4:

- Three minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility

Intra-Service Clinical Labor Activities:

Not applicable

Post-Service Clinical Labor Activities:

For all codes shown above, except 45393:

- Three minutes for a follow-up phone call to patient

CPT Code:45378-45398
Specialty Society('s) ACG, AGA, ASGE, ASCRS, ACS, SAGES

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: 000 Meeting Date: January 2014

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45382	Colonoscopy, flexible; with control of bleeding, any method
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
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45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45398	Colonoscopy, flexible; with banding, (eg, hemorrhoids)

*LOI level I for ACG, AGA and ASGE only

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference codes from similar families that were recently approved by the RUC (eg, reference code 45331, flexible sigmoidoscopy with biopsy, for comparison with 45380, colonoscopy with biopsy).

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45378	PEAC 2002	9	70	3	**45330**	RUC 2013	**9**	**68**	**3**	**45378**	**9**	**83**	**3**
45379	PEAC 2002	9	82	3	**45332**	**RUC 2013**	**9**	**78**	**3**	**45379**	**9**	**93**	**3**
45380	PEAC 2002	9	84	3	**45331**	**RUC 2013**	**9**	**73**	**3**	**45380**	**9**	**86**	**3**
45381	RUC 2002	9	59	3	**45335**	**RUC 2013**	**9**	**73**	**3**	**45381**	**9**	**86**	**3**
45382	PEAC 2002	9	88	3	**45334**	**RUC 2013**	**9**	**78**	**3**	**45382**	**9**	**98**	**3**
45384	PEAC 2002	9	78	3	**43250**	**RUC 2013**	**9**	**78**	**3**	**45384**	**9**	**86**	**3**
45385	PEAC 2002	9	79	3	**43251**	**RUC 2013**	**9**	**78**	**3**	**45385**	**9**	**88**	**3**
45386	RUC 2002	9	62	3	**45340**	**RUC 2013**	**9**	**78**	**3**	**45386**	**9**	**93**	**3**
45391	RUC 2004	NA	NA	NA	**43237**	**RUC 2013**	**NA**	**NA**	**NA**	**45391**	**NA**	**NA**	**NA**
45392	RUC 2004	NA	NA	NA	**43238**	**RUC 2013**	**NA**	**NA**	**NA**	**45392**	**NA**	**NA**	**NA**
45383	PEAC 2002	9	93	3	**45346**	**RUC 2013**	**9**	**78**	**3**	45388	**9**	**93**	**3**
45387	PEAC 2003	NA	NA	NA	**45347**	**RUC 2013**	**NA**	**NA**	**NA**	45389	**NA**	**NA**	**NA**
45390	NEW	NA	NA	NA	**43254**	**RUC 2013**	**NA**	**NA**	**NA**	45390	**NA**	**NA**	**NA**
45393	NEW	NA	NA	NA	**45337**	**RUC 2013**	**NA**	**NA**	**NA**	45393	**NA**	**NA**	**NA**
45398	NEW	NA	NA	NA	**43244**	**RUC 2013**	**NA**	**NA**	**NA**	45398	**9**	**78**	**3**

* Note: RN time will be equal to 2 minutes (standard for sedate apply MS) PLUS 100% physician time for scope-in-scope out PLUS 15 minutes to monitor the patient after scope out during anesthesia reversal.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We present the following arguments for compelling evidence:

- Changes in technology
- Changes in site of service
- Errors/omissions in previous valuation

When the Practice Expense Subcommittee reviewed the esophagoscopy codes 43200-43232 (Tab 10) in October 2012 and 43235-43257 (Tab 8) in January 2013 they accepted that there was compelling

evidence to review, change and update the practice expense staff, supplies and equipment inputs for all of the codes in the family since they were last evaluated for practice expense, based on changes in technology, site of service migration for several services not previously valued in the non-facility setting, changes in patient safety requirements, and the absence of scope cleaning supplies in non-facility setting. The practice expense inputs being presented correspond directly to the practice expense inputs that were approved for the similar flexible sigmoidoscopy codes that the RUC approved in October 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities (all codes except 45391, 45392 and 45382-45384):

Three minutes to complete pre-service diagnostic and referral forms.
Three minutes to coordinate pre-surgery services with other qualified healthcare providers
Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities (all codes except 45391, 45392 and 45382-45384):

Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Five minutes: 4-6 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non-facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Thirty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities (all codes except 45391, 45392 and 45382-45384):

Three minutes for a follow-up phone call to patient

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45330)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45332)**		**PEAC 2002**		**Crosswalk Code From RUC 10/2013**	
2	***Please note: If a supply has a purchase price of**			**45378**		**45330**		**45378**		**45379**		**45332**		**45379**		**45380**		**45331**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Colonoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy, flexible; with removal of foreign body		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**47.0**	**0.0**	**27.0**	**0.0**	**42.0**	**0.0**	**65.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**	**68.0**	**0.0**	**32.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**73.0**	**19.0**	**80.0**	**22.0**	**95.0**	**22.0**	**94.0**	**22.0**	**90.0**	**22.0**	**105.0**	**22.0**	**87.0**	**22.0**	**85.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**16.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**47.0**	**0.0**	**27.0**	**0.0**	**42.0**	**0.0**	**65.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**	**68.0**	**0.0**	**32.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**61.0**	**0.0**	**68.0**	**0.0**	**83.0**	**0.0**	**82.0**	**0.0**	**78.0**	**0.0**	**93.0**	**0.0**	**75.0**	**0.0**	**73.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**2**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**3**		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																		
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**5**		**5**		**3**		**5**		**5**		**3**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**3**		**3**		**5**		**3**		**3**		**5**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**1**		**5**		**5**				**5**		**5**				**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA	**3**						**3**						**3**			
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
32	**Intra-service**																		
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**15**		**10**		**25**		**32**		**20**		**35**		**18**		**15**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**30**		**10**		**25**		**48**		**20**		**35**		**51**		**15**	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45330)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45332)**		**PEAC 2002**		**Crosswalk Code From RUC 10/2013**	
2	***Please note: If a supply has a purchase price of**			**45378**		**45330**		**45378**		**45379**		**45332**		**45379**		**45380**		**45331**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed		Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Colonoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy, flexible; with removal of foreign body		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																		
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**		**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA	**2**												**7**			
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**				**3**		**3**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA	**18**		**30**		**30**		**25**		**30**		**30**		**22**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	**2**						**2**						**2**			
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			**3**		**3**		**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**						**n/a**						**n/a**			
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**						**n/a**						**n/a**			
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**						**n/a**						**n/a**			
47	**End: Patient leaves office**																		
48	**POST-SERVICE Period**																		
49	**Start: Patient leaves office/facility**																		
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45330)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45332)**		**PEAC 2002**		**Crosswalk Code From RUC 10/2013**	
2	***Please note: If a supply has a purchase price of**			**45378**		**45330**		**45378**		**45379**		**45332**		**45379**		**45380**		**45331**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Colonoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy, flexible; with removal of foreign body		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**																		
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																
61	***SCRUB, DRESS, DRAPE***																		
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item																
64	gown, staff, impervious	SB027	item	**3**		**2**		**2**		**3**		**2**		**2**		**3**		**2**	
65	cap, surgical	SB001	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item																
67	mask, surgical	SB033	item																
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot																
70	pillow case	SB037	item																
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item	**2**		**1**		**1**				**1**		**1**				**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**				**1**		**1**				**1**	
74	basin, emesis	SJ010	item	**1**						**1**						**1**			
75	denture cup	SJ016	item																
76	swab-pad, alchohol	SJ053	item	**1**						**2**						**2**			
77	***MODERATE SEDATION***																		
78	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
79	electrode, ECG (single)	SD053	item																
80	nasal cannula	SD100	item	**1**						**1**						**1**			
81	bite block	SD006	item																
82	***PROCEDURE INSTRUMENTS / SUPPLIES***																		
83	endoscope anti-fog solution	SM014	ml			**1**		**1**				**1**		**1**				**1**	
84	endoscopic cytology brush	SD067	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
85	endoscopic biopsy forceps	SD066	item															**1**	
86	endoscopic polypectomy snare	SD068	item							**1**		**1**		**1**					
87	endoscopic clip	SD282	item																
88	guidewire, STIFF	SD090	item																
89	endoscopic balloon, dilation	SD019	item													**1**			
90	cautery, monopolar, blade, extended shaft	SF015	item													**1**			
91	needle, micropigmentation (tattoo)	SC079	item																
92	skin marking ink (tattoo)	SK073	ml																
93	needle, variceal injection	SC044	item																
94	syringe 5-6ml	SC057	item																
95	cautery, patient ground pad with cord	SF021	item																
96	cautery, bipolar cord	SF012	item																
97	cautery, bipolar, probe, endoscopy	SD284	item																
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit																
99	canister, suction	SD009	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				PEAC 2003		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 45330)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45332)		PEAC 2002		Crosswalk Code From RUC 10/2013	
2	*Please note: If a supply has a purchase price of			45378		45330		45378		45379		45332		45379		45380		45331	
3	**Meeting Date: January 2014** **Tab: 10 - Colonoscopy** **Specialty: GI**	CMS Code	Staff Type	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed		Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when		Colonoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy, flexible; with removal of foreign body		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
100	tubing, suction, non-latex (6ft uou)	SD132	item			1		1				1		1				1	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	1						1						1			
102	syringe 50-60ml	SC056	item	1		1		1		1		1		1		1		1	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																
104	water, distilled	SK087	oz	6		5		5		6		5		5		6		5	
105	gauze, non-sterile 4in x 4in	SG051	item			1		1		10		1		1		10		1	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	1		1		1		1		1		1		1		1	
107	paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1				1	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item	3						3						3			
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4		4		4		4		4	
110	iv tubing (extension)	SC019	item	1						1						1			
111	kit, needle - free injection system	SA021	item																
112	*SCOPE CLEANING*																		
113	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1				1		1				1	
114	gloves, non-sterile	SB022	pair																
115	basin, irrigation	SJ009	item																
116	cleaning brush, endoscope	SM010	item	1						1						1			
117	enzymatic detergent	SM015	oz	1						1						1			
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	6						6						6			
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	1						1						1			
120	**hemorrhoidal banding system**	**NEW**																	
121	EQUIPMENT	CODE																	
122	videoscope, gastroscopy	ES034																	
123	videoscope, sigmoidoscopy	**NEW**				54						64						59	
124	videoscope, colonoscopy	ES033		48				69		57				79		60			
125	stretcher	EF018				68		83				78		93				73	
126	stretcher, endoscopy	EF020		60						60						60			
127	table, power	EF031		48		24		39		57		34		49		60		29	
128	video system, endoscopy (processor, digital capture, mo	ES031		48		24		39		57		34		49		60		29	
129	light, surgical	EF014		48						57						60			
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		92		47		57		110		57		67		113		52	
131	IV infusion pump	EQ032		92		47		57		110		57		67		113		52	
132	electrocauter-hyfrecator, up to 45 watts	EQ110																	
133	suction machine (Gomco)	EQ235		48		24		72		57		34		92		60		29	
134	table, instrument, mobile	EF027		92		24		57		110		34		67		113		29	
135	cart, endoscopy imaging equipment	ES003		48															
136	radiofrequency generator, endoscopy	EQ356																	
137	electrosurgical generator, gastrocautery	EQ113														60			
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		40		30		30		40		30		30		40		30	

	A	B	C	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI
1				**Recommendation (x-walk 45331)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2003**	
2	***Please note: If a supply has a purchase price of**			**45380**		**45381**		**45335**		**45381**		**45382**		**45334**		**45382**		**45384**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Colonoscopy, flexible; with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance		Colonoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**45.0**	**0.0**	**66.0**	**0.0**	**32.0**	**0.0**	**45.0**	**0.0**	**74**	**0.0**	**37.0**	**0.0**	**57.0**	**0.0**	**59.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**98.0**	**22.0**	**71.0**	**22.0**	**85.0**	**22.0**	**98.0**	**22.0**	**100**	**22.0**	**90.0**	**22.0**	**110.0**	**22.0**	**90.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**45.0**	**0.0**	**66.0**	**0.0**	**32.0**	**0.0**	**45.0**	**0.0**	**74**	**0.0**	**37.0**	**0.0**	**57.0**	**0.0**	**59.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**86.0**	**0.0**	**59.0**	**0.0**	**73.0**	**0.0**	**86.0**	**0.0**	**88**	**0.0**	**78.0**	**0.0**	**98.0**	**0.0**	**78.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																		
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**				**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**3**		**5**		**5**				**5**		**5**		**3**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**5**		**3**		**3**		**3**		**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**5**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**				**5**		**5**		**3**		**5**		**5**			
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA			**3**												**3**	
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
32	**Intra-service**																		
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**28**		**15**		**15**		**28**		**30**		**20**		**40**		**30**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**28**		**49**		**15**		**28**		**57**		**20**		**40**		**42**	

	A	B	C	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI
1				**Recommendation (x-walk 45331)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2003**	
2	***Please note: If a supply has a purchase price of**			**45380**		**45381**		**45335**		**45381**		**45382**		**45334**		**45382**		**45384**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Colonoscopy, flexible; with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance		Colonoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																		
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**		**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA									**7**							
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**19**		**3**		**3**		**3**		**3**		**3**		**25**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**				**30**		**30**		**30**		**30**		**30**			
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA			**2**												**2**	
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					**n/a**												**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**												**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**												**n/a**	
47	**End: Patient leaves office**																		
48	**POST-SERVICE Period**																		
49	**Start: Patient leaves office/facility**																		
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**

	A	B	C	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI
1				**Recommendation (x-walk 45331)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2003**	
2	***Please note: If a supply has a purchase price of**			**45380**		**45381**		**45335**		**45381**		**45382**		**45334**		**45382**		**45384**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Colonoscopy, flexible; with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance		Colonoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**																		
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																
61	***SCRUB, DRESS, DRAPE***																		
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item																
64	gown, staff, impervious	SB027	item	**2**				**2**		**2**		**3**		**2**		**2**		**3**	
65	cap, surgical	SB001	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item																
67	mask, surgical	SB033	item																
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot																
70	pillow case	SB037	item																
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item	**1**		**3**		**1**		**1**				**1**		**1**			
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**				**1**		**1**				**1**		**1**			
74	basin, emesis	SJ010	item			**1**						**1**						**1**	
75	denture cup	SJ016	item																
76	swab-pad, alchohol	SJ053	item									**2**							
77	***MODERATE SEDATION***																		
78	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
79	electrode, ECG (single)	SD053	item			**1**													
80	nasal cannula	SD100	item			**1**						**1**						**1**	
81	bite block	SD006	item			**1**													
82	***PROCEDURE INSTRUMENTS / SUPPLIES***																		
83	endoscope anti-fog solution	SM014	ml	**1**				**1**		**1**				**1**		**1**			
84	endoscopic cytology brush	SD067	item	**1**								**1**		**1**		**1**		**1**	
85	endoscopic biopsy forceps	SD066	item	**1**															
86	endoscopic polypectomy snare	SD068	item																
87	endoscopic clip	SD282	item											**1**		**1**			
88	guidewire, STIFF	SD090	item																
89	endoscopic balloon, dilation	SD019	item																
90	cautery, monopolar, blade, extended shaft	SF015	item									**1**						**1**	
91	needle, micropigmentation (tattoo)	SC079	item					**1**		**1**									
92	skin marking ink (tattoo)	SK073	ml					**2**		**2**									
93	needle, variceal injection	SC044	item			**1**		**1**		**1**									
94	syringe 5-6ml	SC057	item			**3**		**3**		**3**									
95	cautery, patient ground pad with cord	SF021	item											**1**		**1**			
96	cautery, bipolar cord	SF012	item											**1**		**1**			
97	cautery, bipolar, probe, endoscopy	SD284	item											**1**		**1**			
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit																
99	canister, suction	SD009	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	

	A	B	C	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI
1				**Recommendation (x-walk 45331)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**		**PEAC 2003**		**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2003**	
2	***Please note: If a supply has a purchase price of**			**45380**		**45381**		**45335**		**45381**		**45382**		**45334**		**45382**		**45384**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		Colonoscopy, flexible; with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		Colonoscopy through stoma; with directed submucosal injection(s), any substance		Colonoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with control of bleeding, any method		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
100	tubing, suction, non-latex (6ft uou)	SD132	item	1				1		1				1		1			
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item									1						1	
102	syringe 50-60ml	SC056	item	1				1		1		1		1		1		1	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																
104	water, distilled	SK087	oz	5				5		5		6		5		5		6	
105	gauze, non-sterile 4in x 4in	SG051	item	1				1		1		10		1		1		10	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	1								1		1		1		1	
107	paper, photo printing (8.5 x 11)	SK058	item	1				1		1				1		1			
108	applicator, cotton-tipped, non-sterile 6in	SG008	item									3						3	
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		2		4		4		4		4		4		4	
110	iv tubing (extension)	SC019	item									1						1	
111	kit, needle - free injection system	SA021	item			1													
112	***SCOPE CLEANING***																		
113	pack, cleaning and disinfecting, endoscope	SA042	pack	1				1		1				1		1			
114	gloves, non-sterile	SB022	pair			1												3	
115	basin, irrigation	SJ009	item			1													
116	cleaning brush, endoscope	SM010	item			1						1						1	
117	enzymatic detergent	SM015	oz									1						1	
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz									6						6.4	
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item									1						1	
120	**hemorrhoidal banding system**	**NEW**																	
121	**EQUIPMENT**	**CODE**																	
122	videoscope, gastroscopy	ES034																	
123	videoscope, sigmoidoscopy	**NEW**						59						64					
124	videoscope, colonoscopy	ES033		72		54				72		66				84		51	
125	stretcher	EF018		86				73		86				78		98			
126	stretcher, endoscopy	EF020				54						60						60	
127	table, power	EF031		42		54		29		42		66		34		54		51	
128	video system, endoscopy (processor, digital capture, mo	ES031		42		54		29		42		66		34		54		51	
129	light, surgical	EF014				54												51	
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		60		111		52		60		119		57		72		104	
131	IV infusion pump	EQ032		60		111		52		60		119		57		72		104	
132	electrocauter-hyfrecator, up to 45 watts	EQ110																51	
133	suction machine (Gomco)	EQ235		78				29		78		66		34		102		51	
134	table, instrument, mobile	EF027		60		111		29		60		119		34		72		104	
135	cart, endoscopy imaging equipment	ES003				54						66						51	
136	radiofrequency generator, endoscopy	EQ356																	
137	electrosurgical generator, gastrocautery	EQ113										66		34		54			
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		30				30		30		40		30		30		40	

	A	B	C	AJ	AK	AL	AM	AN	AO
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**	
2	***Please note: If a supply has a purchase price of**			**43250**		**45384**		**45385**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**45.0**	**0.0**	**60.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**98.0**	**22.0**	**91.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**37.0**	**0.0**	**45.0**	**0.0**	**60.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**86.0**	**0.0**	**79.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**								
13	**Start: Following visit when decision for surgery or procedure made**								
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*								
20	**End: When patient enters office/facility for surgery/procedure**								
21	**SERVICE PERIOD**								
22	**Start: When patient enters office/facility for surgery/procedure:**								
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**		**1**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA						
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA					**6**	
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**		**2**	
32	**Intra-service**								
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**28**		**22**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**28**		**43**	

	A	B	C	AJ	AK	AL	AM	AN	AO
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**	
2	***Please note: If a supply has a purchase price of**			**43250**		**45384**		**45385**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**								
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA					**15**	
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**13**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**			
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA						
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA					**2**	
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**								
48	**POST-SERVICE Period**								
49	**Start: Patient leaves office/facility**								
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**

	A	B	C	AJ	AK	AL	AM	AN	AO
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**	
2	***Please note: If a supply has a purchase price of**			**43250**		**45384**		**45385**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**								
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
61	***SCRUB, DRESS, DRAPE***								
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**	
63	gown, patient	SB026	item						
64	gown, staff, impervious	SB027	item	**2**		**2**		**3**	
65	cap, surgical	SB001	item	**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item						
67	mask, surgical	SB033	item						
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**	
69	paper, exam table	SB036	foot						
70	pillow case	SB037	item						
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item	**3**		**1**			
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**			
74	basin, emesis	SJ010	item	**1**				**1**	
75	denture cup	SJ016	item	**1**					
76	swab-pad, alchohol	SJ053	item					**2**	
77	***MODERATE SEDATION***								
78	pack, moderate sedation	SA044	pack	**1**		**1**		**1**	
79	electrode, ECG (single)	SD053	item						
80	nasal cannula	SD100	item					**1**	
81	bite block	SD006	item	**1**					
82	***PROCEDURE INSTRUMENTS / SUPPLIES***								
83	endoscope anti-fog solution	SM014	ml	**1**		**1**			
84	endoscopic cytology brush	SD067	item	**1**		**1**		**1**	
85	endoscopic biopsy forceps	SD066	item	**1**		**1**			
86	endoscopic polypectomy snare	SD068	item					**1**	
87	endoscopic clip	SD282	item						
88	guidewire, STIFF	SD090	item						
89	endoscopic balloon, dilation	SD019	item						
90	cautery, monopolar, blade, extended shaft	SF015	item						
91	needle, micropigmentation (tattoo)	SC079	item						
92	skin marking ink (tattoo)	SK073	ml						
93	needle, variceal injection	SC044	item						
94	syringe 5-6ml	SC057	item						
95	cautery, patient ground pad with cord	SF021	item	**1**		**1**			
96	cautery, bipolar cord	SF012	item	**1**		**1**			
97	cautery, bipolar, probe, endoscopy	SD284	item						
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit						
99	canister, suction	SD009	item	**1**		**1**		**1**	

	A	B	C	AJ	AK	AL	AM	AN	AO
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**	
2	***Please note: If a supply has a purchase price of**			**43250**		**45384**		**45385**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
100	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**			
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	**1**				**1**	
102	syringe 50-60ml	SC056	item	**1**		**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item	**1**					
104	water, distilled	SK087	oz	**5**		**5**		**6**	
105	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**		**10**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**			
107	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**			
108	applicator, cotton-tipped, non-sterile 6in	SG008	item					**3**	
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**			
110	iv tubing (extension)	SC019	item					**1**	
111	kit, needle - free injection system	SA021	item						
112	***SCOPE CLEANING***								
113	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**			
114	gloves, non-sterile	SB022	pair						
115	basin, irrigation	SJ009	item						
116	cleaning brush, endoscope	SM010	item					**1**	
117	enzymatic detergent	SM015	oz					**1**	
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz					**6**	
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item					**1**	
120	**hemorrhoidal banding system**	**NEW**							
121	**EQUIPMENT**	**CODE**							
122	videoscope, gastroscopy	ES034		**64**					
123	videoscope, sigmoidoscopy	**NEW**							
124	videoscope, colonoscopy	ES033				**72**		**52**	
125	stretcher	EF018		**78**		**86**			
126	stretcher, endoscopy	EF020						**60**	
127	table, power	EF031		**34**		**42**		**52**	
128	video system, endoscopy (processor, digital capture, mo	ES031		**34**		**42**		**52**	
129	light, surgical	EF014						**52**	
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**57**		**60**		**105**	
131	IV infusion pump	EQ032		**57**		**60**		**105**	
132	electrocauter-hyfrecator, up to 45 watts	EQ110						**52**	
133	suction machine (Gomco)	EQ235		**34**		**78**		**52**	
134	table, instrument, mobile	EF027		**34**		**60**		**105**	
135	cart, endoscopy imaging equipment	ES003						**52**	
136	radiofrequency generator, endoscopy	EQ356							
137	electrosurgical generator, gastrocautery	EQ113		**34**		**42**			
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**		**40**	

	A	B	C	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 4534X6)**	
2	***Please note: If a supply has a purchase price of**			**43251**		**45385**		**45386**		**45340**		**45386**		**45346**		**45388**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-		Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**47.0**	**0.0**	**71.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**100.0**	**22.0**	**74.0**	**22.0**	**90.0**	**22.0**	**105.0**	**22.0**	**90.0**	**22.0**	**105.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**37.0**	**0.0**	**47.0**	**0.0**	**71.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**	**37.0**	**0.0**	**52.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**88.0**	**0.0**	**62.0**	**0.0**	**78.0**	**0.0**	**93.0**	**0.0**	**78.0**	**0.0**	**93.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																
13	**Start: Following visit when decision for surgery or procedure made**																
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																
20	**End: When patient enters office/facility for surgery/procedure**																
21	**SERVICE PERIOD**																
22	**Start: When patient enters office/facility for surgery/procedure:**																
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**		**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**		**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA														
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA														
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**		2		2		2		2		2	
32	**Intra-service**																
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**30**		**14**		**20**		**35**		**20**		**35**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**30**		**54**		**20**		**35**		**20**		**35**	

	A	B	C	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 4534X6)**	
2	***Please note: If a supply has a purchase price of**			**43251**		**45385**		**45386**		**45340**		**45386**		**45346**		**45388**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA														
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**		**20**		**30**		**30**		**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA														
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA														
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)																
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)																
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)																
47	**End: Patient leaves office**																
48	**POST-SERVICE Period**																
49	**Start: Patient leaves office/facility**																
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**

	A	B	C	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 4534X6)**	
2	***Please note: If a supply has a purchase price of**			**43251**		**45385**		**45386**		**45340**		**45386**		**45346**		**45388**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-		Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**																
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**														
61	***SCRUB, DRESS, DRAPE***																
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item	**2**													
64	gown, staff, impervious	SB027	item	**3**		**2**		**2**		**2**		**2**		**2**		**2**	
65	cap, surgical	SB001	item			**3**		**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item														
67	mask, surgical	SB033	item														
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot														
70	pillow case	SB037	item														
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item	**3**		**1**		**1**		**1**		**1**		**1**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
74	basin, emesis	SJ010	item	**1**													
75	denture cup	SJ016	item	**1**													
76	swab-pad, alchohol	SJ053	item														
77	***MODERATE SEDATION***																
78	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
79	electrode, ECG (single)	SD053	item														
80	nasal cannula	SD100	item														
81	bite block	SD006	item	**1**													
82	***PROCEDURE INSTRUMENTS / SUPPLIES***																
83	endoscope anti-fog solution	SM014	ml	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
84	endoscopic cytology brush	SD067	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
85	endoscopic biopsy forceps	SD066	item														
86	endoscopic polypectomy snare	SD068	item	**1**		**1**											
87	endoscopic clip	SD282	item														
88	guidewire, STIFF	SD090	item					**1**						**1**		**1**	
89	endoscopic balloon, dilation	SD019	item					**1**		**1**		**1**		**1**		**1**	
90	cautery, monopolar, blade, extended shaft	SF015	item														
91	needle, micropigmentation (tattoo)	SC079	item														
92	skin marking ink (tattoo)	SK073	ml														
93	needle, variceal injection	SC044	item														
94	syringe 5-6ml	SC057	item														
95	cautery, patient ground pad with cord	SF021	item	**1**		**1**											
96	cautery, bipolar cord	SF012	item														
97	cautery, bipolar, probe, endoscopy	SD284	item														
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit											**1**		**1**	
99	canister, suction	SD009	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	

	A	B	C	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 4534X6)**	
2	***Please note: If a supply has a purchase price of**			**43251**		**45385**		**45386**		**45340**		**45386**		**45346**		**45388**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy, flexible; with transendoscopic balloon dilation		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
100	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	**1**													
102	syringe 50-60ml	SC056	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item	**1**													
104	water, distilled	SK087	oz	**5**		**5**				**5**		**5**		**5**		**5**	
105	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
107	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item														
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**		**4**		**4**		**4**		**4**		**4**	
110	iv tubing (extension)	SC019	item														
111	kit, needle - free injection system	SA021	item														
112	***SCOPE CLEANING***																
113	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
114	gloves, non-sterile	SB022	pair														
115	basin, irrigation	SJ009	item														
116	cleaning brush, endoscope	SM010	item														
117	enzymatic detergent	SM015	oz														
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz														
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item														
120	**hemorrhoidal banding system**	**NEW**															
121	**EQUIPMENT**	**CODE**															
122	videoscope, gastroscopy	ES034		**64**													
123	videoscope, sigmoidoscopy	**NEW**						**88**		**64**				**64**			
124	videoscope, colonoscopy	ES033				**74**						**79**				**79**	
125	stretcher	EF018		**78**		**88**		**62**		**78**		**93**		**78**		**93**	
126	stretcher, endoscopy	EF020															
127	table, power	EF031		**34**		**44**		**68**		**34**		**49**		**34**		**49**	
128	video system, endoscopy (processor, digital capture, mo	ES031		**34**		**44**		**68**		**34**		**49**		**34**		**49**	
129	light, surgical	EF014															
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**57**		**62**		**91**		**57**		**67**		**57**		**67**	
131	IV infusion pump	EQ032		**57**		**62**		**91**		**57**		**67**		**57**		**67**	
132	electrocauter-hyfrecator, up to 45 watts	EQ110															
133	suction machine (Gomco)	EQ235		**34**		**82**		**68**		**34**		**92**		**34**		**92**	
134	table, instrument, mobile	EF027		**34**		**62**		**68**		**34**		**67**		**34**		**67**	
135	cart, endoscopy imaging equipment	ES003															
136	radiofrequency generator, endoscopy	EQ356						**68**						**34**		**49**	
137	electrosurgical generator, gastrocautery	EQ113		**34**		**44**		**68**						**34**		**49**	
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**		**20**		**30**		**30**		**30**		**30**	

	A	B	C	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (FACILITY ONLY)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (FACILITY ONLY)**		**Recommendation (x-walk 43244 RUC 10/2013)**		**Recommendation (FACILITY ONLY)**		**Crosswalk RUC 01/2013 (FACILITY ONLY)**		**Recommendation (x-walk 43244)**	
2	***Please note: If a supply has a purchase price of**			**45347**		**45389**		**43254**		**45390**		**45337**		**45393**		**43244**		**45398**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide		EGD, with endoscopic mucosal resection		Colonoscopy, flexible; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus		EGD, with band ligation of esophageal / gastric varices		Colonoscopy, flexible; with banding, (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**37.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**22.0**	**90.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**37.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**78.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**						**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**3**		**3**		**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**						**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**						**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																		
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA															**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA															**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA															**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA															**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA															**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA															**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA																
31	Sedate/apply anesthesia	L051A	RN															**2**	
32	**Intra-service**																		
33	Assist physician in performing procedure	L037D	RN/LPN/MTA															**20**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN															**20**	

	A	B	C	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (FACILITY ONLY)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (FACILITY ONLY)**		**Recommendation (x-walk 43244 RUC 10/2013)**		**Recommendation (FACILITY ONLY)**		**Crosswalk RUC 01/2013 (FACILITY ONLY)**		**Recommendation (x-walk 43244)**	
2	***Please note: If a supply has a purchase price of**			**45347**		**45389**		**43254**		**45390**		**45337**		**45393**		**43244**		**45398**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide		EGD, with endoscopic mucosal resection		Colonoscopy, flexible; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus		EGD, with band ligation of esophageal / gastric varices		Colonoscopy, flexible; with banding, (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																		
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN															**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA																
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA															**3**	
39	Clean Scope	L037D	RN/LPN/MTA															**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA															**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA																
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA															**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**						**n/a**		**n/a**	**n/a**				**n/a**
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**						**n/a**		**n/a**	**n/a**				**n/a**
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**						**n/a**		**n/a**	**n/a**				**n/a**
47	**End: Patient leaves office**																		
48	**POST-SERVICE Period**																		
49	**Start: Patient leaves office/facility**																		
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**						**3**	**3**	**3**

	A	B	C	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (FACILITY ONLY)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (FACILITY ONLY)**		**Recommendation (x-walk 43244 RUC 10/2013)**		**Recommendation (FACILITY ONLY)**		**Crosswalk RUC 01/2013 (FACILITY ONLY)**		**Recommendation (x-walk 43244)**	
2	***Please note: If a supply has a purchase price of**			**45347**		**45389**		**43254**		**45390**		**45337**		**45393**		**43244**		**45398**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide		EGD, with endoscopic mucosal resection		Colonoscopy, flexible; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus		EGD, with band ligation of esophageal / gastric varices		Colonoscopy, flexible; with banding, (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**																		
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**																
61	***SCRUB, DRESS, DRAPE***																		
62	pack, minimum multi-specialty visit	SA048	pack															**1**	
63	gown, patient	SB026	item																
64	gown, staff, impervious	SB027	item															**2**	
65	cap, surgical	SB001	item															**3**	
66	cover, thermometer probe	SB004	item																
67	mask, surgical	SB033	item																
68	mask, surgical, with face shield	SB034	item															**3**	
69	paper, exam table	SB036	foot																
70	pillow case	SB037	item																
71	shoe covers, surgical	SB039	pair															**3**	
72	scrub brush (impregnated)	SM023	item															**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item															**1**	
74	basin, emesis	SJ010	item																
75	denture cup	SJ016	item																
76	swab-pad, alchohol	SJ053	item																
77	***MODERATE SEDATION***																		
78	pack, moderate sedation	SA044	pack															**1**	
79	electrode, ECG (single)	SD053	item																
80	nasal cannula	SD100	item																
81	bite block	SD006	item																
82	***PROCEDURE INSTRUMENTS / SUPPLIES***																		
83	endoscope anti-fog solution	SM014	ml															**1**	
84	endoscopic cytology brush	SD067	item															**1**	
85	endoscopic biopsy forceps	SD066	item																
86	endoscopic polypectomy snare	SD068	item																
87	endoscopic clip	SD282	item																
88	guidewire, STIFF	SD090	item																
89	endoscopic balloon, dilation	SD019	item																
90	cautery, monopolar, blade, extended shaft	SF015	item																
91	needle, micropigmentation (tattoo)	SC079	item																
92	skin marking ink (tattoo)	SK073	ml																
93	needle, variceal injection	SC044	item																
94	syringe 5-6ml	SC057	item																
95	cautery, patient ground pad with cord	SF021	item																
96	cautery, bipolar cord	SF012	item																
97	cautery, bipolar, probe, endoscopy	SD284	item																
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit																
99	canister, suction	SD009	item															**1**	

	A	B	C	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (FACILITY ONLY)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (FACILITY ONLY)**		**Recommendation (x-walk 43244 RUC 10/2013)**		**Recommendation (FACILITY ONLY)**		**Crosswalk RUC 01/2013 (FACILITY ONLY)**		**Recommendation (x-walk 43244)**	
2	***Please note: If a supply has a purchase price of**			**45347**		**45389**		**43254**		**45390**		**45337**		**45393**		**43244**		**45398**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide		EGD, with endoscopic mucosal resection		Colonoscopy, flexible; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus		EGD, with band ligation of esophageal / gastric varices		Colonoscopy, flexible; with banding, (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
100	tubing, suction, non-latex (6ft uou)	SD132	item															**1**	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item																
102	syringe 50-60ml	SC056	item															**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																
104	water, distilled	SK087	oz															**5**	
105	gauze, non-sterile 4in x 4in	SG051	item															**1**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item															**1**	
107	paper, photo printing (8.5 x 11)	SK058	item															**1**	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item																
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item															**4**	
110	iv tubing (extension)	SC019	item																
111	kit, needle - free injection system	SA021	item																
112	***SCOPE CLEANING***																		
113	pack, cleaning and disinfecting, endoscope	SA042	pack															**1**	
114	gloves, non-sterile	SB022	pair																
115	basin, irrigation	SJ009	item																
116	cleaning brush, endoscope	SM010	item																
117	enzymatic detergent	SM015	oz																
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz																
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item																
120	**hemorrhoidal banding system**	**NEW**																**1**	
121	**EQUIPMENT**	**CODE**																	
122	videoscope, gastroscopy	ES034																	
123	videoscope, sigmoidoscopy	**NEW**																	
124	videoscope, colonoscopy	ES033																**64**	
125	stretcher	EF018																**78**	
126	stretcher, endoscopy	EF020																	
127	table, power	EF031																**34**	
128	video system, endoscopy (processor, digital capture, mo	ES031																**34**	
129	light, surgical	EF014																	
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011																**52**	
131	IV infusion pump	EQ032																**52**	
132	electrocauter-hyfrecator, up to 45 watts	EQ110																	
133	suction machine (Gomco)	EQ235																**62**	
134	table, instrument, mobile	EF027																**52**	
135	cart, endoscopy imaging equipment	ES003																	
136	radiofrequency generator, endoscopy	EQ356																	
137	electrosurgical generator, gastrocautery	EQ113																	
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005																**30**	

	A	B	C	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE
1				**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**		**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45391**		**43237**		**45391**		**45392**		**43238**		**45392**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		EGD; EUS exam limited to the esophagus		Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or		EGD; EUS exam limited to the esophagus with FNA		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**19.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**19.0**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**16.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**16.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**														
13	**Start: Following visit when decision for surgery or procedure made**														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**2**		**3**		**3**		**2**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**3**		**5**		**5**		**3**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*														
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA												
24	Obtain vital signs	L037D	RN/LPN/MTA												
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA												
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA												
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA												
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA												
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA												
31	Sedate/apply anesthesia	L051A	RN												
32	**Intra-service**														
33	Assist physician in performing procedure	L037D	RN/LPN/MTA												
34	Assist physician/moderate sedation (% of physician time)	L051A	RN												

	A	B	C	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE
1				**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**		**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45391**		**43237**		**45391**		**45392**		**43238**		**45392**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		EGD; EUS exam limited to the esophagus		Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or		EGD; EUS exam limited to the esophagus with FNA		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN												
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA												
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA												
39	Clean Scope	L037D	RN/LPN/MTA												
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA												
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA												
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA												
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**				**n/a**		**n/a**				**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**				**n/a**		**n/a**				**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**				**n/a**		**n/a**				**n/a**	
47	**End: Patient leaves office**														
48	**POST-SERVICE Period**														
49	**Start: Patient leaves office/facility**														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**

	A	B	C	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE
1				**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**		**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45391**		**43237**		**45391**		**45392**		**43238**		**45392**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		EGD; EUS exam limited to the esophagus		Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or		EGD; EUS exam limited to the esophagus with FNA		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
59	**End: with last office visit before end of global period**														
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
61	***SCRUB, DRESS, DRAPE***														
62	pack, minimum multi-specialty visit	SA048	pack												
63	gown, patient	SB026	item												
64	gown, staff, impervious	SB027	item												
65	cap, surgical	SB001	item												
66	cover, thermometer probe	SB004	item												
67	mask, surgical	SB033	item												
68	mask, surgical, with face shield	SB034	item												
69	paper, exam table	SB036	foot												
70	pillow case	SB037	item												
71	shoe covers, surgical	SB039	pair												
72	scrub brush (impregnated)	SM023	item												
73	drape, non-sterile, sheet 40in x 60in	SB006	item												
74	basin, emesis	SJ010	item												
75	denture cup	SJ016	item												
76	swab-pad, alchohol	SJ053	item												
77	***MODERATE SEDATION***														
78	pack, moderate sedation	SA044	pack												
79	electrode, ECG (single)	SD053	item												
80	nasal cannula	SD100	item												
81	bite block	SD006	item												
82	***PROCEDURE INSTRUMENTS / SUPPLIES***														
83	endoscope anti-fog solution	SM014	ml												
84	endoscopic cytology brush	SD067	item												
85	endoscopic biopsy forceps	SD066	item												
86	endoscopic polypectomy snare	SD068	item												
87	endoscopic clip	SD282	item												
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item												
91	needle, micropigmentation (tattoo)	SC079	item												
92	skin marking ink (tattoo)	SK073	ml												
93	needle, variceal injection	SC044	item												
94	syringe 5-6ml	SC057	item												
95	cautery, patient ground pad with cord	SF021	item												
96	cautery, bipolar cord	SF012	item												
97	cautery, bipolar, probe, endoscopy	SD284	item												
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit												
99	canister, suction	SD009	item												

	A	B	C	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE
1				**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**		**PEAC Review**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45391**		**43237**		**45391**		**45392**		**43238**		**45392**	
3	**Meeting Date: January 2014 Tab: 10 - Colonoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		EGD; EUS exam limited to the esophagus		Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or		EGD; EUS exam limited to the esophagus with FNA		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
100	tubing, suction, non-latex (6ft uou)	SD132	item												
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item												
102	syringe 50-60ml	SC056	item												
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item												
104	water, distilled	SK087	oz												
105	gauze, non-sterile 4in x 4in	SG051	item												
106	cup, biopsy-specimen non-sterile 4oz	SL035	item												
107	paper, photo printing (8.5 x 11)	SK058	item												
108	applicator, cotton-tipped, non-sterile 6in	SG008	item												
109	lubricating jelly (K-Y) (5gm uou)	SJ032	item												
110	iv tubing (extension)	SC019	item												
111	kit, needle - free injection system	SA021	item												
112	***SCOPE CLEANING***														
113	pack, cleaning and disinfecting, endoscope	SA042	pack												
114	gloves, non-sterile	SB022	pair												
115	basin, irrigation	SJ009	item												
116	cleaning brush, endoscope	SM010	item												
117	enzymatic detergent	SM015	oz												
118	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz												
119	glutaraldehyde test strips (Cidex, Metrex)	SM019	item												
120	**hemorrhoidal banding system**	**NEW**													
121	**EQUIPMENT**	**CODE**													
122	videoscope, gastroscopy	ES034													
123	videoscope, sigmoidoscopy	**NEW**													
124	videoscope, colonoscopy	ES033													
125	stretcher	EF018													
126	stretcher, endoscopy	EF020													
127	table, power	EF031													
128	video system, endoscopy (processor, digital capture, mo	ES031													
129	light, surgical	EF014													
130	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011													
131	IV infusion pump	EQ032													
132	electrocauter-hyfrecator, up to 45 watts	EQ110													
133	suction machine (Gomco)	EQ235													
134	table, instrument, mobile	EF027													
135	cart, endoscopy imaging equipment	ES003													
136	radiofrequency generator, endoscopy	EQ356													
137	electrosurgical generator, gastrocautery	EQ113													
138	endoscope disinfector, rigid or fiberoptic, w-cart	ES005													

AMA/Specialty Society RVS Update Committee Summary of Recommendations
MPC List Screen

January 2014

Colonoscopy through Stoma

Several specific CPT codes identified by CMS through the MPC List screen were scheduled for review at the September 2011 RUC meeting. The RUC review of the codes led to significant concerns with the survey data, and in some cases, coding and payment policy for the individual codes. The specialty societies representing gastroenterology indicated that appropriate surveys could not be conducted until after the specialty societies had an opportunity to clarify the coding and update the descriptors via the CPT Editorial Panel Process. The specialty societies worked with the CPT Editorial Panel and CMS to resolve this coding and payment policy question as it relates to over 100 GI endoscopy services.

In the CPT 2014 cycle, the RUC reviewed all the esophagoscopy, EGD and ERCP families of codes. For the CPT 2015 cycle, the RUC reviewed the illeoscopy, pouchoscopy and flexible sigmoidoscopy services in October 2013 and reviewed colonoscopy and colonoscopy through the stoma procedures in January 2014. In November, 2013, as part of the 2014 Medicare Final Rule, CMS released their work value recommendations on the three families reviewed for the CPT 2014 cycle. It was noted that while CMS disagreed with a majority of the RUC recommendations, the agency seemed to agree that the incremental methodology was the best approach to use in valuing these codes. However, the RUC agreed that CMS often used inappropriate assumptions regarding physician work and intensity and thus offered increments for procedures not in accordance with the appropriate clinical utility either within the immediate family or within the larger code family. Therefore, as was done in the previous set of codes, the RUC continued to use the incremental methodology as its primary approach to valuing the additional physician work above the base diagnostic procedure. The RUC noted that this methodology was necessary for three reasons. First, given that an entire genre of services is being reviewed, relativity amongst the family is critical. The potential for rank order anomalies is high considering the large amount of codes reviewed in succession. Second, CMS (then HCFA) used the incremental approach in their initial valuation of these services in 1992 and 1993. According to CMS commentary in the Federal Register for those years, the agency established a hierarchy of work from the least to the most difficult endoscopic procedure. Following this, fixed increments were added to the base procedure. Therefore, the RUC determined that these new codes should continue to be valued the same way endoscopic services were initially valued at the creation of the RBRVS. Finally, the RUC has established valuation of physician work through incremental intra-service work as an approved, viable alternate methodology. In fact, endoscopy is listed as an example of this methodology in the RUC's instructions for specialty societies developing work value recommendations.

Prior to reviewing the survey data, the RUC reviewed the valuation history for the entire colonoscopy through stoma (i.e. c-stoma) codes. When 44388 was last reviewed in 2000 as part of the second Five-Year Review, the RUC recognized a rank order anomaly between the colonoscopy through stoma codes and their equivalent colonoscopy codes. At that meeting, the RUC agreed that the value for 44388 should be directly

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crosswalked to 45378 *Diagnostic Colonoscopy* (CY 2000 work RVU= 3.70) because both services had similar time and physician work intensity. However, CMS did not agree with this value or any of the recommended increases for the colonoscopy through stoma family of codes. Instead the agency chose to accept the RUC recommended physician time components but keep the Harvard work values, thus creating artificially low intensities for the entire c-stoma family. In addition, few codes in the GI endoscopy families have a lower intensity than the c-stoma codes. C-stoma is not screening in nature. It is performed on patients with existing pathology which caused the removal of a portion of the intestinal tract. The area examined may be shorter than a complete colonoscopy, but the examination is still at least as intense as a diagnostic colonoscopy. As will be discussed throughout these recommendations, due to these inconsistencies the RUC agreed that it was inappropriate to further compound the inconsistencies by reducing the current RVUs to account for the reduction in minutes of the survey time compared to the current time.

44388 ***Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed***
The RUC reviewed the survey results of 86 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 26 minutes, intra-service time of 25 minutes and post-service time of 14 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the survey data and concluded that since there is no compelling evidence to increase the value of this procedure, the current work RVU of 2.82, below the survey's 25th percentile is appropriate for CPT code 44388. The RUC specifically noted that while the intra-service time has dropped from 39 minutes to 25 minutes, the current work RVU of 2.82 should not change. There has been no lessening of the physician work intensity to perform this procedure. Furthermore, reducing the work RVU still further compared to the diagnostic colonoscopy service would only exacerbate the already inaccurate work RVU variance between these two services.

The RUC reviewed the survey's Key Reference Service CPT code 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed* (work RVU= 2.78) and noted that even though the reference code has five additional minutes of intra-service time, 30 minutes and 25 minutes, respectively, it is still valued slightly less than 44388. In addition, the RUC reviewed MPC codes 51102 *Aspiration of bladder; with insertion of suprapubic* catheter (work RVU= 2.70, intra time= 20 minutes) and 52332 *Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)* (work RVU= 2.82, intra time= 25 minutes). These comparison codes, with comparable physician work and times, confirmed to the RUC that the recommended physician times and work values for 44388 are both reasonable and relative to similar services across the RBRVS. **The RUC recommends a work RVU of 2.82 for CPT code 44388.**

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44389 ***Colonoscopy through stoma; with biopsy, single or multiple***
The RUC reviewed the survey results of 78 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 26 minutes, intra-service time of 30 minutes and post-service time of 14 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a 25th percentile work RVU of 3.43. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.30 in the upper GI endoscopic family of services for the additional work of performing a biopsy over the base diagnostic procedure. Therefore, the RUC added the approved 0.30 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 3.12 for 44389. The specialties again explained that while the survey intra-service time of 30 minutes is lower than the current time, when that time was approved in 2000, the RUC had recommended a work RVU of 4.26. Thus, when CMS rejected the RUC's recommendations, and maintained the Harvard value for this procedure, an anomalous discrepancy was created which renders direct work and time comparisons across time inappropriate.

To justify a work RVU of 3.12, the RUC compared recently reviewed CPT code 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (work RVU= 3.12) to the surveyed code and noted that both services have identical intra-service time, 30 minutes, and nearly identical total time. Therefore, both services should be valued identically. In addition, the RUC reviewed CPT codes 31623 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings* (work RVU= 2.88) and 62267 *Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes* (work RVU= 3.00) and agreed that with comparable physician work and identical intra-service times, 30 minutes, these reference codes offer appropriate brackets for the recommended value. **The RUC recommends a work RVU of 3.12 for CPT code 44389.**

44390 ***Colonoscopy through stoma; with removal of foreign body(s)***
The RUC reviewed the survey results of 46 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 37 minutes, intra-service time of 35 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a 25th percentile work RVU of 4.21. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.01 in the upper GI endoscopic family of services for the additional work of

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removing a foreign body over the base diagnostic procedure. While the RUC agreed with this approach, the specialties noted that adding this increment to the base code would give 44390 a work RVU of 3.83, just higher than the current work RVU of 3.82. Therefore, the RUC agreed that the current work value of 3.82, for 44390 should be maintained. The specialties again explained that while the survey intra-service time of 35 minutes is lower than the current time, when that time was approved in 2000, the RUC had recommended a work RVU of 4.81. Thus, when CMS rejected the RUC's recommendations, and maintained the Harvard value for this procedure, an anomalous discrepancy was created which renders direct work and time comparisons across time inappropriate.

To justify the current work RVU of 3.82, the RUC compared the surveyed code to MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80) and agreed that while the reference code has 5 additional minutes of intra-service time, both codes have similar physician work and total times and should be valued almost identically. The RUC also reviewed codes 50386 *Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation* (work RVU= 3.30, intra time= 30 minutes) and 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple* (work RVU= 3.82, intra time= 40 minutes) and agreed that with similar physician times and work, these two reference services provide appropriate brackets around the recommended work value for 44390. **The RUC recommends a work RVU of 3.82 for CPT code 44390.**

44391 *Colonoscopy through stoma; with control of bleeding, any method*
The RUC reviewed the survey results of 53 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 40 minutes, intra-service time of 40 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed that the survey's 25th percentile work RVU of 4.22, lower than the current value, accurately values the physician work for code 44391. The RUC noted that while there have been other control of bleeding codes previously reviewed in the upper GI endoscopic family, there is no direct work equivalent between them because the bleeding sites vary between the upper and lower GI tracts. The specialties again explained that while the survey intra-service time of 40 minutes is lower than the current time, when that time was approved in 2000, the RUC had recommended a work RVU of 5.18. Thus, when CMS rejected the RUC's recommendations, and maintained the Harvard value for this procedure, an anomalous discrepancy was created which renders direct work and time comparisons across time inappropriate.

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To justify a work RVU of 4.22, the RUC compared the surveyed code to CPT code 49418 *Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous* (work RVU= 4.21) and agreed that since both services have identical intra-service time, 40 minutes, and similar physician work, the two services should be valued almost identically. In addition, the RUC reviewed MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80, intra time= 40 minutes) and 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C* (work RVU= 4.74, intra time= 40 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44391. **The RUC recommends a work RVU of 4.22 for CPT code 44391.**

44392 *Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery*
The RUC reviewed the survey results of 50 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 26 minutes, intra-service time of 30 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility Straightforward patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a 25th percentile work RVU of 3.87. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.81 in the upper GI endoscopic family of services for the additional work of removing a tumor by hot biopsy over the base diagnostic procedure. Therefore, the RUC added the approved 0.81 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 3.63 for 44392, which is lower than the current value. The specialties again explained that while the survey intra-service time of 30 minutes is lower than the current time, when that time was approved in 2000, the RUC had recommended a work RVU of 4.81. Thus, when CMS rejected the RUC's recommendations, and maintained the Harvard value for this procedure, an anomalous discrepancy was created which renders direct work and time comparisons across time inappropriate.

To justify a work RVU of 3.63, the RUC compared the surveyed code to the Key Reference Service 31625 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites* (work RVU= 3.36) and noted that while both codes have identical intra-service time, 30 minutes, 44392 is a more intense procedure and should be valued slightly higher. In addition, the RUC reviewed CPT codes 57461 *Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix* (work RVU= 3.43, intra time= 28 minutes) and 20660 *Application of cranial tongs, caliper, or stereotactic frame, including removal* (work RVU= 4.00, intra time= 30 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44392. **The RUC recommends a work RVU of 3.63 for CPT code 44392.**

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44401 ***Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire passage, when performed)***
The RUC reviewed the survey results of 45 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 32 minutes, intra-service time of 30 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey's 25th percentile work RVU of 4.44 accurately values this procedure. The RUC noted that the approved increment for ablation with dilation in the upper GI tract is 2.13 work RVUs. However, the specialties explained that performing dilation is not typical in the lower GI tract and should be backed out of the incremental value. Therefore, the RUC subtracted out the value performing a dilation (work RVU= 0.51) and the resulting increment 1.62 was added to the base procedure CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 4.44 for 44401, which is identical to the 25th percentile.

To justify a work RVU of 4.44, the RUC compared the surveyed code to CPT code 52234 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)* (work RVU= 4.62) and noted that while both codes have identical intra-service time, 30 minutes, the reference code has greater total time and should thus be valued slightly higher than 44401. In addition, the RUC reviewed CPT codes 32550 *Insertion of indwelling tunneled pleural catheter with cuff* (work RVU= 4.17, intra time= 30 minutes) and 59070 *Transabdominal amnioinfusion, including ultrasound guidance* (work RVU= 5.24, intra time= 30 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44401. **The RUC recommends a work RVU of 4.44 for CPT code 44401.**

44394 ***Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique***
The RUC reviewed the survey results of 60 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 30 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a 25th percentile work RVU of 4.20. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.31 in the upper GI endoscopic family of services for the additional work of

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removing a tumor by snare over the base diagnostic procedure. Therefore, the RUC added the approved 1.31 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 4.13 for 44394, which is lower than the current value.

To justify a work RVU of 4.13, the RUC compared the surveyed code to CPT code 31629 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)* (work RVU= 4.09) and agreed that since both codes have identical intra-serive time, 30 minutes, and comparable physician work, both services should be valued almost identically. In addition, the RUC reviewed MPC code 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* (work RVU= 4.05, intra time= 30 minutes) and code 32550 *Insertion of indwelling tunneled pleural catheter with cuff* (work RVU= 4.17, intra time= 30 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44394. **The RUC recommends a work RVU of 4.13 for CPT code 44394.**

44402 Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when performed)

The RUC reviewed the survey results of 40 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 40 minutes, intra-service time of 43 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a median work RVU of 5.80. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 2.14 in the upper GI endoscopic family of services for the additional work of placing a stent over the base diagnostic procedure. Therefore, the RUC added the approved 2.14 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 4.96 for 44402.

To justify a work RVU of 4.96, the RUC compared the surveyed code to CPT code 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C* (work RVU= 4.74) and agreed that since the surveyed code has 3 additional minutes of intra-service time, 43 minutes compared to 40 minutes, and slightly greater total time, 44402 is appropriately valued higher than this reference code. In addition, the RUC reviewed CPT codes 50385 *Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation* (work RVU= 4.44, intra time= 45 minutes) and 36246 *Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 5.27, intra time= 45 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44402. **The RUC recommends a work RVU of 4.96 for CPT code 44402.**

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44403 ***Colonoscopy through stoma; with endoscopic mucosal resection***
The RUC reviewed the survey results of 40 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 32 minutes, intra-service time of 45 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too low compared to the approved incremental methodology approach. The RUC previously established a work RVU of 2.99 in the upper GI endoscopic family of services for the additional work of performing endoscopic mucosal resection over the base diagnostic procedure. Therefore, the RUC added the approved 2.99 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 5.81 for 44403.

To justify a work RVU of 5.81, the RUC compared the surveyed code to CPT code 52351 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic* (work RVU= 5.75) and although the reference code has greater pre-service time, both services have identical intra-service time, 45 minutes, and comparable physician work. Therefore, 44403 should be valued nearly the same as 52351. In addition the RUC reviewed CPT codes 36246 *Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 5.27, intra time= 45 minutes) and 93458 *Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed* (work RVU= 5.85, intra time= 45 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44403. **The RUC recommends a work RVU of 5.81 for CPT code 44403.**

44404 ***Colonoscopy through stoma; with directed submucosal injection(s), any substance***
The RUC reviewed the survey results of 47 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 26 minutes, intra-service time of 30 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility Straightforward patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a 25th percentile work RVU of 3.61. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.31 in the upper GI endoscopic family of services for the additional work of performing a submucosal injection over the base diagnostic procedure. Therefore, the RUC added the approved 0.31 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 3.13 for 44404.

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To justify a work RVU of 3.13, the RUC compared the surveyed code to CPT code 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (work RVU= 3.12) and agreed that since both service have identical intra-service time, 30 minutes, and nearly identical total time, both services should be valued nearly identical to each other. In addition, the RUC reviewed CPT codes codes 31623 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings* (work RVU= 2.88, intra time= 30 minutes) and 50386 *Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation* (work RVU= 3.30, intra time= 30 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44404. **The RUC recommends a work RVU of 3.13 for CPT code 44404.**

44405 *Colonoscopy through stoma; with transendoscopic balloon dilation*

The RUC reviewed the survey results of 40 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 32 minutes, intra-service time of 38 minutes and post-service time of 12 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a 25th percentile work RVU of 4.55. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 0.51 in the upper GI endoscopic family of services for the additional work of performing balloon dilation over the base diagnostic procedure. Therefore, the RUC added the approved 0.51 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 3.33 for 44405.

To justify a work RVU of 3.33, the RUC compared the surveyed code to 49446 *Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report* (work RVU= 3.31) and noted that while the reference code has greater total time compared to 44405, 93 minutes and 82 minutes, respectively, the surveyed code is a more intense procedure and should be valued slightly higher. In addition, the RUC reviewed MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80, intra time= 40 minutes) and code 12017 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm* (work RVU= 3.18, intra time= 40 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44405. **The RUC recommends a work RVU of 3.33 for CPT code 44405.**

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44406 ***Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures***

The RUC reviewed the survey results of 35 gastroenterologists and recommends the following physician time components: pre-service time of 40 minutes, intra-service time of 40 minutes and post-service time of 20 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a median work RVU of 4.50. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 1.59 in the upper GI endoscopic family of services for the additional work of performing a endoscopic ultrasound examination over the base diagnostic procedure. Therefore, the RUC added the approved 1.59 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 4.41 for 44406.

To justify a work RVU of 4.41, the RUC compared the surveyed code to 49418 *Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous* (work RVU= 4.21) and noted that even though both services have identical intra-service time, 40 minutes, 44406 is a slightly more complex codes and should therefore be valued higher. In addition, the RUC reviewed CPT codes 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple* (work RVU= 3.82, intra time= 40 minutes) and 58562 *Hysteroscopy, surgical; with removal of impacted foreign body* (work RVU= 5.20, intra time= 40 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44406. **The RUC recommends a work RVU of 4.41 for CPT code 44406.**

44407 ***Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures***

The RUC reviewed the survey results of 32 gastroenterologists and recommends the following physician time components: pre-service time of 40 minutes, intra-service time of 60 minutes and post-service time of 20 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

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The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey values were too high, with a median work RVU of 5.25. The RUC agreed that the appropriate methodology for valuing this service is to use the RUC established increment. The RUC previously established a work RVU of 2.24 in the upper GI endoscopic family of services for the additional work of performing a endoscopic ultrasound examination with fine needle aspiration over the base diagnostic procedure. Therefore, the RUC added the approved 2.24 work RVUs to CPT code 44388 (RUC recommended work RVU = 2.82) to arrive at a work RVU of 5.06 for 44407.

To justify a work RVU of 5.06, the RUC compared the surveyed code to 52327 *Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material* (work RVU= 5.18) and agreed that while both services have identical intra-service time, 60 minutes, the reference code should be valued slightly higher due to greater total time, 135 minutes compared to 120 minutes. In addition, the RUC reviewed CPT codes 93642 *Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)* (work RVU= 4.88, intra time= 60 minutes) and 57155 *Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy* (work RVU= 5.40, intra time= 60 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44407. **The RUC recommends a work RVU of 5.06 for CPT code 44407.**

44408 Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

The RUC reviewed the survey results of 53 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 40 minutes, intra-service time of 40 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and procedure with sedation was appropriate with one additional minute over the standard to account for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

The RUC reviewed the respondents' estimated physician work values and agreed with the specialties that the survey's 25th percentile work RVU of 4.24 accurately values this procedure. The RUC noted that there is not currently an approved increment in the upper GI tract for the placement of a decompression tube. To justify a work RVU of 4.24, the RUC compared the surveyed code to CPT code 49418 *Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous* (work RVU= 4.21) and agreed that since both services have identical intra-service time, 40 minutes, and similar physician work, the two services should be valued almost identically. In addition, the RUC reviewed CPT codes 49411 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple* (work RVU= 3.82, intra time= 40 minutes) and 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C* (work RVU= 4.74, intra time= 40 minutes) and agreed that with similar physician times and work these two services serve as appropriate brackets around the recommended work value for 44408. **The RUC recommends a work RVU of 4.24 for CPT code 44408.**

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Practice Expense:
The Practice Expense Subcommittee reviewed the direct practice expense inputs for the colonoscopy services and noted that these services mostly crosswalk from the flexible sigmoidoscopy codes approved for 2014. In general, the total clinical staff times were slightly lower than the current inputs. The largest change was the addition of 30 minutes for staff to clean the scope. There were several modifications to supplies for a small subset of codes to match refinements made to the flexible sigmoidoscopy codes approved in the previous year. The RUC approved the revised PE spreadsheet as modified by the PE Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Definitions

Proctosigmoidoscopy is the examination of the rectum and may include examination of a portion of the sigmoid colon.

Sigmoidoscopy is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.

Colonoscopy is the examination of the entire colon, from the rectum to the cecum, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

Colonoscopy through stoma is the examination of the colon, from the colostomy stoma to the cecum or colon-small intestine anastomosis, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

When performing a diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report 45378 (colonoscopy) or 44388 (colonoscopy through stoma) with modifier 53 and provide appropriate documentation.

If a therapeutic colonoscopy (45379, 45380, 45381, 45382, 4538X1, 45384, 4538X5, 44389-44407) is performed and does not reach the cecum or colon-small intestine anastomosis, report the appropriate therapeutic colonoscopy code with modifier 52 and provide appropriate documentation.

Report ileoscopy through stoma (44380, 44382, 44381, 44384) for endoscopic examination of a patient who has an ileostomy.

Report colonoscopy through stoma (44388-44408) for endoscopic examination of a patient who has undergone segmental resection of the colon (eg, hemicolectomy, sigmoid colectomy, low anterior resection) and has a colostomy.

For definitions of Proctosigmoidoscopy, Sigmoidoscopy, Colonoscopy and guidelines for colonoscopies that do not reach the cecum or colon-small intestine anastomosis, see Colon and Rectum/Endoscopy.

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For colonoscopy per rectum, see 45378, 45392, 45390, 45393, 45398.

Report proctosigmoidoscopy (45300-45327), flexible sigmoidoscopy (45330-45347), or anoscopy (46600, 46604, 46606, 46608, 46610, 46611, 46612, 46614, 46615), as appropriate for endoscopic examination of the defunctionalized rectum or distal colon in a patient who has undergone colectomy, in addition to colonoscopy through stoma (44388-44408) or ileoscopy through stoma (44380, 44382, 44381, 44384) if appropriate.

When bleeding occurs as the result of an endoscopic procedure, control of bleeding is not reported separately during the same operative session.

~~Surgical endoscopy always includes diagnostic endoscopy.~~

For computed tomographic colonography, see 74261, 74262, 74263.

Colonoscopy through stoma is the examination of the colon, from the stoma to the cecum, and may include the examination of the terminal ileum or small intestine proximal to an anastomosis. When performing an endoscopic procedure on a patient who is scheduled and prepared for a colonoscopy through stoma, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report 44388 with modifier 53 and provide appropriate documentation.

⊙▲44388	M1	Colonoscopy through stoma; diagnostic, ~~with or without~~ including collection of specimen(s) by brushing or washing, when performed (separate procedure) (Do not report 44388 in conjunction with 44389-44408)	000	2.82
⊙44389	M2	with biopsy, single or multiple (Do not report 44389 in conjunction with 44403 for the same lesion) (Do not report 44389 in conjunction with 44388)	000	3.12

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⊙44390	M3	with removal of foreign body(s) (Do not report 44390 in conjunction with 44388) (If fluoroscopic guidance is performed, use 76000)	000	3.82
⊙▲44391	M4	with control of bleeding, any method ~~(eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator~~) (Do not report 44391 in conjunction with 44404 for the same lesion) (Do not report 44391 in conjunction with 44388)	000	4.22
⊙44392	M5	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps ~~or bipolar cautery~~ (Do not report 44392 in conjunction with 44388)	000	3.63
D⊙44393		~~with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique~~ (44393 has been deleted. To report, use 44401)	000	N/A
⊙●44401	M6	with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire passage, when performed) (Do not report 44401 in conjunction with 44405 for the same lesion) (Do not report 44401 in conjunction with 44388)	000	4.44

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⊙44394	M7	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique (Do not report 44394 in conjunction with 44403 for the same lesion) (Do not report 44394 in conjunction with 44388) (For endoscopic mucosal resection, use 44403) ~~(For colonoscopy per rectum, see 45330-45385)~~	000	4.13
D⊙44397		~~with transendoscopic stent placement (includes predilation)~~ (44397 has been deleted. To report, use 44402)	000	N/A
⊙●44402	M8	with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when performed) (Do not report 44402 in conjunction with 44388, 44405) (If imaging guidance is performed, use 74360)	000	4.96
⊙●44403	M9	with endoscopic mucosal resection (Do not report 44403 in conjunction with 44389, 44394, 44404 for the same lesion) (Do not report 44403 in conjunction with 44388)	000	5.81
⊙●44404	M10	with directed submucosal injection(s), any substance (Do not report 44404 in conjunction with 44391, 44403 for the same lesion) (Do not report 44404 in conjunction with 44388)	000	3.13

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⦿●44405	M11	with transendoscopic balloon dilation (Do not report 44405 in conjunction with 44388, 44401, 44402) (If fluoroscopic guidance is performed, use 74360) (For transendoscopic balloon dilation of multiple strictures during the same session, report 44405 with modifier 59 for each additional stricture dilated)	000	3.33
⦿●44406	M12	with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures (Do not report 44406 in conjunction with 44388, 44407, 76975) (Do not report 44406 more than once per session)	000	4.41
⦿●44407	M13	with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures (Do not report 44407 in conjunction with 44388, 44406, 76942, 76975) (Do not report 44407 more than once per session)	000	5.06
⦿●44408	M14	with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed (Do not report 44408 in conjunction with 44388) (Do not report 44408 more than once per session)	000	4.24

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Other Procedures

44799 Unlisted procedure, intestine

(For unlisted laparoscopic procedure, intestine except rectum, use 44238)

(For unlisted procedure, colon, use 45399)

Radiology
Diagnostic Radiology
(Diagnostic Imaging)
Gastrointestinal Tract

74360 Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation

(For procedure, see 43195, 43196, 43220, 43226, 43453, 44402, 44405, 45386, 45389 as appropriate)

(Do not report 74360 in conjunction with 43213, 43214, 43233)

Diagnostic Ultrasound
Genitalia

76872 Ultrasound, transrectal

(Do not report 76872 in conjunction with 45341, 45342, 45391, 45392, 0249T)

Radiologic Guidance
Other Procedures

76975 Gastrointestinal endoscopic ultrasound, supervision and interpretation

(Do not report 76975 in conjunction with 43231, 43232, 43237, 43238, 43240, 43242, 43259, 44406, 44407, 45341, 45342, 45391, 45392, or 76942)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44388 Tracking Number M1 Original Specialty Recommended RVU: **2.64**
Presented Recommended RVU: **2.82**
Global Period: 000 RUC Recommended RVU: **2.82**

CPT Descriptor: Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with a history of abdominal perineal resection of a rectal cancer undergoes colonoscopy through stoma for surveillance.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 80%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 67%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. When

indicated, brushings or washings are obtained of suspicious abnormalities. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated, and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44388		
Sample Size:	2305	**Resp N:** 86	**Response:** 3.7 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	1000.00
Survey RVW:	1.25	3.00	**3.86**	4.58	9.10
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	20.00	**25.00**	30.00	60.00

Immediate Post Service-Time:	**14.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44388	**Recommended Physician Work RVU: 2.82**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**14.00**	**20.00**	**-6.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31622	000	2.78	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36556	000	2.50	**RUC Time**	484,580

CPT Descriptor 1 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	13,873

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 27.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 44388**	**Key Reference CPT Code:** 31622	**Source of Time RUC Time**
Median Pre-Service Time	26.00	20.00	

Median Intra-Service Time	25.00	30.00
Median Immediate Post-service Time	14.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**65.00**	**65.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.08	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.21	3.04
Urgency of medical decision making	2.79	2.87
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.54	3.26
Physical effort required	3.25	2.83
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.13	3.04
Outcome depends on the skill and judgment of physician	3.54	3.30
Estimated risk of malpractice suit with poor outcome	3.46	3.30

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.50	2.61
Intra-Service intensity/complexity	3.21	3.04
Post-Service intensity/complexity	2.50	2.52

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44388 *Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)*

Code 44388 has been reviewed by the RUC twice, most recently in 2000 during the second Five-Year Review. At that time, the RUC recognized a rank order anomaly existed between codes 44388 through 44393. To correct this anomaly, the RUC compared reference code 45378 (*Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)*) (3.70 RVW) to 44388, and used the value as an anchor RVW because the codes had similar intra-service time, total time and physician work intensity. However, CMS rejected the RUC's recommendation and held the RVW for 44388 at the Harvard value of 2.82.

The AGA, ASGE, ACG, ACS, ASCRS and SAGES conducted a RUC survey and received 86 responses. The consensus panel reviewed the data and agrees that physician work for this service has not changed since the prior RUC review in 2000. The survey intra-time is consistent with the prior review considering that the former surveys included the time for administration of moderate sedation in the intra-service time estimation and the current survey now includes the administration of moderate sedation in the pre-service time estimation.

Pre-time Package 1b is appropriate for 44388, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31622

Key Reference code 31622, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure),* was surveyed and presented to the RUC in 2005 prior to the discussion of pre-time packages. The pre, intra, and post-work for 31622 and 44388 are similar, with the exception of the endoscope that is utilized and the inclusion of fluoroscopic guidance, which is a lower intensity component of the procedure.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2003	**64517**	Injection, anesthetic agent; superior hypogastric plexus	2.20	0.049	**75**	30	**25**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2005	**52204**	Cystourethroscopy, with biopsy(s)	2.59	0.080	**54**	17	**25**	12
	44388	C-Stoma, diagnostic	2.82	0.080	**66**	26	**25**	15
2010	**52332**	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	2.82	0.088	**56**	21	**25**	10
2002	**57460**	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	2.83	0.091	**50**	15	**25**	10
1997	**58555**	Hysteroscopy, diagnostic (separate procedure)	3.33	0.088	**75**	30	**25**	20
2002	**57461**	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	3.43	0.099	**58**	15	**28**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44388

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 14037
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 4,679 in 2012. (4,679*3 = ~ 14,037)

Specialty Gastroenterology Frequency 7440 Percentage 53.00 %

Specialty General surgery Frequency 3650 Percentage 26.00 %

Specialty Colorectal surgery Frequency 2106 Percentage 15.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,679
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 4,679 in 2012.

Specialty Gastroenterology Frequency 2480 Percentage 53.00 %

Specialty General surgery Frequency 1217 Percentage 26.00 %

Specialty Colorectal surgery Frequency 702 Percentage 15.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44388

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44389 Tracking Number M2 Original Specialty Recommended RVU: **2.94**
Presented Recommended RVU: **3.12**
Global Period: 000 RUC Recommended RVU: **3.12**

CPT Descriptor: Colonoscopy through stoma; with biopsy, single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with a history of abdominal perineal resection of a rectal cancer presents with occult blood in the stool. Colonoscopy through stoma with biopsies of a lesion is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 52%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Abnormal mucosa is identified in the sigmoid colon and biopsies are taken. Photodocumentation of appropriate normal landmarks and abnormalities are obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient’s condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44389		
Sample Size:	2305	**Resp N:** 78	**Response:** 3.3 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	500.00
Survey RVW:	1.20	3.43	**4.04**	4.96	9.40
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	17.00	23.00	**30.00**	35.00	61.00

Immediate Post Service-Time:	**14.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44389	**Recommended Physician Work RVU: 3.12**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**14.00**	**20.00**	**-6.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	161,732

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

Other Reference CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 24.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 44389**	**Key Reference CPT Code:** 31625	**Source of Time RUC Time**
Median Pre-Service Time	26.00	25.00	

Median Intra-Service Time	30.00	30.00
Median Immediate Post-service Time	14.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**70.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.58	3.37
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.58	3.42
Urgency of medical decision making	3.37	3.11
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.68	3.42
Physical effort required	3.42	3.05
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.68	3.47
Outcome depends on the skill and judgment of physician	3.89	3.74
Estimated risk of malpractice suit with poor outcome	3.68	3.53

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.05	2.95
Intra-Service intensity/complexity	3.68	3.32
Post-Service intensity/complexity	3.21	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44389 *Colonoscopy through stoma; with biopsy, single or multiple*

We recommend an RVW of 3.12for 44389. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the colonoscopy through stoma base code 44388 plus an established increment of 0.30 (43201-43200; 43239-43235; 43261-43260; 44382-44380; 44385-44386; 45330-45331) approved by the RUC for endoscopic biopsies.

Pre-time Package 1b is appropriate for 44389, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31625
Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages. The survey data for 31625 from 2003 is comparable to the current survey data for 44389. The table below provides additional comparison codes.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2010	**12016**	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	2.68	0.077	**47**	11	**30**	6
2010	**11043**	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2.70	0.051	**86**	41	**30**	15
2005	**31622**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.78	0.069	**65**	20	**30**	15
2003	**31623**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.88	0.066	**70**	20	**30**	20
		C-Stoma, biopsy	3.12	0.070	**70**	26	**30**	14
2008	**62267**	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral	3.00	0.068	**79**	34	**30**	15

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		tissue for diagnostic purposes						
2012	**32557**	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	0.079	**67**	22	**30**	15
2010	**31296**	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	0.071	**88**	43	**30**	15
2007	**50386**	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	3.30	0.070	**90**	45	**30**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44389

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 6204
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare data base 2,068 in 2012. (2,068*3 = ~ 6,204)

Specialty Gastroenterology Frequency 4157 Percentage 67.00 %

Specialty General surgery Frequency 931 Percentage 15.00 %

Specialty Colorectal surgery Frequency 621 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,068
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 2,068 in 2012.

Specialty Gastroenterology Frequency 1386 Percentage 67.02 %

Specialty General surgery Frequency 310 Percentage 14.99 %

Specialty Colorectal surgery Frequency 207 Percentage 10.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44389

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44390 Tracking Number M3 Original Specialty Recommended RVU: **3.65**
Presented Recommended RVU: **3.82**
Global Period: 000 RUC Recommended RVU: **3.82**

CPT Descriptor: Colonoscopy through stoma; with removal of foreign body(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old patient with a permanent colostomy swallowed an object which became lodged at the ileo-cecal valve. Colonoscopy through stoma with removal of the foreign body is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 79%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the foreign body using air insufflation, water flush, and suctioning as necessary to view the mucosa. The foreign body is grasped with an appropriate retrieval device. The foreign body, retrieval device and colonoscope are withdrawn. The colonoscope is reinserted to the cecum; the appendiceal orifice and ileo-cecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to

allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44390		
Sample Size:	2305	**Resp N:** 46	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	3.00	80.00
Survey RVW:	0.90	4.21	**4.90**	5.54	7.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	18.00	30.00	**35.00**	40.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44390	**Recommended Physician Work RVU: 3.82**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	39,248

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 44390**	**Key Reference CPT Code:** 31631	**Source of Time** **RUC Time**

Median Pre-Service Time	37.00	45.00
Median Intra-Service Time	35.00	45.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**87.00**	**120.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.50	3.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.38	3.63
Urgency of medical decision making	4.25	3.38
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.50	3.88
Physical effort required	4.13	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.25	3.75
Outcome depends on the skill and judgment of physician	4.13	3.88
Estimated risk of malpractice suit with poor outcome	4.13	3.75

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.50	3.25
Intra-Service intensity/complexity	4.38	3.75
Post-Service intensity/complexity	3.38	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44390 *Colonoscopy through stoma; with removal of foreign body*

We recommend an RVW of 3.82 for 44389. This value is less than the 25th percentile RVW. It reflects the recommendation for the colonoscopy through stoma base code 44388 plus an established increment of 1.01 (43215-43200; 43247-43235; 4327X5-43260, 45332-45330) approved by the RUC for removal of foreign body.

Pre-time Package 2b is appropriate for 44390, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31631
Many codes were chosen as a reference by the survey respondents for 44390. Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was chosen most often (8/46), however, this code was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2010	**12017**	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	3.18	0.069	**59**	11	**40**	8
2010	**31296**	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	0.071	**88**	43	**30**	15
2007	**50386**	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	3.30	0.070	**90**	45	**30**	15
1998	**31643**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	3.49	0.061	**95**	30	**35**	30

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
	44390	C-Stoma, w-FBR	3.82	0.078	**87**	37	**35**	15
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.80	0.071	**90**	30	**40**	20
2009	**49411**	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	3.82	0.072	**85**	25	**40**	20
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44390

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 66

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 22 in 2012. (22*3 = ~ 66)

Specialty Gastroenterology	Frequency 45	Percentage 68.18 %
Specialty General surgery	Frequency 9	Percentage 13.63 %
Specialty Colorectal surgery	Frequency 9	Percentage 13.63 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 22 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 22 in 2012.

Specialty Gastroenterology	Frequency 15	Percentage 68.18 %
Specialty General surgery	Frequency 3	Percentage 13.63 %
Specialty Colorectal surgery	Frequency 3	Percentage 13.63 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44390

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44391 Tracking Number M4 Original Specialty Recommended RVU: **4.22**
Presented Recommended RVU: **4.22**
Global Period: 000 RUC Recommended RVU: **4.22**

CPT Descriptor: Colonoscopy through stoma; with control of bleeding, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with a history of abdominal perineal resection of a rectal cancer presents with active hemorrhage through the colostomy. Colonoscopy through stoma for control of bleeding is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 79%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 64%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and the ileocecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Active bleeding is identified from an angiodysplastic lesion in the colon. A bipolar cautery probe is inserted through the colonoscope and

positioned on the bleeding lesion; therapy is applied to control the bleeding. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44391		
Sample Size:	2305	**Resp N:** 53	**Response:** 2.2 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	5.00	80.00
Survey RVW:	1.75	4.22	**4.82**	6.00	9.50
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	30.00	**40.00**	45.00	75.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44391	**Recommended Physician Work RVU: 4.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 18.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 44391**	**Key Reference CPT Code:** 31631	**Source of Time RUC Time**
Median Pre-Service Time	40.00	45.00	
Median Intra-Service Time	40.00	45.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**95.00**	**120.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.20	3.80
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.20	4.10
Urgency of medical decision making	4.60	3.70
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.50	4.20
Physical effort required	4.50	4.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	4.20
Outcome depends on the skill and judgment of physician	4.50	4.30
Estimated risk of malpractice suit with poor outcome	4.40	3.90

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.80	3.50
Intra-Service intensity/complexity	4.30	4.10

Post-Service intensity/complexity	4.00	3.40

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44391 *Colonoscopy through stoma; with control of bleeding, any method*

We recommend an RVW of 4.22 for 44391. This value is the 25th percentile survey RVW. The RUC has not established an increment for control of bleeding due to the varying intensity and complexity of the procedure in different areas of the body. The RUC recommended increment for control of bleeding for esophagoscopy (43227) and EGD (43255) over each family's base code was 1.67 and 1.94 RVWs, respectively, reflecting the higher complexity and intensity of control of bleeding in EGD over esophagoscopy. The RUC recommended increment for control of bleeding for flexible sigmoidoscopy (45334) over the family base code was 1.30 RVW, consistent with the physician work, complexity and intensity involved in comparison to 43227 and 43255 (i.e., less work). The 25th percentile RVW of 4.22 creates an increment of 1.58, consistent with the physician work, complexity and intensity involved in comparison to 43227, 43255 and 45334 and to the rest of the codes in the colonoscopy through stoma family.

Pre-time Package 2b is appropriate for 44391, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31631
Many codes were chosen as a reference by the survey respondents for 44391. Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was chosen most often (10/52), however, this code was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2008	**49446**	Conversion of gastrostomy tube to gastro-	3.31	0.055	**93**	38	**40**	15

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report						
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.80	0.071	**90**	30	**40**	20
2009	**49411**	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	3.82	0.072	**85**	25	**40**	20
2010	**49418**	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	4.21	0.071	**104**	44	**40**	20
	44391	C-Stoma, bleeding	4.22	0.076	**95**	40	**40**	15
1995	**93505**	Endomyocardial biopsy	4.37	0.084	**100**	42	**38**	20
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20
1997	**58558**	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	4.74	0.091	**90**	30	**40**	20
1997	**58562**	Hysteroscopy, surgical; with removal of impacted foreign body	5.20	0.102	**90**	30	**40**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44391

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastronenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 627
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 209 in 2012. (209*3 = ~ 627)

Specialty Gastroenterology Frequency 514 Percentage 81.97 %

Specialty General surgery Frequency 25 Percentage 3.98 %

Specialty Colorectal surgery Frequency 25 Percentage 3.98 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 209
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 209 in 2012.

Specialty Gastroenterology Frequency 171 Percentage 81.81 %

Specialty General surgery Frequency 8 Percentage 3.82 %

Specialty Colorectal surgery Frequency 8 Percentage 3.82 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44391

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44392 Tracking Number M5 Original Specialty Recommended RVU: **3.45**
Presented Recommended RVU: **3.63**
Global Period: 000 RUC Recommended RVU: **3.63**

CPT Descriptor: Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient with a history of abdominal perineal resection of a rectal cancer undergoes colonoscopy through stoma. Diminutive polyps are identified in the proximal colon and removed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 79%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 77%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is withdrawn to the ascending colon where the identified lesions are removed with successive applications of hot biopsy forceps until there is no residual. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential

examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44392		
Sample Size:	2305	**Resp N:** 50	**Response:** 2.1 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	100.00
Survey RVW:	2.80	3.87	**4.35**	5.86	9.92
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	24.00	**30.00**	32.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44392	**Recommended Physician Work RVU: 3.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**10.00**	**20.00**	**-10.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	161,732

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 24.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 44392**	**Key Reference CPT Code:** 31625	**Source of Time RUC Time**
Median Pre-Service Time	26.00	25.00	

Median Intra-Service Time	30.00	30.00
Median Immediate Post-service Time	10.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**66.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.67	3.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.67	3.42
Urgency of medical decision making	3.50	3.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.33	3.83
Physical effort required	3.83	3.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.33	4.00
Outcome depends on the skill and judgment of physician	4.42	4.08
Estimated risk of malpractice suit with poor outcome	4.25	3.92

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.17	3.08
Intra-Service intensity/complexity	4.00	3.50
Post-Service intensity/complexity	3.58	3.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44392 *Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery*

We recommend an RVW of 3.63 for 44392. This value is less than the 25th percentile and current RVW and is equal to the recommendation for the colonoscopy through stoma base 44388 plus an established increment of 0.81 (43216-43200; 43250-43235; 45333-45330) approved by the RUC for endoscopic biopsies by hot biopsy forceps or bipolar cautery.

Pre-time Package 1b is appropriate for 44392, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31625

Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages. The survey data for 31625 from 2003 is comparable to the current survey data for 44392, but the intensity and complexity data indicate that 44392 is more intense and complex than 31625 with 44392 ranking higher in 11/11 measures.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**32557**	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	0.079	**67**	22	**30**	15
1997	**58555**	Hysteroscopy, diagnostic (separate procedure)	3.33	0.088	**75**	30	**25**	20
2003	**31625**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	3.36	0.087	**70**	25	**30**	15
2002	**57461**	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	3.43	0.099	**58**	15	**28**	15
	44392	C-Stoma, hot biopsy	3.63	0.097	**66**	26	**30**	10

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**52214**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	3.50	0.082	**79**	29	**30**	20
2000	**19103**	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	3.69	0.097	**65**	20	**30**	15
2007	**20660**	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	**90**	30	**30**	30
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	**79**	29	**30**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44392

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 1905
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare data base 635 in 2012. (635*3 = ~ 1,905)

Specialty Gastroenterology Frequency 876 Percentage 45.98 %

Specialty General surgery Frequency 495 Percentage 25.98 %

Specialty Colorectal surgery Frequency 286 Percentage 15.01 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 635
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 635 in 2012.

Specialty Gastroenterology Frequency 292 Percentage 45.98 %

Specialty General surgery Frequency 165 Percentage 25.98 %

Specialty Colorectal surgery Frequency 95 Percentage 14.96 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44392

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44401 Tracking Number M6 Original Specialty Recommended RVU: **4.77**
Presented Recommended RVU: **4.44**
Global Period: 000 RUC Recommended RVU: **4.44**

CPT Descriptor: Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with a history of abdominal perineal resection of a rectal cancer undergoes colonoscopy through stoma. A flat lesion is identified in the transverse colon and ablated.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 70%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is withdrawn through the ascending colon and transverse colon. A flat lesion is identified in the transverse colon. Under endoscopic visualization, a guidewire is passed through the colonoscope and the scope is withdrawn. The colonoscope is reinserted and a sizing balloon catheter is placed through the

scope into the colon to straddle the region of abnormality to be ablated. The sizing balloon is inflated to ascertain the luminal diameter to be treated. The sizing balloon is removed and an ablation catheter of appropriate caliber is passed over the guidewire into the colon. The colonoscope is slowly withdrawn through the descending and sigmoid colon and the colonic mucosa is examined. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44401		
Sample Size:	2305	**Resp N:** 45	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	5.00	25.00
Survey RVW:	3.40	4.44	**5.00**	6.46	10.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	18.00	25.00	**30.00**	40.00	68.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44401	**Recommended Physician Work RVU: 4.44**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**10.00**	**23.00**	**-13.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 17.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 44401**	**Key Reference CPT Code:** 52342	**Source of Time RUC Time**
Median Pre-Service Time	32.00	60.00	
Median Intra-Service Time	30.00	60.00	
Median Immediate Post-service Time	10.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**72.00**	**140.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.89	3.53
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.73	3.47
Urgency of medical decision making	3.73	3.36
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.36	3.69
Physical effort required	4.07	3.40
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.22	3.67
Outcome depends on the skill and judgment of physician	4.20	3.73
Estimated risk of malpractice suit with poor outcome	4.16	3.71

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.44	3.24
Intra-Service intensity/complexity	4.20	3.67

Post-Service intensity/complexity	3.49	3.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44401 *Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 4.44 for 44401. This value is the survey's 25th percentile.

Pre-time Package 2b is appropriate for 44401, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 44401. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often by the survey respondents (8/45), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Several other references were chosen almost equally. The lack of a direct comparative service to 44401, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The significant difference in both time and work between the comparison codes and 44401 make it difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2004	**32550**	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	**90**	40	**30**	20
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.71	0.120	**83**	38	**30**	15
2012	**35476**	Transluminal balloon angioplasty, percutaneous; venous	4.71	0.107	**81**	26	**35**	20
	44401	C-Stoma, ablation+dilation+wire	4.44	0.119	**72**	32	**30**	10
1995	**52276**	Cystourethroscopy with direct vision internal urethrotomy	4.99	0.104	**95**	30	**35**	30
2012	**37213**	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	5.00	0.109	**99**	41	**33**	25
2003	**59070**	Transabdominal amnioinfusion, including ultrasound guidance	5.24	0.109	**125**	65	**30**	30
2003	**59074**	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	5.24	0.109	**125**	65	**30**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44393, 44799. 100% of the volume of 44393 (180 Medicare volume) will be reported by 44401. One percent of the unlisted code (14 Mediare volume) will be reported for the pre- and post-dilation and 1% of the unlisted code (14 Medicare volume) for the guide wire placement components of the service.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 540
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 180 in 2012. (180*3 = ~ 540)

Specialty Gastroenterology Frequency 324 Percentage 60.00 %

Specialty General surgery Frequency 119 Percentage 22.03 %

Specialty Colorectal surgery Frequency 54 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 180
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 180 in 2012.

Specialty Gastroenterology Frequency 108 Percentage 60.00 %

Specialty General surgery Frequency 40 Percentage 22.22 %

Specialty Colorectal surgery Frequency 18 Percentage 10.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44393

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44394 Tracking Number M7 Original Specialty Recommended RVU: **3.95**
Presented Recommended RVU: **4.13**
Global Period: 000 RUC Recommended RVU: **4.13**

CPT Descriptor: Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year old patient with a history of abdominal perineal resection of a rectal cancer undergoes colonoscopy through stoma. Polyps are identified and removed by snare technique.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 69%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and the ileo-cecal valve intubated, if indicated. The colonoscope is withdrawn to the ascending colon where a polyp on a stalk is identified. A snare is passed through the endoscope and looped around the lesion. As the snare is tightened, electrocautery is applied in a controlled manner and the identified lesion is removed. The snare is withdrawn, and a retrieval device is inserted through the colonoscope to capture the polyp. The retrieval device and polyp are withdrawn to the tip of the

colonoscope, which is withdrawn through the rectum. The colonoscope is re-inserted through the rectum to the area of the lesion. The base of the lesion is examined; if there is residual tissue the snare technique is repeated until there is no residual. The colonoscope is slowly withdrawn through the transverse, descending and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44394		
Sample Size:	2305	**Resp N:** 60	**Response:** 2.6 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	11.00	30.00
Survey RVW:	1.20	4.20	**4.65**	5.90	11.10
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	18.00	25.00	**30.00**	40.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44394	**Recommended Physician Work RVU: 4.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**33.00**	**-13.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**10.00**	**23.00**	**-13.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	51,482

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 13.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 44394**	**Key Reference CPT Code:** 31625	**Source of Time** **RUC Time**

Median Pre-Service Time	27.00	25.00
Median Intra-Service Time	30.00	30.00
Median Immediate Post-service Time	10.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**67.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.88	3.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	4.00
Urgency of medical decision making	3.63	3.63
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.38	3.88
Physical effort required	4.38	3.75
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.25	4.25
Outcome depends on the skill and judgment of physician	4.38	4.13
Estimated risk of malpractice suit with poor outcome	4.13	4.13

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.25	3.13
Intra-Service intensity/complexity	4.13	3.75
Post-Service intensity/complexity	3.63	3.38

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44394 *Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique*

We recommend an RVW of 4.13 for 44394. This value is less than the 25th percentile and the current RVW and is equal to the recommendation for the colonoscopy through stoma base 44388 plus an established increment of 1.31 (43217-43200; 43251-43235; 45338-45330) approved by the RUC for endoscopic removal of lesion by snare.

Pre-time Package 2b is appropriate for 44394, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31625
Many codes were chosen as a reference by the survey respondents for 44394. Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was chosen most often (8/60), however, this code was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages. Better comparison codes are presented in the table below.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**52214**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	3.50	0.082	**79**	29	**30**	20
2000	**19103**	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	3.69	0.097	**65**	20	**30**	15
1993	**43205**	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices	3.78	0.096	**70**	20	**30**	20
	44394	C-Stoma, snare	4.13	0.112	**67**	27	**30**	10
2007	**20660**	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	**90**	30	**30**	30
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or	4.05	0.101	**79**	29	**30**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		without biopsy						
2003	**31629**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	**80**	30	**30**	20
2004	**32550**	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	**90**	40	**30**	20
2012	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	**79**	29	**30**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44394

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 4227
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare data base 1,409 in 2012. (1,409*3 = ~ 4,227)

Specialty Gastroenterology Frequency 2959 Percentage 70.00 %

Specialty General surgery Frequency 634 Percentage 14.99 %

Specialty Colorectal surgery Frequency 423 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,409
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 1,409 in 2012.

Specialty Gastroenterology Frequency 986 Percentage 69.97 %

Specialty General surgery Frequency 211 Percentage 14.97 %

Specialty Colorectal surgery Frequency 141 Percentage 10.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44394

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44402 Tracking Number M8 Original Specialty Recommended RVU: **4.78**
Presented Recommended RVU: **4.96**
Global Period: 000 RUC Recommended RVU: **4.96**

CPT Descriptor: Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient with a history of abdominal perineal resection of a rectal cancer presents with abdominal pain and imaging findings of an obstructing lesion in the mid-transverse colon. Colonoscopy through stoma with dilation of the colon and placement of a stent is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 70%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the transverse colon using air insufflation, water flush, and suctioning as necessary to view the mucosa. An obstructing, concentric tumor is identified which prohibits passage of the standard colonoscope. The colonoscope is withdrawn and a thin caliber flexible colonoscope is inserted through the rectum and passed through the colonic tumor to the cecum. The appendiceal orifice and ileo-cecal valve are

identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is withdrawn, and the ascending colon and proximal transverse colon are examined. The tumor is measured and the distal and proximal margins of the tumor are marked for stent placement. The colonoscope is reinserted to 2 cm past the distal end of the tumor and a guidewire is inserted through the endoscope across the full length of the tumor. The colonoscope is withdrawn. Under fluoroscopic guidance, the expandable wire mesh stent and introducing device are advanced over the guidewire into the colon and positioned across the tumor. If necessary, contrast is inserted under fluoroscopic guidance to confirm positioning of the stent. Fluoroscopic imaging is obtained and spot digital images are taken. The stent is slowly deployed across the tumor under fluoroscopic guidance, with repositioning if necessary. Once the stent is placed, the guidewire and introducing device are withdrawn and the thin caliber colonoscope is reinserted to confirm proper positioning of the stent. Balloon dilatation of the stent may be required. The colonoscope is slowly withdrawn through the distal transverse colon and descending and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44402		
Sample Size:	2394	**Resp N:** 40	**Response:** 1.6 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	2.00	19.00
Survey RVW:	4.20	4.89	**5.80**	7.19	10.05
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	34.00	**43.00**	60.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44402	**Recommended Physician Work RVU: 4.96**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**43.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 30.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 44402	Key Reference CPT Code: 31631	Source of Time RUC Time
Median Pre-Service Time	40.00	45.00	
Median Intra-Service Time	43.00	45.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**98.00**	**120.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)

(of those that selected Key Reference code)

Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	4.33	4.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	4.50
Urgency of medical decision making	4.33	4.00

Technical Skill/Physical Effort (Mean)

Technical skill required	4.67	4.58
Physical effort required	4.33	4.08

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.58	4.50
Outcome depends on the skill and judgment of physician	4.75	4.67
Estimated risk of malpractice suit with poor outcome	4.42	4.25

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**

Time Segments (Mean)

Pre-Service intensity/complexity	3.92	3.83
Intra-Service intensity/complexity	4.67	4.25

Post-Service intensity/complexity	4.00	3.92

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44402 *Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when performed)*

We recommend an RVW of 4.96 for 44402. This value is less than the 25th percentile and equal to the recommendation for the colonoscopy through stoma base 44388 plus an established increment of 2.14 (43212-43200; 43266-43235; 4438X4-44380; 4534X7-45330) approved by the RUC for endoscopic stent placement including pre- and/or post-dilation and passage of guide wire.

Pre-time Package 2b is appropriate for 44402, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31631
Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time and post-time packages and therefore is difficult to compare. Better comparison codes are listed in the table below.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2010	**49418**	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	4.21	0.071	**104**	44	**40**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
1995	**93505**	Endomyocardial biopsy	4.37	0.084	**100**	42	**38**	20
2007	**50385**	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	4.44	0.070	**109**	49	**45**	15
1997	**58558**	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	4.74	0.091	**90**	30	**40**	20
	44402	C-Stoma, stent+dilation+wire	4.96	0.088	**98**	40	**43**	15
1994	**93724**	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	4.88	0.108	**65**	15	**40**	10
1997	**58562**	Hysteroscopy, surgical; with removal of impacted foreign body	5.20	0.102	**90**	30	**40**	20
2011	**52315**	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	**94**	29	**45**	20
2011	**36246**	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	0.088	**106**	41	**45**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44397, 44799. 100% of the volume of 44397 (15 Medicare volume) will be reported by 44402. 5% of the unlisted code (68 Medicare volume) will be reported for the pre- and post-dilation and 1% of the unlisted code (14 Medicare volume) for the guide wire placement components of the service.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 45
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 15 in 2012. (15*3 = ~ 45)

Specialty Gastroenterology Frequency 30 Percentage 66.66 %

Specialty General surgery Frequency 6 Percentage 13.33 %

Specialty Colorectal surgery Frequency 9 Percentage 20.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 15 in 2012.

Specialty Gastroenterology Frequency 9 Percentage 60.00 %

Specialty General surgery Frequency 2 Percentage 13.33 %

Specialty Colorectal surgery Frequency 3 Percentage 20.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44397

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44403 Tracking Number M9 Original Specialty Recommended RVU: **5.63**
Presented Recommended RVU: **5.81**
Global Period: 000 RUC Recommended RVU: **5.81**

CPT Descriptor: Colonoscopy through stoma; with endoscopic mucosal resection

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with a history of abdominal perineal resection of a rectal cancer undergoes colonoscopy through stoma. A large sessile polyp is identified, and endoscopic mucosal resection is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 79%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 58%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and ileo-cecal valve are identified and ileo-cecal valve intubated, if indicated. The colonoscope is withdrawn through the ascending colon, transverse colon and descending and sigmoid colon to allow circumferential examination of the colonic mucosa. A lesion is identified in the sigmoid colon that cannot be removed by standard snare polypectomy technique. The colonoscope is withdrawn, a friction cap is fitted onto the end of the scope, and the colonoscope is inserted through the rectum into the colon to the site where endoscopic

mucosal resection is to be performed. An injection needle is passed through the colonoscope, and a solution of a topical contrast agent such as methylene blue, saline and epinephrine is injected submucosally to raise the lesion. The injection needle is withdrawn. The area of abnormality is suctioned into the friction fitted cap to create a pseudopolyp. A snare is passed through the colonoscope and looped around the lesion. As the snare is tightened, electrocautery is applied in a controlled manner and the identified lesion is removed. Snare removal is repeated until all visually identified portions of the lesion are resected. The snare is withdrawn and a retrieval device is inserted through the colonoscope to capture the lesion. The retrieval device with the lesion is withdrawn to the tip of the colonoscope, which is withdrawn through the stoma. The colonoscope is reinserted through the stoma to the area of the lesion. The base of the lesion is examined; if there is residual tissue the snare or other appropriate technique is applied until there is no residual, and bleeding, if any, is controlled. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient’s condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44403		
Sample Size:	2305	**Resp N:** 44	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	4.00	140.00
Survey RVW:	2.90	4.75	**5.65**	7.51	11.10
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	34.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44403	**Recommended Physician Work RVU: 5.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**15.00**	**23.00**	**-8.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,442

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 18.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 44403**	**Key Reference CPT Code:** 31631	**Source of Time** **RUC Time**

Median Pre-Service Time	32.00	45.00
Median Intra-Service Time	45.00	45.00
Median Immediate Post-service Time	15.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**92.00**	**120.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.38	4.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	4.13
Urgency of medical decision making	4.38	3.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.75	4.38
Physical effort required	4.38	3.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	3.88
Outcome depends on the skill and judgment of physician	4.75	4.13
Estimated risk of malpractice suit with poor outcome	4.25	3.63

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.75	3.63
Intra-Service intensity/complexity	4.88	4.00
Post-Service intensity/complexity	4.00	3.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44403 *Colonoscopy through stoma; with endoscopic mucosal resection*

We recommend an RVW of 5.81 for 44403. This value is less than the median RVW and equal to the recommendation for the colonoscopy through stoma base 44388 plus an established increment of 2.99 (43211-43200; 43254-43235) approved by the RUC for endoscopic mucosal resection.

Pre-time Package 2b is appropriate for 44403, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31631

Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time and post-time packages and therefore is difficult to compare. Better comparison codes are listed in the table below.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2011	**52315**	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	**94**	29	**45**	20
2011	**36246**	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	5.27	0.088	**106**	41	**45**	20
2012	**52235**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	5.44	0.098	**94**	29	**45**	20
2012	**36222**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	5.53	0.096	**118**	48	**40**	30
	44403	C-Stoma, EMR	5.81	0.107	**92**	32	**45**	15

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**35475**	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	5.75	0.110	**92**	26	**43**	23
2012	**52351**	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	5.75	0.096	**118**	53	**45**	20
2010	**93458**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	5.85	0.093	**123**	48	**45**	30
2012	**36223**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	6.00	0.096	**123**	48	**45**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44392, 44799. 1% of services previously reported with code 44392 (6 Medicare volume) and 40% of unlisted code 44799 (706 Medicare volume) will be reported using new code 44403.

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 18

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 1% of services previously reported with code 44392 [(635 Medicare volume*1% = 6)*3 = 18] will be reported with 44403.

Specialty Gastroenterology	Frequency 8	Percentage 44.44 %
Specialty General surgery	Frequency 4	Percentage 22.22 %
Specialty Colorectal surgery	Frequency 2	Percentage 11.11 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 712
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 44392, 44799. 1% of services previously reported with code 44392 (6 Medicare volume) and 40% of unlisted code 44799 (706 Medicare volume) will be reported using new code 44403.

Specialty Gastroenterology	Frequency 3	Percentage 50.00 %
Specialty General surgery	Frequency 2	Percentage 33.33 %
Specialty Colorectal surgery	Frequency 1	Percentage 16.66 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44392

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44404 Tracking Number M10 Original Specialty Recommended RVU: **2.95**
Presented Recommended RVU: **3.13**
Global Period: 000 RUC Recommended RVU: **3.13**

CPT Descriptor: Colonoscopy through stoma; with directed submucosal injection(s), any substance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient with a history of abdominal perineal resection of a rectal cancer is found to have a colonic cancer that cannot be resected endoscopically. Colonoscopy through stoma with injection of India ink to tattoo the lesion is performed prior to surgical referral.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 82%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 64%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. A lesion is identified in the proximal transverse colon that is highly suspect as being a malignancy not suitable for endoscopic resection. A 23 gauge sclerotherapy needle is advanced through the instrument channel and multiple small boluses of India ink are injected into submucosa at sites around the lesion to facilitate surgical identification of the lesion. The scope is advanced to the cecum using air insufflation as necessary; the

appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44404		
Sample Size:	2305	**Resp N:** 47	**Response:** 2.0 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	5.00	40.00
Survey RVW:	2.50	3.61	**4.20**	5.35	10.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	22.00	**30.00**	35.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44404	**Recommended Physician Work RVU: 3.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**10.00**	**20.00**	**-10.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	161,732

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

Other Reference CPT Code	Global	Work RVU	Time Source
99233	000	3.86	**RUC Time**

CPT Descriptor Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 29.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 44404**	**Key Reference CPT Code:** 31625	**Source of Time RUC Time**
Median Pre-Service Time	26.00	25.00	
Median Intra-Service Time	30.00	30.00	
Median Immediate Post-service Time	10.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**66.00**	**70.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.43	3.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.50
Urgency of medical decision making	3.36	3.21
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.71	3.57
Physical effort required	3.64	3.43
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.57	3.57
Outcome depends on the skill and judgment of physician	3.64	3.57
Estimated risk of malpractice suit with poor outcome	3.64	3.50

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.07	3.00
Intra-Service intensity/complexity	3.79	3.50

Post-Service intensity/complexity	3.29	3.21

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44404 *Colonoscopy through stoma; with directed submucosal injection(s), any substance*

We recommend an RVW of 3.13 for 44404. This value is less than the 25th percentile RVW and is equal to the recommendation for the colonoscopy through stoma base code 44388 plus an established increment of 0.31 (43201-43200; 43236-43235; 45335-45330) approved by the RUC for endoscopic directed submucosal injection.

Pre-time Package 1b is appropriate for 44404, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31625

Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was surveyed and presented to the RUC in 2003 prior to the discussion of pre- and post-time packages. The survey data for 31625 from 2003 is comparable to the current survey data for 44389; both codes have the same intra-service time, code 44404 survey data has 5 minutes more pre-service time and 31625 has 5 minutes more post time. Additional comparison codes are listed in the table below.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2010	**12016**	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	2.68	0.077	**47**	11	**30**	6
2010	**57156**	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	2.69	0.056	**79**	29	**30**	20
2005	**31622**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.78	0.069	**65**	20	**30**	15

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2003	**31623**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.88	0.066	**70**	20	**30**	20
	44404	C-Stoma, submucosal injection	3.13	0.080	**71**	26	**30**	15
2008	**62267**	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	3.00	0.068	**79**	34	**30**	15
2012	**32557**	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	0.079	**67**	22	**30**	15
2010	**31296**	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	0.071	**88**	43	**30**	15
2007	**50386**	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	3.30	0.070	**90**	45	**30**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. 1% of unlisted code 44799 (14 Medicare volume) will be reported with new code 44404.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 42
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 1% of unlisted code 44799 [1,360*1% = 14 Medicare volume]*3 = 42 will be reported with new code 44404.

Specialty Gastroenterology	Frequency 28	Percentage 66.66 %
Specialty General surgery	Frequency 7	Percentage 16.66 %
Specialty Colorectal surgery	Frequency 4	Percentage 9.52 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 1% of unlisted code 44799 [1,360*1% = 14 Medicare volume]

Specialty Gastroenterology	Frequency 9	Percentage 64.28 %
Specialty General surgery	Frequency 2	Percentage 14.28 %
Specialty Colorectal surgery	Frequency 1	Percentage 7.14 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44389

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44405 Tracking Number M11 Original Specialty Recommended RVU: **3.15**
Presented Recommended RVU: **3.33**
Global Period: 000 RUC Recommended RVU: **3.33**

CPT Descriptor: Colonoscopy through stoma; with transendoscopic balloon dilation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old patient with a history of abdominal perineal resection of a rectal cancer presents with an anastomotic stricture. Therapeutic colonoscopy through stoma with dilation of the stricture is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 75%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the descending colon using air insufflation, water flush, and suctioning as necessary to view the mucosa. A stricture is identified which prohibits passage of the colonoscope. The colonoscope is positioned. A through-the-scope fixed wire balloon catheter is advanced through the colonoscope, positioned across the stricture, and inflated to a diameter of approximately 15 mm. The balloon catheter is deflated and the stricture is observed. If necessary, the balloon dilator is removed and subsequent balloon catheters of larger diameter are inserted through the colonoscope, positioned across the stricture, and inflated. The balloon catheter is then deflated, and

the stricture is observed to confirm adequate dilation of the stricture. When dilation is adequate, the balloon catheter is removed. Following dilation, the area is observed for bleeding. The colonoscope is advanced to the cecum using air insufflation as necessary; the appendiceal orifice and ileo-cecal valve are identified and the ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44405		
Sample Size:	2305	**Resp N:** 40	**Response:** 1.7 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	5.00	30.00
Survey RVW:	3.38	4.55	**5.53**	6.24	8.90
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	30.00	**38.00**	45.00	75.00

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44405	**Recommended Physician Work RVU: 3.33**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**38.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

		Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:		**12.00**	**23.00**	**-11.00**
Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	161,732

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,435

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 22.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 44405**	**Key Reference CPT Code:** 52342	**Source of Time RUC Time**
Median Pre-Service Time	32.00	60.00	

Median Intra-Service Time	38.00	60.00
Median Immediate Post-service Time	12.00	20.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**82.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.78	3.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.78	3.67
Urgency of medical decision making	3.78	3.44
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.11	3.78
Physical effort required	4.00	3.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.11	3.78
Outcome depends on the skill and judgment of physician	4.22	3.78
Estimated risk of malpractice suit with poor outcome	4.00	3.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.44	3.33
Intra-Service intensity/complexity	4.22	3.56
Post-Service intensity/complexity	3.44	3.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44405 *Colonoscopy through stoma; with transendoscopic balloon dilation*

We recommend an RVW of 3.33 for 44405. This value is less than the 25th percentile RVW and is equal to the recommendation for the colonoscopy through stoma base code 44388 plus an established increment of 0.51 (43220-43200; 43249-43235; 4438X1-44380) approved by the RUC for transendoscopic balloon dilation.

Pre-time Package 2b is appropriate for 44405, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 44405. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often by the survey respondents (9/40), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. The lack of a direct comparative service to 44405, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The significant difference in both time and work between the comparison codes and 44405 make the difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2003	**31623**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.88	0.066	**70**	20	**30**	20
1993	**31237**	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	2.98	0.056	**73**	18	**40**	15
2011	**52007**	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	3.02	0.061	**82**	29	**33**	20
1993	**43458**	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia	3.06	0.059	**86**	25	**31**	30
	44405	C-Stoma, dilation	3.33	0.064	**82**	32	**38**	12

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2010	**12017**	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	3.18	0.069	**59**	11	**40**	8
2008	**49446**	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	3.31	0.055	**93**	38	**40**	15
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.80	0.071	**90**	30	**40**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. 1% of unlisted code 44799 (14 Medicare volume) will be reported with new code 44405

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 42
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. 1% of unlisted code 44799 [1,360*1% = 14 Medicare volume]*3 = 42 will be reported with new code 44405

Specialty Gastroenterology Frequency 28 Percentage 66.66 %

Specialty General surgery Frequency 6 Percentage 14.28 %

Specialty Colorectal surgery Frequency 6 Percentage 14.28 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 1% of unlisted code 44799 [1,360*1% = 14 Medicare volume]

Specialty Gastroenterology	Frequency 9	Percentage 64.28 %
Specialty General surgery	Frequency 2	Percentage 14.28 %
Specialty Colorectal surgery	Frequency 2	Percentage 14.28 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44390

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44406 Tracking Number M12 Original Specialty Recommended RVU: **4.23**
Presented Recommended RVU: **4.41**
Global Period: 000 RUC Recommended RVU: **4.41**

CPT Descriptor: Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old patient with history of abdominal perineal resection of a rectal cancer presents with abdominal discomfort and weight loss. Diagnostic colonoscopy through stoma with endoscopic ultrasound is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 73%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 43%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is lubricated and inserted through the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and ileo-cecal valve is intubated, if indicated. The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. A lesion is

identified in the sigmoid colon. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. The colon is deflated and the scope is withdrawn. A dedicated echoendoscope is prepared with a balloon placed over the transducer housing. The echoendoscope is then introduced through the ostomy site and advanced to the level of the identified abnormality under direct endoscopic visualization. While slowly withdrawing the echoendoscope, ultrasound imaging is performed. Ultrasound spot digital images are taken and reviewed by the endoscopist. At the conclusion of the procedure, the echoendoscope is removed.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	AGA, ASGE, ACG				
CPT Code:	44406				
Sample Size:	1476	**Resp N:**	35	**Response:** 2.3 %	
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying the ASGE Endoscopic Ultrasound Special Interest Group, as approved by the Research subcommittee. This SOR contains the combined data of both groups.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	3.00	50.00
Survey RVW:	2.00	3.98	**4.50**	5.97	11.45
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**8.00**		
Intra-Service Time:	10.00	30.00	**40.00**	60.00	60.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44406	**Recommended Physician Work RVU: 4.41**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**23.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11044	000	4.10	**RUC Time**	56,197

CPT Descriptor 1 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 44406**	**Key Reference CPT Code:** 52342	**Source of Time RUC Time**
Median Pre-Service Time	40.00	60.00	
Median Intra-Service Time	40.00	60.00	
Median Immediate Post-service Time	20.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**100.00**	**140.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.43	3.57
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.29	3.57
Urgency of medical decision making	4.00	3.43
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.71	3.86
Physical effort required	3.86	3.57
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.86
Outcome depends on the skill and judgment of physician	4.43	3.86
Estimated risk of malpractice suit with poor outcome	3.86	3.71

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.57	3.57
Intra-Service intensity/complexity	4.43	4.00

Post-Service intensity/complexity	4.14	3.71

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44406 *Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures*

We recommend an RVW of 4.41 for 44406. This value equal to the recommendation for the colonoscopy through stoma base 44388 plus an established increment of 1.59 (43231-43200; 43237-43235) approved by the RUC for endoscopic ultrasound examination.

Pre-time Package 2b is appropriate for 44406, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 44406. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often by the survey respondents (7/35), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Several other references were chosen almost equally. The lack of a direct comparative service to 44406, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The significant difference in both time and work between the comparison codes and 44406 make the difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2000	**43231**	Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination	3.19	0.057	**80**	20	**40**	20
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung	3.80	0.071	**90**	30	**40**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		biopsy(s), single lobe						
2009	**49411**	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	3.82	0.072	**85**	25	**40**	20
2010	**49418**	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	4.21	0.071	**104**	44	**40**	20
	44406	C-Stoma, EUS	4.41	0.078	**100**	40	**40**	20
1997	**58558**	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	4.74	0.091	**90**	30	**40**	20
1994	**93724**	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	4.88	0.108	**65**	15	**40**	10
1997	**58562**	Hysteroscopy, surgical; with removal of impacted foreign body	5.20	0.102	**90**	30	**40**	20
2012	**36222**	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	5.53	0.096	**118**	48	**40**	30
2010	**93455**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	5.54	0.094	**123**	53	**40**	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. 1% of the unlisted code (14 Medicare volume) will be reported with the new code 44406.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 41
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of the volume of 44799 (14 Medicare volume) * 3 = ~41

Specialty Gastroenterology Frequency 30 Percentage 73.17 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of the volume of 44799 (14 Medicare volume)

Specialty Gatroenterology Frequency 10 Percentage 71.42 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44394

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44407 Tracking Number M13 Original Specialty Recommended RVU: **4.88**
Presented Recommended RVU: **5.06**
Global Period: 000 RUC Recommended RVU: **5.06**

CPT Descriptor: Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old patient with history of abdominal perineal resection of a rectal cancer presents with abdominal discomfort and weight loss. Enlarged regional lymph nodes are found on imaging studies. Diagnostic colonoscopy through stoma with endoscopic ultrasound staging of the tumor and fine needle aspiration biopsy of the lymph nodes are performed to plan therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 67%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 33%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is inserted into the ostomy site. The scope is advanced to the cecum using air insufflation, water flush, and suctioning as necessary to view the mucosa. The appendiceal orifice and the ileo-cecal valve are identified and ileo-cecal valve intubated, if indicated.

The colonoscope is slowly withdrawn through the ascending colon, hepatic flexure, transverse colon, splenic flexure, and sigmoid colon to allow circumferential examination of the colon mucosa. A lesion is identified in the sigmoid colon. Photodocumentation is performed. The colon is deflated and the scope is withdrawn. A dedicated echoendoscope is prepared with a balloon placed over the transducer housing. The echoendoscope is then introduced through the ostomy site and advanced to the level of the identified abnormality under direct endoscopic visualization. While slowly withdrawing the echoendoscope, ultrasound imaging is performed. Ultrasound spot digital images are taken and reviewed by the endoscopist. A determination is made on the risk/benefit of biopsy of the lesion. The needle biopsy device is advanced through the biopsy channel of the echoendoscope. Doppler imaging is performed to insure that any vascular structures or areas within the lesion are recognized prior to biopsy. Under direct ultrasound visualization, the needle is advanced through the colon wall into the lesion. The central stylet is removed from the needle, negative pressure is applied to the hub of the device, and to and fro movements are made with the needle in the lesion. After multiple passes of the needle, the needle is withdrawn from the echoendoscope and the aspirated material is sprayed onto glass slides for examination. At the conclusion of procedure, the echoendoscope is removed.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	AGA, ASGE, ACG				
CPT Code:	44407				
Sample Size:	1476	**Resp N:**	32	**Response:** 2.1 %	
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying the ASGE Endoscopic Ultrasound Special Interest Group, as approved by the Research subcommittee. This SOR contains the combined data of both groups.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	2.00	30.00
Survey RVW:	2.10	4.36	**5.25**	6.99	12.88
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**8.00**		
Intra-Service Time:	25.00	45.00	**60.00**	66.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44407	**Recommended Physician Work RVU: 5.06**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**23.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,849

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 25.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 44407**	**Key Reference CPT Code:** 52342	**Source of Time RUC Time**
Median Pre-Service Time	40.00	60.00	
Median Intra-Service Time	60.00	60.00	
Median Immediate Post-service Time	20.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**120.00**	**140.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.38	3.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	3.75
Urgency of medical decision making	4.25	3.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	4.00
Physical effort required	4.13	3.75
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.50	4.25
Outcome depends on the skill and judgment of physician	4.50	4.38
Estimated risk of malpractice suit with poor outcome	4.00	3.63

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.88	3.63
Intra-Service intensity/complexity	4.75	4.13

Post-Service intensity/complexity	4.00	3.38

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 MPFS Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44407 *Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures*

We recommend an RVW of 5.06 for 44407. This value is less than the median and equal to the recommendation for the colonoscopy through stoma base 44388 plus an established increment of 2.24 (43232-43200; 43238-43235) approved by the RUC for transendoscopic ultrasound guided fine needle aspiration/biopsy.

Pre-time Package 2b is appropriate for 44407, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 52342
Many codes were chosen as a reference by the survey respondents for 44407. Key Reference code 52342, *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision),* was chosen most often by the survey respondents (8/32), however this code was surveyed and presented to the RUC in 2008 prior to the discussion of pre-time packages and therefore is difficult to compare. Several other references were chosen almost equally. The table below provides codes that have more comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	**31647**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	4.40	0.054	**115**	25	**60**	30
2000	**43232**	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle	4.47	0.060	**100**	20	**60**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		aspiration/biopsy(s)						
2012	**31661**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	4.50	0.056	**115**	25	**60**	30
2004	**31638**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	4.88	0.055	**140**	50	**60**	30
	44407	C-Stoma, EUS with FNA	5.06	0.063	**120**	40	**60**	20
1993	**93642**	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	4.88	0.059	**120**	30	**60**	30
1994	**52327**	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	5.18	0.058	**135**	45	**60**	30
2010	**57155**	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	5.40	0.064	**133**	43	**60**	30
2001	**52001**	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	5.44	0.065	**130**	50	**60**	20
2005	**50382**	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	5.50	0.070	**125**	50	**60**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. 1% of the unlisted code (14 Medicare volume) will be reported with the new code 44407.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 41
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of the volume of 44799 (14 Medicare volume) * 3 = ~41

Specialty Gastroenterology Frequency 36 Percentage 87.80 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. One percent of the volume of 44799 (14 Medicare volume)

Specialty Gastroenterology Frequency 12 Percentage 85.71 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45382

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44408 Tracking Number M14 Original Specialty Recommended RVU: **4.24**
Presented Recommended RVU: **4.24**
Global Period: 000 RUC Recommended RVU: **4.24**

CPT Descriptor: Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old patient with altered mental status and a permanent colostomy presents with abdominal distension and a megacolon on imaging studies. Colonoscopy through stoma with decompression of the colon and placement of tube is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 67%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of anti-inflammatory, antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned supine on the examination table and the stomal appliance is removed or clip removed to allow stomal access through the appliance. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide (when indicated), and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard flexible colonoscope is inserted into the ostomy site. The scope is advanced to the cecum using minimal air insufflation across grossly patulous regions of colon containing gas, stool and fluid, performing continuous suctioning of the colonic contents to decompress the colon. The appendiceal orifice and ileo-cecal valve are identified and the ileocecal valve is intubated, if indicated. The colonoscope is withdrawn through the ascending colon, transverse colon and descending and sigmoid colon, and the

colonic mucosa is examined, with continuous suctioning continued to decompress the colon. A 10 Fr tube is inserted through the rectum into the colon. The tip of the tube is identified, the tube and colonoscope are positioned, a grasping device is inserted through the colonoscope, and the tube is grasped. The tube is advanced endoscopically into the transverse colon. The grasping device is released from the tube and the colonoscope is withdrawn maintaining the position of the tube. Photodocumentation is performed. The colon is deflated and the scope is withdrawn.

Description of Post-Service Work: The stomal appliance is restored. The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS),Charles Mabry, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, ASCRS, ACS, SAGES		
CPT Code:	44408		
Sample Size:	2305	**Resp N:** 53	**Response:** 2.2 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**1.00**	3.00	15.00
Survey RVW:	3.40	4.24	**5.50**	6.55	9.99
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	18.00	30.00	**40.00**	45.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44408	**Recommended Physician Work RVU: 4.24**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**23.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31631	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11044	000	4.10	**RUC Time**	56,197

CPT Descriptor 1 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	58,010

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
31267	000	5.45	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 8 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 44408**	**Key Reference CPT Code: 31631**	**Source of Time RUC Time**
Median Pre-Service Time	40.00	60.00	
Median Intra-Service Time	40.00	60.00	
Median Immediate Post-service Time	15.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**95.00**	**140.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.13	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.13	4.13
Urgency of medical decision making	4.25	4.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.25	4.25
Physical effort required	4.25	4.13
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.25	4.13
Outcome depends on the skill and judgment of physician	4.38	4.38
Estimated risk of malpractice suit with poor outcome	4.13	3.88

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.88	3.75
Intra-Service intensity/complexity	4.13	4.38

Post-Service intensity/complexity	3.63	3.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the 2012 Medicare Physician Fee Schedule Final Rule, CMS identified several GI endoscopy CPT codes as potentially misvalued through its screen of high expenditure and high volume codes. The specialties agreed to survey the entire family of colonoscopy through stoma codes (44388-44397). Prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In October 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the colonoscopy through stoma code set.

The multi-specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of colonoscopy through stoma codes, comparing the data and work RVUs with other flexible endoscopy code families that were approved by the RUC at the October 2012, January 2013, April 2013 and October 2013 RUC meetings: esophagoscopy (43197-43232); EGD (43233, 43235-43259, 43266, 43270); ERCP (43260-43278); flexible sigmoidoscopy (45330-45340); ileoscopy (44380-44382); and pouchoscopy (44385-44386). After reviewing the survey data, the consensus panel determined that the incremental value above the colonoscopy through stoma base code (44388) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, ERCP, flexible sigmoidoscopy, ileoscopy and pouchoscopy previously approved by the RUC. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscopy codes and reference codes.

Discussion and Recommendation

44408 *Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed*

We recommend an RVW of 4.24 for 44408. This value is the 25th percentile survey RVW. The RUC has not established an increment for placement of decompression tube. The expert panel believes that the 25th percentile RVW of 4.24 is consistent with the physician work, complexity and intensity involved in the procedure and is anchored appropriately in comparison to the rest of the codes in the colonoscopy through stoma family.

Pre-time Package 2b is appropriate for 44408, with an additional 1 minute for supine positioning of the patient and removal of stomal appliance or clip to allow stomal access through the appliance, and to position the endoscopy equipment/monitor, and anesthesia lines/equipment prior to induction of moderate sedation.

Comparison to Key Ref 31631
Many codes were chosen as a reference by the survey respondents for 44407. Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was chosen most often by the survey respondents (8/53), however this code was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages and therefore is difficult to compare. Several other references were chosen almost equally. The lack of a direct comparative service to 44408, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The significant difference in both time and work between the comparison codes and 44408 make the difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison to Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung	3.80	0.071	**90**	30	**40**	20

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
		biopsy(s), single lobe						
2009	**49411**	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	3.82	0.072	**85**	25	**40**	20
2010	**49418**	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	4.21	0.071	**104**	44	**40**	20
	44408	C-Stoma, decompression	4.24	0.077	**95**	40	**40**	15
1997	**58558**	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	4.74	0.091	**90**	30	**40**	20
1994	**93724**	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	4.88	0.108	**65**	15	**40**	10
1997	**58562**	Hysteroscopy, surgical; with removal of impacted foreign body	5.20	0.102	**90**	30	**40**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. 1% of unlisted code 44799 (14 Medicare volume) will be reported with new code 44408

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty General surgery How often? Rarely

Specialty Colorectal surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 42

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 1% of unlisted code 44799 [1,360*1% = 14 Medicare volume]*3 = 42 will be reported with new code 4439X8

Specialty Gastroenterology	Frequency 30	Percentage 71.42 %
Specialty General surgery	Frequency 6	Percentage 14.28 %
Specialty Colorectal surgery	Frequency 4	Percentage 9.52 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 1% of unlisted code 44799 [1,360*1% = 14 Medicare volume]

Specialty Gastroenterology	Frequency 10	Percentage 71.42 %
Specialty General surgery	Frequency 2	Percentage 14.28 %
Specialty Colorectal surgery	Frequency 1	Percentage 7.14 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44394

Date: January 29, 2014

To: RUC Pre-facilitation Committee

From: Joel V. Brill, MD, AGA RUC Advisor
Nicholas Nickl, MD, ASGE RUC Advisor
R. Bruce Cameron, MD, ACG RUC Advisor
Guy Orangio, MD, ASCRS RUC Advisor
Donald Selzer, MD, SAGES RUC Advisor
Charles Mabry, MD, ACS RUC Advisor

Re: Pre-facilitation Committee comments on Tab 8 (Colonoscopy through stoma)

The American College of Gastroenterology (ACG), the American Gastroenterological Association (AGA), the American Society for Gastrointestinal Endoscopy (ASGE), the American College of Surgeons (ACS), the American Society for Colon and Rectal Surgeons and the Society of American Gastrointestinal and Endoscopic Surgeons would like to provide additional information to address questions raised by the Pre-facilitation Committee in the pre-facilitation conference call on January 14, 2014 and in the committee's written comments on Tab 8, Colonoscopy through stoma.

History of Colonoscopy through stoma physician work RVUs

When 44388 was surveyed in 2000 as part of the second Five-year review the RUC established the following rationale for its decision to set the RVU at 3.70:

> The RUC recognized a rank order anomaly existed between codes 44388 through 44393. To correct this anomaly, the RUC compared reference code 45378 (Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)) (3.70 RVU) and decided to use the value as an anchor RVU for the other codes. Code 45378 was chosen because it had comparable intra-service and total time as code 44388. The survey results of 44388 had similar time and physician work intensity as 45378 and the RUC agreed that the survey median work RVU of 3.70 was appropriate.

Although the RUC survey data demonstrated that 45378 and 44388 had identical intra-service times, CMS disallowed the survey data because they did not believe it was accurate. Below is the the Federal Register excerpt regarding the agency's rationale for the decision to maintain the c-stoma RVUs:

> **[Federal Register: June 8, 2001 (Volume 66, Number 111)]**
> [Notices]
> [Page 31027-31084]
> Medicare Program; Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule; Notice
>
> Codes 44388 (Colonoscopy through stoma; diagnostic with or without collection of specimen(s) by brushing or washing (separate procedure)), 44389 (Colonoscopy through stoma; with biopsy, single or multiple), 44390 (Colonoscopy through stoma; with removal of foreign body), 44391 (Colonoscopy through stoma; with control of bleeding, any method) 44392 (Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery), and 44393 (Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique).
>
> These codes are in the same family of codes, and the RUC recommended increases in work RVUs for all these codes based on a misvaluation of the base code in this family of codes, code 44388. The RUC valued it similarly to code 45378. We disagree. We think this creates a clear rank-order anomaly between the value of this family and the value of the colonoscopy family of codes beginning with code 45378. Colonoscopy through

a stoma is clearly less work than colonoscopy of the complete colon and it has been valued as such since the inception of the physician fee schedule. We question the accuracy of the surveyed intraservice time for this service. Because of our nonacceptance of the increase in work RVUs for the base code in this family, we must also not accept the recommendations for all other increases in work RVUs for other codes in this family. Moreover, the recommendations create increments of work for "biopsy, single or multiple," "removal of foreign body," "control of bleeding, any method," "removal of tumors," and "ablation of tumors," which are inconsistent with the same increments for the colonoscopy family of codes beginning with code 45378. Accepting these RUC recommendations would create clear rank-order anomalies that do not currently exist. Therefore, we are proposing to maintain the current work RVUs for these procedures.

Impact of CMS Decision

CMS maintained the Harvard RVUs for c-stoma code 44388, but did not adjust the intra-service time thereby creating artificially low intensities for the entire c-stoma family (see Table A). The rationale in the 2001 Federal Register indicates that CMS wanted to maintain the RVU relationship between 45378 and 44388. The impact on IWPUT was not considered.

Table A below demonstrates that the current RVU recommendations based on the current survey time restore the original intensity prior to the reduction of RVUs by CMS.

Table A
Changes in IWPUT over time

		2000	2000	2000	2002	2002	2014	2014
CPT	Short Desc	RUC Rec RVW	RUC Rec IWPUT CS in Intra-time	RUC IWPUT If CS moved to Pre-time	CMS RVW	CMS IWPUT CS in Intra-time	Specialty Rec RVW	Specialty Rec IWPUT CS in Pre-time
44388	C-stoma	3.70	0.065	**0.071**	2.82	0.042	2.82	**0.080**
44389	C-stoma with biopsy	4.01	0.057	**0.061**	3.13	0.039	2.94	**0.071**
44390	C-stoma for foreign body	4.70	0.057	**0.065**	3.82	0.041	3.65	**0.073**
44391	C-stoma for bleeding	5.19	0.057	**0.064**	4.31	0.042	4.22	**0.076**
44392	C-stoma with polypectomy	4.69	0.063	**0.067**	3.81	0.047	3.45	**0.091**
44394	C-stoma with snare	5.30	0.097	**0.116**	4.42	0.080	3.95	**0.106**

Comparison of CMS decision on C-stoma intensities relative to other GI endoscopy Procedures

As a result of CMS's decision to reject the RUC recommended RVUs for 44388, few codes in the GI endoscopy families have a lower intensity than the c-stoma codes. C-stoma is not screening in nature. It is performed on patients with existing pathology which caused the removal of a portion of the intestinal tract. The area examined may be shorter than a complete colonoscopy, but the examination is still at least as intense as the 45378 service.

Conclusion

The CMS decision to maintain the Harvard RVU for 44388 (2.82) and apply the RUC survey times created an artificially low IWPUT. It is therefore, inappropriate to compound the effect by adjusting the Harvard RVU to account for the reduction in minutes of the survey time compared to current time.

ISSUE: Colonoscopy through stoma

TAB: 8

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31622	Bronchoscopy	24	0.069			2.78			65		10	5	5			30				15									
REF	31625	Bronchoscopy	10	0.087			3.36			70		10	5	10			30				15									
Aug00	44388	Colonoscopy throu		0.042			2.82			91		35					39				17									
	44388	5 min CS movemer		0.045			2.82			91		40					34				17									
Survey	44388	Colonoscopy	86	0.113	1.25	3.00	3.86	4.58	9.10	74		25	5	5	10	20	25	30	60		14	0	5	10	20	1000				
REC	44388			0.080			2.82			65	1b	19	2	5			25			8a	14						-9	-26%	0.00	0%

Rationale Current value

REF	31625	Bronchoscopy	19	0.087			3.36			70		10	5	10			30				15									
REF	45317	Proctosigmoi	7	0.064			2.00			55		15	5	5			20				10									
Aug95	44389	Colonoscopy throu		0.039			3.13			104		35					49				20									
	44389	5 min CS movemer		0.041			3.13			104		40					44				20									
Survey	44389	Colonoscopy	78	0.101	1.20	3.43	4.04	4.96	9.40	79		25	5	5	17	23	30	35	61		14	0	5	10	20	500				
REC	44389	biopsy		0.077			3.12			70	1b	19	2	5			30			8a	14						-14	-32%	-0.01	0%

Rationale 44388 RVU + biopsy RUC increment 0.30

REF	31631	Bronchoscopy	8	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethros	7	0.070			5.85			140		40	10	10			60				20									
Aug00	44390	Colonoscopy throu		0.041			3.82			126		50					54				22									
	44390	10 min CS moveme		0.045			3.82			126		60					44				22									
Survey	44390	Colonoscopy	46	0.107	0.90	4.21	4.90	5.54	7.00	90		30	5	5	18	30	35	40	60		15	0	0	1	3	80				
REC	44390	foreign body		0.078			3.82			87	2b	30	2	5			35			8b	15						-9	-20%	0.00	0%

Rationale 44388 RVU + Foreign body RUC increment 1.01 (reduced 0.01 to current value)

REF	31631	Bronchoscopy	10	0.064			4.36			120		20	10	15			45				30									
REF	45317	Proctosigmoi	8	0.064			2.00			55		15	5	5			20				10									
Aug00	44391	Colonoscopy throu		0.042			4.31			141		55					59				27									
	44391	10 min CS moveme		0.046			4.31			141		65					49				27									
Survey	44391	Colonoscopy	53	0.089	1.75	4.22	4.82	6.00	9.50	100		35	5	5	20	30	40	45	75		15	0	1	3	5	80				
REC	44391	control of bleeding		0.076			4.22			95	2b	33	2	5			40			8b	15						-9	-18%	-0.09	-2%

Rationale There is no RUC established increment for this procedure

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31625	Bronchoscopy	12	0.087			3.36			70		10	5	10			30				15									
REF	31631	Bronchoscopy	4	0.064			4.36			120		20	10	15			45				30									
Aug00	44392	Colonoscopy throu		0.047			3.81			111		35					54				22									
	44392	5 min CS movemer		0.049			3.81			111		40					49				22									
Survey	44392	Colonoscopy	50	0.114	2.80	3.87	4.35	5.86	9.92	75		25	5	5	15	24	30	32	90		10	0	2	5	10	100				
REC	44392	hot biopsy		0.097			3.63			66	1b	19	2	5			30			8a	10						-19	-39%	-0.18	-5%

Rationale 44388 RVU + hot biopsy RUC increment 0.81

REF	31625	Bronchoscopy	8	0.087			3.36			70		10	5	10			30				15									
REF	31631	Bronchoscopy	6	0.064			4.36			120		20	10	15			45				30									
REF	99223	Initial hospital	6	0.056			3.86			90		15					55				20									
Aug95	44394	Colonoscopy throu		0.071			4.42			88		14					50				24									
	44394	10 min CS moveme		0.084			4.42			88		24					40				24									
Survey	44394	Colonoscopy	60	0.128	1.20	4.20	4.65	5.90	11.10	70		20	5	5	18	25	30	40	90		10	0	2	5	11	30				
REC	44394	snare		0.112			4.13			67	2b	20	2	5			30			8b	10						-10	-25%	-0.29	-7%

Rationale 44388 RVU + snare RUC increment 1.31

REF	52342	Cystourethros	8	0.070			5.85			140		40	10	10			60				20									
REF	31625	Bronchoscopy	6	0.087			3.36					10	5	10			30				15									
REF	31631	Bronchoscopy	6	0.064			4.36					20	10	15			45				30									
Aug00	44393	Colonoscopy throu		0.055			4.83			131		45					59				27									
Current	44799	Unlisted procedure		#DIV/0!																										
	44393	10 min CS moveme		0.061			4.83			131		55					49				27									
Survey	44401	Colonoscopy	45	0.135	3.40	4.44	5.00	6.46	10.00	75		25	5	5	18	25	30	40	68		10	0	1	3	5	25				
REC	44401	ablation with pre a		0.119			4.44			72	2b	25	2	5			30			8b	10									

Rationale Survey 25th percentile

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE	PRE-TIME			INTRA-TIME					POST	IMMD	SURVEY EXPERIENCE					IS	%	RVW	%
					MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	PKG	POST	MIN	25th	MED	75th	MAX	CHG	CHG	CHG	CHG
REF	31631	Bronchoscopy	12	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethros	5	0.070			5.85			140		40	10	10			60				20									
Aug00	44397	Colonoscopy throu		0.082			4.70			98		30					42.5				25									
Current	44799	Unlisted procedure		#DIV/0!																										
	44397	10 min CS moveme		0.100			4.70			98		40					33				25									
Survey	44402	Colonoscopy	40	0.105	4.20	4.89	5.80	7.19	10.05	103		35	5	5	20	34	43	60	90		15	0	0	1	2	19				
REC	44402	stent placement wi		0.088			4.96			98	2b	33	2	5			43			8b	15									

Rationale 44388 RVU + stent RUC increment 2.14

REF	31631	Bronchoscopy	8	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethros	5	0.070			5.85			140		40	10	10			60				20									
Current				#DIV/0!						0																				
Survey	44403	Colonoscopy	44	0.102	2.90	4.75	5.65	7.51	11.10	95		25	5	5	20	34	45	60	90		15	0	0	2	4	140				
REC	44403	EMR		0.107			5.81			92	2b	25	2	5			45			8b	15									

Rationale 44388 RVU + EMR RUC increment 2.99

REF	31625	Bronchoscopy	14	0.087			3.36			70		10	5	10			30				15									
REF	99233	Initial hospital	6	0.056			3.86			90		15					55				20									
Current				#DIV/0!						0																				
Survey	44404	Colonoscopy	47	0.113	2.50	3.61	4.20	5.35	10.00	70		20	5	5	10	22	30	35	60		10	0	2	3	5	40				
REC	44404	submucosal injecti		0.080			3.13			66	1b	19	2	5			30			8a	10									

Rationale 44388 RVU + submucosal injection RUC increment 0.31

REF	52342	Cystourethros	9	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy	7	0.064			4.36			120		20	10	15			45				30									
Current				#DIV/0!						0																				
Survey	44405	Colonoscopy	40	0.120	3.38	4.55	5.53	6.24	8.90	85		25	5	5	20	30	38	45	75		12	0	1	2	5	30				
REC	44405	dilation		0.064			3.33			82	2b	25	2	5			38			8b	12									

Rationale 44388 RVU + dilation less than 30 mm RUC increment 0.51

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	52342	Cystourethros	7	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy	6	0.064			4.36			120		20	10	15			45				30									
REF	91110	Gastrointestin	6	0.040			3.64			100		5					80				15									
Current				#DIV/0!						0																				
Survey	44406	Colonoscopy	35	0.074	2.00	3.98	4.50	5.97	11.45	113		40	5	8	10	30	40	60	60		20	0	0	0	3	50				
REC	44406	EUS		0.078			4.41			100	2b	33	2	5			40			8b	20									

Rationale 44388 RVU + EUS RUC increment 1.59

REF	52342	Cystourethros	8	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy	5	0.064			4.36			120		20	10	15			45				30									
Current				#DIV/0!						0																				
Survey	44407	Colonoscopy	32	0.062	2.10	4.36	5.25	6.99	12.88	133		40	5	8	25	45	60	66	90		20	0	0	0	2	30				
REC	44407	EUS with FNA		0.063			5.06			120	2b	33	2	5			60			8b	20									

Rationale 44388 RVU + EUS with FNA RUC increment 2.24

REF	31631	Cystourethros	8	0.070			5.85			140		40	10	10			60				20									
REF	31267	Nasal/sinus en	5	0.082			5.45			110		30					50				30									
REF	31638	Bronchoscopy	5	0.055			4.88			140		20	15	15			60				30									
Current				#DIV/0!						0																				
Survey	44408	Colonoscopy	53	0.106	3.40	4.24	5.50	6.55	9.99	100		35	5	5	18	30	40	45	90		15	0	1	1	3	15				
REC	44408	decompression		0.077			4.24			95	2b	33	2	5			40			8b	15									

Rationale There is no RUC established increment for this procedure

ISSUE: Colonoscopy through stoma

TAB: 8

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31622	Bronchoscopy	24	0.069			2.78			65		10	5	5			30				15									
REF	31625	Bronchoscopy	10	0.087			3.36			70		10	5	10			30				15									
Aug00	44388	Colonoscopy throug		0.042			2.82			91		35					39				17									
	44388	5 min CS movement		0.045			2.82			91		40					34				17									
GI SVY	44388	Colonoscopy	65	0.117	1.25	3.20	3.86	4.50	9.10	70		20	5	5	15	20	25	30	45		15	0	5	10	20	100				
SURG SVY	44388	Colonoscopy	21	0.095	2.48	3.00	3.80	4.71	7.00	75		25	5	5	10	18	30	30	60		10	1	5	10	30	1000				
CMB SVY	44388	Colonoscopy	86	0.113	1.25	3.00	3.86	4.58	9.10	74		25	5	5	10	20	25	30	60		14	0	5	10	20	1000				
REC	44388			0.080			2.82			65	1b	19	2	5			25			8a	14						-9	-26%	0.00	0%

Rationale Current value - 0.18 RVW reduction calculated for 45378 to account for the decrease in pre-service time (see SoR for 45378)

REF	31625	Bronchoscopy	19	0.087			3.36			70		10	5	10			30				15									
REF	45317	Proctosigmoi	7	0.064			2.00			55		15	5	5			20				10									
Aug95	44389	Colonoscopy throug		0.039			3.13			104		35					49				20									
	44389	5 min CS movement		0.041			3.13			104		40					44				20									
GI SVY	44389	Colonoscopy	57	0.113	1.20	3.40	4.00	4.70	9.40	72		20	5	5	17	24	27	35	61		15	0	5	10	20	100				
SURG SVY	44389	Colonoscopy	21	0.101	2.50	3.50	4.08	6.00	8.00	80		30	5	5	17	25	30	35	60		10	0	3	5	20	500				
CMB SVY	44389	Colonoscopy	78	0.101	1.20	3.43	4.04	4.96	9.40	79		25	5	5	17	23	30	35	61		14	0	5	10	20	500				
REC	44389	biopsy		0.077			3.12			70	1b	19	2	5			30			8a	14						-14	-32%	-0.01	0%

Rationale 44388 RVU + biopsy RUC increment 0.30

REF	31631	Bronchoscopy	8	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethros	7	0.070			5.85			140		40	10	10			60				20									
Aug00	44390	Colonoscopy throug		0.041			3.82			126		50					54				22									
	44390	10 min CS movemer		0.045			3.82			126		60					44				22									
GI SVY	44390	Colonoscopy	41	0.110	0.90	4.25	5.00	5.55	7.00	90		30	5	5	20	30	35	40	60		15	0	0	1	5	80				
SURG SVY	44390	Colonoscopy	5	0.117	4.00	4.00	4.50	5.50	6.75	78		28	5	5	18	30	30	50	60		10	0	0	0	1	2				
CMB SVY	44390	Colonoscopy	46	0.107	0.90	4.21	4.90	5.54	7.00	90		30	5	5	18	30	35	40	60		15	0	0	1	3	80				
REC	44390	foreign body		0.078			3.82			87	2b	30	2	5			35			8b	15						-9	-20%	0.00	0%

Rationale 44388 RVU + Foreign body RUC increment 1.01

REF	31631	Bronchoscopy	10	0.064			4.36			120		20	10	15			45				30									

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	45317	Proctosigmoi	8	0.064			2.00			55		15	5	5			20				10									
Aug00	44391	Colonoscopy throug		0.042			4.31			141		55					59				27									
	44391	10 min CS movemer		0.046			4.31			141		65					49				27									
GI SVY	44391	Colonoscopy	48	0.094	1.75	4.33	4.79	6.00	9.50	96		33	5	5	20	30	38	45	75		15	0	1	3	5	80				
SURG SVY	44391	Colonoscopy	5	0.074	2.95	4.20	5.00	6.29	7.00	115		30	5	10	25	40	50	60	60		20	0	0	0	1	11				
CMB SVY	44391	Colonoscopy	53	0.089	1.75	4.22	4.82	6.00	9.50	100		35	5	5	20	30	40	45	75		15	0	1	3	5	80				
REC	44391	control of bleeding		0.076			4.22			95	2b	33	2	5			40			8b	15						-9	-18%	-0.09	-2%

Rationale There is no RUC established increment for this procedure

REF	31625	Bronchoscopy	12	0.087			3.36			70		10	5	10			30				15									
REF	31631	Bronchoscopy	4	0.064			4.36			120		20	10	15			45				30									
Aug00	44392	Colonoscopy throug		0.047			3.81			111		35					54				22									
	44392	5 min CS movement		0.049			3.81			111		40					49				22									
GI SVY	44392	Colonoscopy	41	0.112	3.30	3.86	4.30	5.60	9.92	75		25	5	5	15	25	30	35	90		10	0	3	5	10	100				
SURG SVY	44392	Colonoscopy	9	0.202	2.80	4.00	5.75	6.25	8.00	60		20	5	5	17	20	25	30	50		5	0	0	3	5	20				
CMB SVY	44392	Colonoscopy	50	0.114	2.80	3.87	4.35	5.86	9.92	75		25	5	5	15	24	30	32	90		10	0	2	5	10	100				
REC	44392	hot biopsy		0.097			3.63			66	1b	19	2	5			30			8a	10						-19	-39%	-0.18	-5%

Rationale 44388 RVU + hot biopsy RUC increment 0.81

REF	31625	Bronchoscopy	8	0.087			3.36			70		10	5	10			30				15									
REF	31631	Bronchoscopy	6	0.064			4.36			120		20	10	15			45				30									
REF	99223	Initial hospital	6	0.056			3.86			90		15					55				20									
Aug95	44394	Colonoscopy throug		0.071			4.42			88		14					50				24									
	44394	10 min CS movemer		0.084			4.42			88		24					40				24									
GI SVY	44394	Colonoscopy	45	0.124	1.20	4.25	4.60	5.80	11.10	72		20	5	5	20	25	30	40	90		12	0	3	5	10	30				
SURG SVY	44394	Colonoscopy	15	0.127	3.70	4.20	4.71	6.53	9.00	73		25	5	5	18	22	30	43	60		8	0	1	5	10	25				
CMB SVY	44394	Colonoscopy	60	0.128	1.20	4.20	4.65	5.90	11.10	70		20	5	5	18	25	30	40	90		10	0	2	5	11	30				
REC	44394	snare		0.112			4.13			67	2b	20	2	5			30			8b	10						-10	-25%	-0.29	-7%

Rationale 44388 RVU + snare RUC increment 1.31

REF	52342	Cystourethros	8	0.070			5.85			140		40	10	10			60				20									
REF	31625	Bronchoscopy	6	0.087			3.36					10	5	10			30				15									

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31631	Bronchoscopy	6	0.064			4.36					20	10	15			45				30									
Aug00	44393	Colonoscopy throug		0.055			4.83			131		45					59				27									
CURRENT	44799	Unlisted procedure,		#DIV/0!																										
	44393	10 min CS movemer		0.061			4.83			131		55					49				27									
GI SVY	44401	Colonoscopy	37	0.134	3.40	4.44	5.00	6.46	9.00	77		25	5	5	20	30	30	40	68		12	0	1	4	5	25				
SURG SVY	44401	Colonoscopy	8	0.161	4.00	4.44	5.23	6.81	10.00	64		22	4	5	18	24	28	45	60		5	0	0	2	4	9				
CMB SVY	44401	Colonoscopy	45	0.135	3.40	4.44	5.00	6.46	10.00	75		25	5	5	18	25	30	40	68		10	0	1	3	5	25				
REC	44401	ablation with pre an		0.119			4.44			72	2b	25	2	5			30			8b	10									

Rationale Survey 25th percentile

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31631	Bronchoscopy	12	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethros	5	0.070			5.85			140		40	10	10			60				20									
Aug00	44397	Colonoscopy throug		0.082			4.70			98		30					42.5				25									
CURRENT	44799	Unlisted procedure,		#DIV/0!																										
	44397	10 min CS movemer		0.100			4.70			98		40					33				25									
GI SVY	44402	Colonoscopy	35	0.107	4.20	4.78	5.55	7.08	10.05	100		35	5	5	20	33	40	60	90		15	0	0	1	3	19				
SURG SVY	44402	Colonoscopy	5	0.102	5.00	7.15	7.17	8.00	8.75	110		25	5	5	30	45	60	60	60		15	0	0	0	2	4				
CMB SVY	44402	Colonoscopy	40	0.105	4.20	4.89	5.80	7.19	10.05	103		35	5	5	20	34	43	60	90		15	0	0	1	2	19				
REC	44402	stent placement wit		0.088			4.96			98	2b	33	2	5			43			8b	15									

Rationale 44388 RVU + stent RUC increment 2.14

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31631	Bronchoscopy	8	0.064			4.36			120		20	10	15			45				30									
REF	52342	Cystourethros	5	0.070			5.85			140		40	10	10			60				20									
CURRENT				#DIV/0!						0																				
GI SVY	44403	Colonoscopy	38	0.105	2.90	4.75	5.58	7.00	11.10	93		25	5	5	20	30	43	55	90		15	0	0	2	5	140				
SURG SVY	44403	Colonoscopy	6	0.109	4.15	5.93	7.60	8.00	10.00	113		30	5	8	50	53	60	60	60		10	0	1	2	3	3				
CMB SVY	44403	Colonoscopy	44	0.102	2.90	4.75	5.65	7.51	11.10	95		25	5	5	20	34	45	60	90		15	0	0	2	4	140				
REC	44403	EMR		0.107			5.81			92	2b	25	2	5			45			8b	15									

Rationale 44388 RVU + EMR RUC increment 2.99

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST PKG	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVW CHG	% CHG
REF	31625	Bronchoscopy	14	0.087			3.36			70		10	5	10			30				15									
REF	99233	Initial hospital	6	0.056			3.86			90		15					55				20									

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE	PRE-TIME			INTRA-TIME					POST	IMMD	SURVEY EXPERIENCE					IS	%	RVW	%
					MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDV	MIN	25th	MED	75th	MAX	PKG	POST	MIN	25th	MED	75th	MAX	CHG	CHG	CHG	CHG
CURRENT				#DIV/0!						0																				
GI SVY	44404	Colonoscopy	39	0.119	3.36	3.73	4.50	5.50	10.00	75		20	5	5	10	22	30	35	60		15	0	2	3	5	40				
SURG SVY	44404	Colonoscopy	8	0.113	2.50	3.10	4.04	4.20	6.00	70		23	4	5	17	21	28	35	45		10	0	5	5	8	20				
CMB SVY	44404	Colonoscopy	47	0.113	2.50	3.61	4.20	5.35	10.00	70		20	5	5	10	22	30	35	60		10	0	2	3	5	40				
REC	44404	submucosal injectio		0.080			3.13			66	1b	19	2	5			30			8a	10								

Rationale 44388 RVU + submucosal injection RUC increment 0.31

REF	52342	Cystourethros	9	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy	7	0.064			4.36			120		20	10	15			45				30									
CURRENT				#DIV/0!						0																				
GI SVY	44405	Colonoscopy	35	0.129	3.38	4.50	5.50	6.08	8.90	82		25	5	5	20	29	35	45	75		12	0	1	2	5	30				
SURG SVY	44405	Colonoscopy	5	0.107	4.09	4.89	5.75	7.00	8.00	90		25	5	5	25	45	45	45	50		10	0	1	2	5	6				
CMB SVY	44405	Colonoscopy	40	0.120	3.38	4.55	5.53	6.24	8.90	85		25	5	5	20	30	38	45	75		12	0	1	2	5	30				
REC	44405	dilation		0.064			3.33			82	2b	25	2	5			38			8b	12								

Rationale 44388 RVU + dilation less than 30 mm RUC increment 0.51

REF	52342	Cystourethros	7	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy	6	0.064			4.36			120		20	10	15			45				30									
REF	91110	Gastrointestin	6	0.040			3.64			100		5					80				15									
CURRENT				#DIV/0!						0																				
GI SVY	44406	Colonoscopy	35	0.074	2.00	3.98	4.50	5.97	11.45	113		40	5	8	10	30	40	60	60		20	0	0	0	3	50				
REC	44406	EUS		0.078			4.41			100	2b	33	2	5			40			8b	20								

Rationale 44388 RVU + EUS RUC increment 1.59

REF	52342	Cystourethros	8	0.070			5.85			140		40	10	10			60				20									
REF	31631	Bronchoscopy	5	0.064			4.36			120		20	10	15			45				30									
CURRENT				#DIV/0!						0																				
GI SVY	44407	Colonoscopy	32	0.062	2.10	4.36	5.25	6.99	12.88	133		40	5	8	25	45	60	66	90		20	0	0	0	2	30				
REC	44407	EUS with FNA		0.063			5.06			120	2b	33	2	5			60			8b	20								

Rationale 44388 RVU + EUS with FNA RUC increment 2.24

REF	31631	Cystourethros	8	0.070			5.85			140		40	10	10			60				20									
REF	31267	Nasal/sinus en	5	0.082			5.45			110		30					50				30									

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE	PRE-TIME			INTRA-TIME					POST	IMMD	SURVEY EXPERIENCE					IS	%	RVW	%
					MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	PKG	POST	MIN	25th	MED	75th	MAX	CHG	CHG	CHG	CHG
REF	31638	Bronchoscopy	5	0.055			4.88			140		20	15	15			60				30									
CURRENT				#DIV/0!						0																				
GI SVY	44408	Colonoscopy	42	0.103	3.40	4.26	5.38	6.00	9.99	100		35	5	5	20	30	40	45	90		15	0	1	1	3	15				
SURG SVY	44408	Colonoscopy	11	0.113	3.65	4.43	6.00	7.33	8.15	90		25	5	5	18	33	45	48	60		10	0	1	2	3	10				
CMB SVY	44408	Colonoscopy	53	0.106	3.40	4.24	5.50	6.55	9.99	100		35	5	5	18	30	40	45	90		15	0	1	1	3	15				
REC	44408	decompression		0.077			4.24			95	2b	33	2	5			40			8b	15									

Rationale There is no RUC established increment for this procedure

Code	Description	Current RVW	RUC RVW	Pre Svc Pkg	Pre	Intra	Post Svc Pkg	Post	Total	IWPUT	Increment over base	Rationale
Tab 8 - Colonoscopy through stoma												
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate	2.82	2.82	1b	26	25	8a	14	65	0.080	NA	Current value
44389	Colonoscopy through stoma; with biopsy, single or multiple	3.13	3.12	1b	26	30	8a	14	70	0.071	0.30	44388 RVU + biopsy RUC increment 0.30
44390	Colonoscopy through stoma; with removal of foreign body	3.82	3.82	2b	37	35	8b	15	87	0.073	1.01	44388 RVU + Foreign body RUC increment 1.01
44391	Colonoscopy through stoma; with control of bleeding, any	4.31	4.22	2b	40	40	8b	15	95	0.076	1.40	There is no RUC established increment for this procedure
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	3.81	3.63	1b	26	30	8a	10	66	0.091	0.81	44388 RVU + hot biopsy RUC increment 0.81
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.42	4.13	2b	27	30	8b	10	67	0.106	1.31	44388 RVU + snare RUC increment 1.31
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire	4.83	4.44	2b	32	30	8b	10	72	0.130	1.62	25th percentile
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when	4.7	4.96	2b	40	43	8b	15	98	0.084	2.14	44388 RVU + stent RUC increment 2.14
44403	Colonoscopy through stoma; with endoscopic mucosal	NA	5.81	2b	32	45	8b	15	92	0.103	2.99	44388 RVU + EMR RUC increment 2.99
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	NA	3.13	1b	26	30	8a	10	66	0.074	0.31	44388 RVU + submucosal injection RUC increment 0.31
44405	Colonoscopy through stoma; with transendoscopic balloon	NA	3.33	2b	32	38	8b	12	82	0.059	0.51	44388 RVU + dilation less than 30 mm RUC increment 0.51
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	NA	4.41	2b	40	40	8b	20	100	0.074	1.59	44388 RVU + EUS RUC increment 1.59
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and	NA	5.06	2b	40	60	8b	20	120	0.060	2.24	44388 RVU + EUS with FNA RUC increment 2.24
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	NA	4.24	2b	40	40	8b	15	95	0.077	1.42	There is no RUC established increment for this procedure
Tab 9- Flexible sigmoidoscopy												
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	2.60	2.43	2b	38	30	8b	15	83	0.044	1.59	45330 RVU + EUS RUC increment 1.59
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	4.05	3.08	2b	41	45	8b	20	106	0.040	2.24	45330 RVU + EUS with FNA RUC increment 2.24
Tab 10- Colonoscopy												
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)	3.69	3.36	1b	27	25	8a	15	67	0.10563	NA	Current RVW 3.69 - 8 min pre-svc @ 0.0224 intensity (0.18) = 3.51 RVW
45379	Colonoscopy, flexible; with removal of foreign body	4.68	4.37	2b	33	35	8b	15	83	0.10047	1.01	45378 RVU + Foreign body RUC increment 1.01
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	4.43	3.66	1b	27	28	8a	15	70	0.10503	0.30	45378 RVU + biopsy RUC increment 0.30
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	4.19	3.67	1b	27	28	8a	15	70	0.10538	0.31	45378 RVU + submucosal injection RUC increment 0.31
45382	Colonoscopy, flexible; with control of bleeding, any method	5.68	4.76	2b	41	40	8b	15	96	0.10793	1.40	c-stoma bleeding increment (1.40)
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	4.69	4.17	1b	27	28	8a	15	70	0.12324	0.81	45378 RVU + hot biopsy RUC increment 0.81
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	5.3	4.67	2b	33	30	8b	15	78	0.12721	1.31	45378 RVU + snare RUC increment 1.31
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	4.57	3.87	2b	38	35	8b	15	88	0.08298	0.51	45378 RVU + dilation less than 30 mm RUC increment 0.51
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	5.86	4.98	2b	33	35	8b	15	83	0.13247	1.62	45378 RVU + ablation colonsocopy through stoma RUC increment 1.62
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	5.9	5.5	2b	41	45	8b	17	103	0.09827	2.14	45378 RVU + stent RUC increment 2.14
45390	Colonoscopy, flexible; with endoscopic mucosal resection	NA	6.35	2b	33	45	8b	15	93	0.12214	2.99	45378 RVU + EMR RUC increment 2.99

Code	Description	Current RVW	RUC RVW	Pre Svc Pkg	Pre	Intra	Post Svc Pkg	Post	Total	IWPUT	Increment over base	Rationale
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	NA	4.78	2b	41	40	8b	15	96	0.10793	1.42	45378 RVU + c-stoma decompression RUC increment 1.42
45398	Colonoscopy, flexible; with banding, (eg, hemorrhoids)	NA	4.3	2b	33	30	8b	15	78	0.10988	0.94	There is no RUC established increment for this procedure
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	5.09	4.95	2b	41	45	8b	20	106	0.08456	1.59	45378 RVU + EUS RUC increment 1.59
45392	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	6.54	5.6	2b	41	60	8b	20	121	0.07425	2.24	45378 RVU + EUS with FNA RUC increment 2.24

Established increments by family

Tab 8 - Colonoscopy through stoma Proposed Incre

C-stoma	Description	Proposed RUC RVU	RUC Incrrement above base c-stoma (44388)		CMS 2014 increment above base c-stoma (44388)
44389	biopsy	3.12	0.30		NA
44404	submucosal injection	3.13	0.31		NA
44405	transendoscopic balloon dilation	3.33	0.51		NA
44392	hot biopsy removal	3.63	0.81		NA
44390	foreign body removal	3.83	1.01		NA
44394	snare removal	4.13	1.31		NA
44391	control of bleeding	4.22	1.40		NA
44406	EUS	4.41	1.59		NA
44408	decompression	4.24	1.42		NA
44401	ablation (includes pre- and post-dilation and guide wire passage)	4.44	1.62		NA
44402	endoscopic stent (includes pre- and post-dilation)	4.96	2.14		NA
44407	EUS with FNA	5.06	2.24		NA
44403	EMR	5.81	2.99		NA

Tab 9 - Flexible Sigmoidoscopy EUS Proposed Incre

Flex sig EUS	Description	Proposed RUC RVU	Increment above base flex sig Code (45330)		CMS 2014 increment above base flex sig (45330)
45341	EUS	2.43	1.59		NA
45342	EUS with FNA	3.08	2.24		NA

Tab 10 - Colonoscopy through stoma Proposed Incre

Colonoscopy	Description	Proposed RUC RVU	Increment above base colonoscopy Code (45378)		CMS 2014 increment above base colonoscopy (45378)
45379	foreign body removal	4.37	1.01		NA
45380	biopsy	3.66	0.30		NA
45381	submucosal injection	3.67	0.31		NA
45382	control of bleeding	4.76	1.40		NA
45384	hot biopsy removal	4.17	0.81		NA
45385	snare removal	4.67	1.31		NA
45386	transendoscopic balloon dilation	3.87	0.51		NA
45388	ablation (includes pre- and post-dilation and gu	4.98	1.62		NA
45389	stent placement (includes pre- and post-dilatio	5.50	2.14		NA
45390	EMR	6.35	2.99		NA
45393	decompression	4.78	1.42		NA
45398	banding	4.30	0.94		NA
45391	EUS	4.95	1.59		NA
45392	EUS with FNA	5.60	2.24		NA

Tab 4 - Ileoscopy RUC Approved Increments (Octobe

Ileoscopy Code	Description	Proposed RUC RVU	Increment above base ileoscopy Code (44380)		CMS 2014 increment above base ileoscopy (44380)
44382	biopsy	1.27	0.30		NA
44381	balloon dilation	1.48	0.51		NA
44384	endoscopic stent (includes pre- and post-dilation)	3.11	2.14		NA

Tab 5 - Pouchoscopy RUC Approved Increments (Octol

Pouchoscopy Code	Description	Proposed RUC RVU	Increment above base pouchoscopy Code (44385)		CMS 2014 increment above base pouch (44385)
44386	biopsy	1.60	0.30		NA

Tab 6 - Flexible Sigmoidoscopy RUC Approved Increments (

Flex Sig Code	Description	Proposed RUC RVU	Increment above base flex sig Code (45330)		CMS 2014 increment above base flex sig (45330)
45331	biopsy	1.14	0.30		NA
45332	foreign body removal	1.85	1.01		NA
45333	hot biopsy	1.65	0.81		NA
45334*	control of bleeding	2.10	1.30		NA
45335	submucosal injection	1.15	0.31		NA
45337	decompression on volvulus	2.2	1.4		NA

45338	snare polypectomy	2.15	1.31		NA
45340	balloon dilation	1.89	1.09		NA
45346	ablation (includes pre- and post-dilation and guide wire passage)	2.97	2.13		NA
45347	endoscopic stent (includes pre- and post-dilation)	2.98	2.14		NA

ERCP RUC-Approved Increments

ERCP Code	Description	RUC RVU	Increment above base ERCP Code (43260)	CMS 2014 work RVU	CMS 2014 increment above base ERCP (43260)
43261	biopsy	6.25	0.30	**6.25**	**0.30**
43275	foreign body removal	6.96	1.01	**6.96**	**1.01**
43278	ablation (includes pre- and post-dilation and guide wire passage)	8.08	2.13	**7.99**	**2.04**

EGD RUC-Approved Increments

EGD Code	Description	RUC RVU	Increment above base EGD Code (43235)	CMS 2014 work RVU	CMS 2014 increment above base EGD (43235)
43239	biopsy	2.56	0.30	**2.47**	**0.30**
43236	submucosal injection	2.57	0.31	**2.47**	**0.30**
43249	esophageal balloon dilation < 30mm	2.77	0.51	**2.77**	**0.60**
43245	gastric/duodenal balloon dilation < 30 mm	3.18	0.92	**3.18**	**1.01**
43248	guide wire insertion	3.01	0.75	**3.01**	**0.84**
43252	optical endomicroscopy	3.06	0.80	**3.06**	**0.89**
43250	hot biopsy	3.07	0.81	**3.07**	**0.90**
43247	foreign body removal	3.27	1.01	**3.18**	**1.01**
43251	snare	3.57	1.31	**3.57**	**1.40**
43237	EUS, limited to esophagus	3.85	1.59	**3.57**	**1.40**
43255*	control of bleeding	4.20	1.94	**3.66**	**1.49**
43243*	sclerosis injection	4.37	2.11	**4.37**	**1.20**
43270	ablation (includes pre- and post-dilation and guidewire passage)	4.39	2.13	**4.21**	**2.04**
43266	endoscopic stent (includes pre- and post-dilation and guide wire passage)	4.40	2.14	**4.05**	**1.88**
43233	balloon dilation > 30mm	4.45	2.19	**4.05**	**1.88**
43238	EUS FNA, limited to esophagus	4.50	2.24	**4.11**	**1.94**
43244*	band ligation	4.50	2.24	**4.5**	**2.33**
43259	EUS, esoph, stomach, duodenum	4.74	2.48	**4.14**	**1.40**
43254	endoscopic mucosal resection	5.25	2.99	**4.88**	**2.71**
43242	EUS FNA, esoph, stomach, duodenum	5.39	3.13	**4.68**	**2.51**

Esophagoscopy RUC-Approved Increments

Esoph Code	Description	RUC RVU	Increment above base Esoph Code (43200)	CMS 2014 work RVU	CMS 2014 increment above base Esoph (43200)
43202	biopsy	1.89	0.30	**1.80**	**0.30**
43201	submucosal injection	1.90	0.31	**1.80**	**0.30**
43220	esoph balloon dilation < 30mm	2.10	0.51	**2.10**	**0.60**
43226	dilation over guide wire insertion	2.34	0.75	**2.34**	**0.84**
43206	optical endomicroscopy	2.39	0.80	**2.39**	**0.89**
43216	hot biopsy	2.40	0.81	**2.40**	**0.90**
43215	foreign body removal	2.60	1.01	**2.51**	**1.01**
43204*	sclerosis injection	2.89	1.30	**2.40**	**0.90**
43217	snare polypectomy	2.90	1.31	**2.90**	**1.40**
43205*	band ligation	3.00	1.41	**2.51**	**1.01**
43231	EUS	3.19	1.60	**2.90**	**1.40**
43227*	control of bleeding	3.26	1.67	**2.99**	**1.49**

Esoph Code	Description	RUC RVU	Increment subtracted from EGD Code	CMS 2014 work RVU	CMS 2014 increment above base Esoph (43200)
43229	ablation (includes pre- and post-dilation and guide wire passage)	3.72	2.13	**3.54**	**2.04**
43212	endoscopic stent (includes pre- and post-dilation and guide wire passage)	3.73	2.14	**3.38**	**1.88**
43214	balloon dilation > 30mm	3.78	2.19	**3.38**	**1.88**
43232	EUS FNA	3.83	2.24	**3.54**	**2.04**
43211	endoscopic mucosal resection	4.58	2.99	**4.21**	**2.71**

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

ments
Ileoscopy Code Rationale
44388 RVU + biopsy RUC increment 0.30
44388 RVU + submucosal injection RUC increment 0.31
44388 RVU + dilation less than 30 mm RUC increment 0.51
44388 RVU + hot biopsy RUC increment 0.81
44388 RVU + Foreign body RUC increment 1.01
44388 RVU + snare RUC increment 1.31
There is no RUC established increment for this procedure
44388 RVU + EUS RUC increment 1.59
45378 RVU + c-stoma decompression RUC increment 1.42
25th percentile
44388 RVU + stent RUC increment 2.14
44388 RVU + EUS with FNA RUC increment 2.24
44388 RVU + EMR RUC increment 2.99

ments
Ileoscopy Code Rationale
45330 RVU + EUS RUC increment 1.59
45330 RVU + EUS with FNA RUC increment 2.24

ements
Ileoscopy Code Rationale
45378 RVU + Foreign body RUC increment 1.01
45378 RVU + biopsy RUC increment 0.30
45378 RVU + submucosal injection RUC increment 0.31
c-stoma bleeding increment (1.40)
45378 RVU + hot biopsy RUC increment 0.81
45378 RVU + snare RUC increment 1.31
45378 RVU + dilation less than 30 mm RUC increment 0.51
45378 RVU + ablation colonsocopy through stoma RUC increme
45378 RVU + stent RUC increment 2.14
45378 RVU + EMR RUC increment 2.99
45378 RVU + c-stoma decompression RUC increment 1.42
There is no RUC established increment for this procedure
45378 RVU + EUS RUC increment 1.59
45378 RVU + EUS with FNA RUC increment 2.24

r 2013)
Ileoscopy Code Rationale
44380 (0.97) + increment of 43202-43200 (0.30)
44380 (0.97) + increment of 43220-43200 (0.51)
44380 (0.97) + increment of 43266-43235 (2.14)

ber 2013)
Pouchoscopy Code Rationale
44385 (1.30) + increment of 43202-43200 (0.30)

October 2013)
Pouchoscopy Code Rationale
45330 (0.84) + increment of 43202-43200 (0.30)
45330 (0.84) + increment of 43215-43200 (1.01)
45330 (0.84) + increment of 43216-43200 (0.81)
25th percentile
45330 (0.84) + increment of 43201-43200 (0.31)
25th percentile

45330 (0.84) + increment of 43217-43200 (1.31)
25th percentile
45330 (0.84) + increment of 43212-43200 (2.13)
45330 (0.84) + increment of 43266-43235 (2.14)
RUC ERCP Code Rationale
43260 (5.95) + increment of 43202-43200 (0.30)
43260 (5.95) + increment of 43215-43200 (1.01)
43260 (5.95) + increment of 43212-43200 (2.13)
RUC EGD Code Rationale
43235 (2.26) + increment of 43202-43200 (0.30)
43235 (2.26) + increment of 43201-43200 (0.31)
43235 (2.26) + increment of 43220-43200 (0.51)
current value
43235 (2.26) + increment of 43226-43200 (0.75)
43235 (2.26) + increment of 43206-43200 (0.80)
43235 (2.26) + increment of 43216-43200 (0.81)
43235 (2.26)+ increment of 43215-43200 (1.01)
43235 (2.26) + increment of 43217-43200 (1.31)
25th percentile
25th percentile
25th percentile
26th percentile
25th percentile
43235 (2.26) + increment of 43214-43200 (2.19)
25th percentile
25th percentile
25th percentile
25th percentile
25th percentile
43259 (4.74) + increment of FNA 43237-43238 (0.65)
RUC Esophagoscopy Code Rationale
Current value
Direct crosswalk to MPC code 64483
Current value
Current value
Direct crosswalk to code 12006
Current value
Current value
25th percentile
Current value
25th percentile
25th percentile
25th percentile
RUC Esoph Code Rationale
43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43233 25th percentile (4.45) - 0.67 (diff 43235-43200) = 3.78
43238 25th percentile (4.50) - 0.67 (diff 43235-43200) = 2.24
43254 25th percentile (5.25) - 0.78 = 4.58

Established increments by procedure

CPT	Short descriptor	RVW	RUC Increment	CMS 2014 Increment	Rationale
			Biopsy		
44389	C-stoma with biopsy	3.12	0.30		44388 (2.82) + increment of 43202-43200 (0.30)
45380	Colonoscopy with biopsy	3.66	0.30		45378 (3.36) + increment of 43202-43200 (0.30)
45331	Flexible sigmoidoscopy with biopsy	1.14	0.30		45330 (0.84) + increment of 43202-43200 (0.30)
44386	Pouchoscopy with biopsy	1.60	0.30		44385 (1.30) + increment of 43202-43200 (0.30)
44382	Ileoscopy with biopsy	1.27	0.30		44380 (0.97) + increment of 43202-43200 (0.30)
43261	ERCP with biopsy	6.25	0.30	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43239	EGD with biopsy	2.56	0.30	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43202	Esophagoscopy with biopsy	1.89	0.30	0.30	Current value
			Balloon dilation < 30 mm		
44405	C-stoma with transendoscopic balloon dilation	3.33	0.51		44388 (2.82) + increment of 43202-43200 (0.51)
45386	Colonoscopy with transendoscopic balloon dilation	3.87	0.51		45378 (3.36) + increment of 43202-43200 (0.51)
45340*	Flexible sigmoidoscopy with balloon dilation	1.35	0.51		45330 (0.84) + increment of 43220-43200 (0.51)
44381	Ileoscopy with balloon dilation	1.48	0.51		44380 (0.97) + increment of 43220-43200 (0.51)
43249	EGD with esophagus balloon dilation < 30mm	2.77	0.51	0.60	43235 (2.26) + increment of 43220-43200 (0.51)
43220	Esophagoscopy with esophagus balloon dilation < 30mm	2.10	0.51	0.60	Current value
43245	EGD with gastric/duodenal balloon dilation < 30mm	3.18	0.92	0.60	Current value
			Submucosal injection		
44404	C-stoma with submucosal injection	3.13	0.31		44388 (2.82) + increment of 43201-43200 (0.31)
45381	Colonoscopy with submucosal injection	3.67	0.31		45378 (3.36) + increment of 43201-43200 (0.31)
45335	Flexible sigmoidoscopy with submucosal injection	1.15	0.31		45330 (0.84) + increment of 43201-43200 (0.31)
43236	EGD with submucosal injection	2.57	0.31	0.30	43235 (2.26) + increment of 43201-43200 (0.31)
43201	Esophagoscopy with submucosal injection	1.90	0.31	0.30	Direct crosswalk to MPC code 64483
			Dilation with Guide wire insertion		
43248	EGD with dilation over guide wire insertion	3.01	0.75	0.84	43235 (2.26) + increment of 43226-43200 (0.75)
43226	Esophagoscopy with dilation over guide wire insertion	2.34	0.75	0.84	Current value
			Optical endomicroscopy		
43252	EGD with optical endomicroscopy	3.06	0.80	0.89	43235 (2.26) + increment of 43206-43200 (0.80)
43206	Esophagoscopy with optical endomicroscopy	2.39	0.80	0.89	Direct crosswalk to code 12006
			Hot biopsy		
44392	C-stoma with hot biopsy	3.63	0.81		44388 (2.82) + increment of 43216-43200 (0.81)
45384	Colonoscopy with hot biopsy	4.17	0.81		45378 (3.36) + increment of 43216-43200 (0.81)
45333	Flexible sigmoidoscopy with hot biopsy	1.65	0.81		45330 (0.84) + increment of 43216-43200 (0.81)
43250	EGD with hot biopsy	3.07	0.81	0.90	43235 (2.26) + increment of 43216-43200 (0.81)
43216	Esophagosocpy with hot biopsy	2.40	0.81	0.90	Current value
			Foreign body removal		
44390	C-stoma with foreign body removal	3.82	1.01		44388 (2.82) + increment of 43215-43200 (1.01)
45379	Colonoscopy with foreign body removal	4.37	1.01		45378 (3.36) + increment of 43215-43200 (1.01)
45332	Flexible sigmoidoscopy with foreign body removal	1.85	1.01		45330 (0.84) + increment of 43215-43200 (1.01)
43275	ERCP with foreign body removal	6.96	1.01		43260 (5.95) + increment of 43215-43200 (1.01)
43247	EGD with foreign body removal	3.27	1.01	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43215	Esophagoscopy with foreign body removal	2.60	1.01	1.01	Current value
			Snare		
44394	C-stoma with snare polypectomy	4.13	1.31		44388 (2.82) + increment of 43217-43200 (1.31)
45385	Colonoscopy with snare polypectomy	4.67	1.31		45378 (3.36) + increment of 43217-43200 (1.31)
45338	Flexible sigmoidoscopy with snare polypectomy	2.15	1.31		45330 (0.84) + increment of 43217-43200 (1.31)
43251	EGD with snare polypectomy	3.57	1.31	1.40	43235 (2.26) + increment of 43217-43200 (1.31)
43217	Esophagoscopy with snare polypectomy	2.90	1.31	1.40	Current value
			Ablation		
44401	C-stoma with ablation (includes pre- and post-dilation and guide wire placement)	4.44	1.62		44388 (2.82) + increment of 44388-44401 (1.62)
45388	Colonoscopy with ablation (includes pre- and post-dilation and guide wire placement)	4.98	1.62		45378 (3.36) + increment of 44388-44401 (1.62)
45346	Flexible sigmoidoscopy with ablation (includes pre- and post-dilation and guide wire placement)	2.97	2.13		45330 (0.84) + increment of 43270-43235 (2.13)
43278	ERCP with ablation (includes pre- and post-dilation and guide wire placement)	8.08	2.13		43260 (5.95) + increment of 43270-43235 (2.13)
43229	Esophagoscopy with ablation (includes pre- and post-dilation and guide wire placement)	3.72	2.13	2.04	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43270	EGD with ablation (includes pre- and post-dilation and guide wire placement	4.39	2.13	2.04	25th percentile

Endoscopic stent placement					
44402	C-stoma with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.96	2.14		44388 (2.82) + increment of 43266-43235 (2.14)
45389	Colonoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	5.5	2.14		45378 (3.36) + increment of 43266-43235 (2.14)
44384	Ileoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.11	2.14		44380 (0.97) + increment of 43266-43235 (2.14)
45347	Flexible sigmoidoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	2.98	2.14		45330 (0.84) + increment of 43266-43235 (2.14)
43212	Esophagoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.73	2.14	1.88	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43266	EGD with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.40	2.14	1.88	25th percentile

Balloon dilation > 30 mm					
43214	Esophagoscopy with balloon dilation > 30 mm	3.78	2.19	1.88	43233 25th percentile (4.45) - 0.67 = 3.78
43233	EGD with balloon dilation > 30 mm	4.45	2.19	1.88	25th percentile

EMR					
44403	C-stoma with endoscopic mucosal resection	5.81	2.99		44388 (2.82) + increment of (43254-43235)
45390	Colonoscopy with endoscopic mucosal resection	6.35	2.99		45378 (3.36) + increment of (43254-43235)
43211	Esophagoscopy with endoscopic mucosal resection	4.58	2.99	2.71	43254 25th percentile (5.25) - 0.78 = 4.58
43254	EGD with endoscopic mucosal resection	5.25	2.99	2.71	25th percentile

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Oct-12	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	27	15	10	52	NA	Base
Jan-13	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, with collection of specimen(s) by brushing or washing, when performed	1b	27	15	12	54	NA	Base
Apr-13	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with collection of specimen(s) by brushing or washing when performed	2b	48	48	25	119	NA	Base
Oct-13	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA	Base
Oct-13	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA	Base
Oct-13	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	23	10	10	43	NA	Base
Oct-12	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	10	52	0.30	Biopsy
Jan-13	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	12	54	0.30	Biopsy
Apr-13	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	2b	48	55	23	124	0.30	Biopsy
Oct-13	44382	Ileoscopy, through stoma; with biopsy, single or multiple	1b	27	20	12	59	0.30	Biopsy
Oct-13	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1b	27	17	10	54	0.30	Biopsy
Oct-13	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1b	27	15	10	52	0.30	Biopsy
Oct-12	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2b	33	22	10	65	0.81	Hot biopsy
Jan-13	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	24	20	14	58	0.81	Hot biopsy
Oct-13	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	27	15	10	52	0.81	Hot biopsy
Oct-12	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31	Injection
Jan-13	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	20	15	62	0.31	Injection
Oct-13	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31	Injection
Oct-12	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	10	67	0.80	OE
Jan-13	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	20	77	0.80	OE

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Oct-12	43220	Esophagoscopy, flexible, transoral; with balloon dilation (less than 30 mm diameter)	1b	27	20	10	57	0.51	Dilation < 30 mm
Jan-13	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1b	27	20	15	62	0.51	Dilation < 30 mm
Oct-12	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire	1b	27	25	10	62	0.75	Guide wire
Jan-13	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by dilation of passage of dilator(s) through esophagus over guide wire	1b	27	20	15	62	0.75	Guide wire
Oct-12	43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2b	33	20	10	63	1.01	Foreign
Jan-13	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	2b	23	30	15	68	1.01	Foreign
Apr-13	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	2b	48	50	20	123	1.01	Foreign body
Oct-13	45332	Sigmoidoscopy, flexible; with removal of foreign body	2b	33	20	10	63	1.01	Foreign body
Oct-12	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2b	33	20	10	63	1.30	Sclerosis
Jan-13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal / gastric varices	2b	41	30	20	91	2.11	Sclerosis
Oct-12	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	30	10	73	1.31	Snare
Apr-13	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	20	10	63	1.31	Snare
Oct-13	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	15	10	58	1.31	Snare
Oct-12	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2b	33	20	10	63	1.41	Band
Jan-13	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal / gastric varices	2b	41	30	20	91	2.24	Band ligation

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Apr-13	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	2b	41	30	20	91	1.60	EUS
Apr-13	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus	2b	38	35	20	93	1.59	EUS
Apr-13	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	46	45	20	111	2.48	EUS
Apr-13	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	48	40	23	111	3.15	EUS
Apr-13	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	2b	46	45	20	111	2.24	EUS and FNA
Apr-13	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	2b	39	45	20	104	2.24	EUS and FNA
Apr-13	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	51	50	23	124	3.13	EUS and FNA
Oct-12	43227	Esophagoscopy, flexible, transoral; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2b	33	30	10	73	1.67	Bleeding
Jan-13	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	2b	41	30	20	91	1.94	Bleeding
Oct-13	45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2b	33	20	10	63	1.30	Bleeding

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Jan-13	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	45	15	93	2.13	Ablation
Jan-13	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	45	15	101	2.13	Ablation
Apr-13	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	2b	48	75	30	165	2.13	Ablation
Oct-13	4534X6	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	20	10	63	2.13	Ablation
Jan-13	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14	Stent placement
Jan-13	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	40	20	101	2.14	Stent placement
Apr-13	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	2b	48	68	23	151	2.79	Stent placement
Oct-13	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14	Stent placement
Oct-13	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	35	15	83	2.14	Stent placement
Jan-13	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	33	30	16	79	2.19	Dilation > 30 mm
Jan-13	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	38	30	20	88	2.19	Dilation > 30 mm
Oct-13	44381	Ileoscopy, through stoma; with trans-endoscopic balloon dilation	2b	33	25	15	73	0.51	Dilation
Jan-13	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	2b	33	45	15	93	3.41	Dilation
Jan-13	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric / duodenal stricture(s) (eg, balloon, bougie)	2b	33	23	15	71	0.92	Dilation
Oct-13	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	2b	33	20	15	68	1.09	Dilation

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Jan-13	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection (EMR)	2b	33	45	18	96	2.99	EMR
Jan-13	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	2b	38	45	20	103	2.99	EMR

Other Codes

Apr-13	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	2b	53	70	30	153	4.99
Jan-13	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube, or catheter	2b	33	30	15	78	0.33
Apr-13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	2b	41	30	15	86	2.06
Jan-13	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	2b	41	45	15	101	1.99
Apr-13	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	2b	48	60	30	150	0.65
Apr-13	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	2b	48	60	30	143	1.33
Apr-13	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	2b	48	60	28	148	0.78
Apr-13	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy	2b	48	78	28	166	2.08
Apr-13	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	2b		30		30	NA
Apr-13	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	2b	48	60	25	145	3.15
Apr-13	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	2b	48	70	25	155	1.16
Oct-13	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2b	33	25	15	73	1.40

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Oct-12	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	27	15	10	52	NA
Jan-13	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, with collection of specimen(s) by brushing or washing, when performed	1b	27	15	12	54	NA
Oct-13	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA
Oct-13	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA
Oct-13	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	23	10	10	43	NA
Oct-12	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	10	52	0.30
Jan-13	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or	1b	27	15	12	54	0.30
Oct-13	44382	Ileoscopy, through stoma; with biopsy, single or multiple	1b	27	20	12	59	0.30
Oct-13	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1b	27	17	10	54	0.30
Oct-13	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1b	27	15	10	52	0.30
Jan-13	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	24	20	14	58	0.81
Oct-13	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	27	15	10	52	0.81
Oct-12	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31
Jan-13	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	20	15	62	0.31
Oct-13	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31
Oct-12	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	10	67	0.80
Jan-13	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	20	77	0.80
Oct-12	43220	Esophagoscopy, flexible, transoral; with balloon dilation (less than 30 mm diameter)	1b	27	20	10	57	0.51
Jan-13	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1b	27	20	15	62	0.51
Oct-12	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire	1b	27	25	10	62	0.75
Jan-13	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by dilation of passage of dilator(s) through esophagus over guide wire	1b	27	20	15	62	0.75

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Apr-13	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with collection of specimen(s) by brushing or washing when performed	2b	48	48	25	119	NA
Apr-13	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single	2b	48	55	23	124	0.30
Oct-12	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2b	33	22	10	65	0.81
Oct-13	44381	Ileoscopy, through stoma; with trans-endoscopic balloon dilation	2b	33	25	15	73	0.51
Oct-12	43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2b	33	20	10	63	1.01
Jan-13	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	2b	23	30	15	68	1.01
Apr-13	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	2b	48	50	20	123	1.01
Oct-13	45332	Sigmoidoscopy, flexible; with removal of foreign body	2b	33	20	10	63	1.01
Oct-12	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2b	33	20	10	63	1.30
Jan-13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal / gastric varices	2b	41	30	20	91	2.11
Oct-12	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	30	10	73	1.31
Apr-13	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	20	10	63	1.31
Oct-13	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	15	10	58	1.31
Oct-12	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2b	33	20	10	63	1.41
Jan-13	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal / gastric varices	2b	41	30	20	91	2.24
Apr-13	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	2b	41	30	20	91	1.60
Apr-13	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus	2b	38	35	20	93	1.59
Apr-13	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	46	45	20	111	2.48
Apr-13	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	48	40	23	111	3.15

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Apr-13	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	2b	46	45	20	111	2.24
Apr-13	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	2b	39	45	20	104	2.24
Apr-13	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	51	50	23	124	3.13
Oct-12	43227	Esophagoscopy, flexible, transoral; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2b	33	30	10	73	1.67
Jan-13	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	2b	41	30	20	91	1.94
Oct-13	45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2b	33	20	10	63	1.30
Jan-13	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	45	15	93	2.13
Jan-13	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	45	15	101	2.13
Apr-13	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	2b	48	75	30	165	2.13
Oct-13	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	20	10	63	2.13
Jan-13	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14
Jan-13	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	40	20	101	2.14
Apr-13	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	2b	48	68	23	151	2.79
Oct-13	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Oct-13	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	35	15	83	2.14
Jan-13	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	33	30	16	79	2.19
Jan-13	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	38	30	20	88	2.19
Jan-13	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	2b	33	45	15	93	3.41
Jan-13	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric / duodenal stricture(s) (eg, balloon, bougie)	2b	33	23	15	71	0.92
Oct-13	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	2b	33	20	15	68	1.09
Jan-13	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection (EMR)	2b	33	45	18	96	2.99
Jan-13	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	2b	38	45	20	103	2.99
Apr-13	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	2b	53	70	30	153	4.99
Jan-13	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube, or catheter	2b	33	30	15	78	0.33
Apr-13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	2b	41	30	15	86	2.06
Jan-13	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	2b	41	45	15	101	1.99
Apr-13	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	2b	48	60	30	150	0.65
Apr-13	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	2b	48	60	30	143	1.33
Apr-13	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	2b	48	60	28	148	0.78
Apr-13	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy	2b	48	78	28	166	2.08
Apr-13	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	2b		30		30	NA

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Apr-13	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	2b	48	60	25	145	3.15
Apr-13	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	2b	48	70	25	155	1.16
Oct-13	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2b	33	25	15	73	1.40

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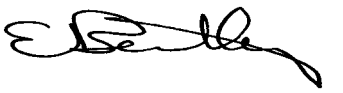
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Edward Bentley, MD
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American Society for Gastrointestinal Endoscopy
Specialty Society

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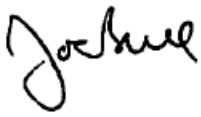

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Joel V. Brill, MD
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R. Bruce Cameron, MD
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Specialty Society

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Signature

Shivan Mehta, MD
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1/3/2014
Date

8, 9, 10
Tab Number

Colonoscopy through stoma / Flexible Sigmoidoscopy / Colonoscopy
Issue

44388 – 4438X8 / 45341 – 45342 / 45378-45392
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Nicholas Nickl, MD
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

1/3/2014
Date

8 and 10
Tab Number

Colonoscopy and Colonoscopy through stoma
Issue

44388-44392, 4439X1-4439X8, 45378-4539X1
Code Range

Attestation Statement

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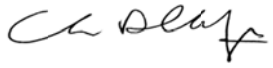

Signature

Charles Mabry, MD, FACS
Printed Signature

American College of Surgeons
Specialty Society

January 7, 2014
Date

8 and 10
Tab Number

Colonoscopy and Colonoscopy through stoma
Issue

44388-44392, 4439X1-4439X8, 45378-4539X1
Code Range

Attestation Statement

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Signature

Guy Orangio, MD, FACS
Printed Signature

American Society of Colon and Rectal Surgeons
Specialty Society

January 7, 2014
Date

8 and 10
Tab Number

Colonoscopy and Colonoscopy through stoma
Issue

44388-44392, 4439X1-4439X8, 45378-4539X1
Code Range

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Don Selzer, MD, FACS
Printed Signature

Society of American Gastrointestinal and Endoscopic Surgeons
Specialty Society

January 7, 2014
Date

CPT Code:44388-44408
Specialty Society('s) ACG, AGA, ASGE, ACS, ASCRS, SAGES

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	Colonoscopy through stoma; with biopsy, single or multiple
44390	Colonoscopy through stoma; with removal of foreign body
44391	Colonoscopy through stoma; with control of bleeding, any method
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire passage, when performed)
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when performed)
44403	Colonoscopy through stoma; with endoscopic mucosal resection
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance
4438X5	Colonoscopy through stoma; with transendoscopic balloon dilation
44406*	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44407*	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

* LOI level I for ACG, AGA and ASGE only

Global Period: 000 Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference codes from similar families that were recently approved by the RUC (eg, reference code 45331, flexible sigmoidoscopy with biopsy, for comparison with 44389, C-stoma with biopsy).

Current Time data					Survey Code Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
44388	PEAC 2003	19	0	3	44388	19	0	3
44389	PEAC 2003	19	0	3	44389	19	0	3
44390	PEAC 2003	19	0	3	44390	19	0	3
44391	PEAC 2003	19	0	3	44391	19	0	3
44392	PEAC 2003	19	0	3	44392	19	0	3
44394	PEAC 2003	19	0	3	44394	19	0	3
44393	PEAC 2003	19	0	3	44401	19	0	3
44397	PEAC 2004	10	0	10	44402	19	0	3
44403	NEW	NA	NA	NA	44403	19	0	3
44404	NEW	NA	NA	NA	44404	19	0	3
44405	NEW	NA	NA	NA	44405	19	0	3
44406	NEW	NA	NA	NA	44406	19	0	3
44407	NEW	NA	NA	NA	44407	19	0	3
44408	NEW	NA	NA	NA	44408	19	0	3

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The practice expense inputs being presented for these codes correspond directly to the practice expense inputs that were approved for the similar flexible sigmoidoscopy codes that the RUC approved in October 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

For all codes shown above:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:

Not applicable

Post-Service Clinical Labor Activities:

For all codes shown above:

- Three minutes for a follow-up phone call to patient

CPT Code:44388-44408
Specialty Society('s) ACG, AGA, ASGE, ASCRS, ACS, SAGES

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: 000 Meeting Date: January 2014

44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
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44390	Colonoscopy through stoma; with removal of foreign body
44391	Colonoscopy through stoma; with control of bleeding, any method
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire passage, when performed)
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when performed)
44403	Colonoscopy through stoma; with endoscopic mucosal resection
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance
4438X5	Colonoscopy through stoma; with transendoscopic balloon dilation
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44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

*LOI level I for ACG, AGA and ASGE only

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference codes from similar families that were recently approved by the RUC (eg, reference code 45331, flexible sigmoidoscopy with biopsy, for comparison with 44389, C-stoma with biopsy).

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
44388	PEAC 2003	9	66	0	45330	RUC 2013	9	68	3	44388	9	83	3
44389	PEAC 2003	9	79	0	45331	RUC 2013	9	73	3	44389	9	88	3
44390	PEAC 2003	9	82	0	45332	RUC 2013	9	78	3	44390	9	93	3
44391	PEAC 2003	9	85	0	45334	RUC 2013	9	78	3	44391	9	98	3
44392	PEAC 2003	9	82	0	43250	RUC 2013	9	78	3	44392	9	88	3
44393	PEAC 2003	9	85	0	4534X6	RUC 2013	9	78	3	44401	9	88	3
44394	PEAC 2003	9	82	0	43251	RUC 2013	9	73	3	44394	9	88	3
44397	PEAC 2004	NA	NA	NA	4534X7	RUCC 2013	NA	NA	NA	44402	NA	NA	NA
44403	NEW	NA	NA	NA	43254	RUC 2013	NA	NA	NA	44403	NA	NA	NA
44404	NEW	NA	NA	NA	45335	RUC 2013	9	73	3	44404	9	88	3
44405	NEW	NA	NA	NA	45340	RUC 2013	9	78	3	44405	9	96	3
44406	NEW	NA	NA	NA	43237	RUC 2012	NA	NA	NA	44406	NA	NA	NA
44407	NEW	NA	NA	NA	43238	RUC 2012	NA	NA	NA	44407	NA	NA	NA
44408	NEW	NA	NA	NA	45337	RUC 2013	NA	NA	NA	44408	NA	NA	NA

* Note: RN time will be equal to 2 minutes (standard for sedate apply MS) PLUS 100% physician time for scope-in-scope out PLUS 15 minutes to monitor the patient after scope out during anesthesia reversal.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We present the following arguments for compelling evidence:

- Changes in technology
- Changes in site of service
- Errors/omissions in previous valuation

When the Practice Expense Subcommittee reviewed the esophagoscopy codes 43200-43232 (Tab 10) in October 2012 and 43235-43257 (Tab 8) in January 2013 they accepted that there was compelling evidence to review, change and update the practice expense staff, supplies and equipment inputs for all of the codes in the family since they were last evaluated for practice expense, based on changes in

technology, site of service migration for several services not previously valued in the non-facility setting, changes in patient safety requirements, and the absence of scope cleaning supplies in non-facility setting. The practice expense inputs being presented correspond directly to the practice expense inputs that were approved for the similar flexible sigmoidoscopy codes that the RUC approved in October 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities (all codes except 44402, 44403 and 44406-44408):

Three minutes to complete pre-service diagnostic and referral forms.
Three minutes to coordinate pre-surgery services with other qualified healthcare providers
Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities (all codes except 44402, 44403 and 44406-44408):

Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Five minutes: 4-6 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non-facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Thirty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities (all codes except 44402, 44403 and 44406-44408):

Three minutes for a follow-up phone call to patient

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1				PEAC 2003		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 45330)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45331)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45332)		PEAC 2003	
2	*Please note: If a supply has a purchase price of			44388		45330		44388		44389		45331		44389		44390		45332		44390		44391	
3	Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI	CMS Code	Staff Type	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or		Colonoscopy through stoma; diagnostic, including collection of specimen(s) by		Colonoscopy through stoma; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple		Colonoscopy through stoma; with biopsy, single or multiple		Colonoscopy through stoma; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy through stoma; with removal of foreign body		Colonoscopy through stoma; with control of bleeding, any method	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	56.0	0.0	27.0	0.0	42.0	0.0	66.0	0.0	32.0	0.0	47.0	0.0	71.0	0.0	37.0	0.0	52.0	0.0	76.0	0.0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	66.0	19.0	80.0	22.0	95.0	22.0	79.0	22.0	85.0	22.0	100.0	22.0	91.0	22.0	90.0	22.0	105.0	22.0	85.0	22.0
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	9.0	16.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	56.0	0.0	27.0	0.0	42.0	0.0	66.0	0.0	32.0	0.0	47.0	0.0	71.0	0.0	37.0	0.0	52.0	0.0	76.0	0.0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	57.0	0.0	68.0	0.0	83.0	0.0	70.0	0.0	73.0	0.0	88.0	0.0	82.0	0.0	78.0	0.0	93.0	0.0	76.0	0.0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0
12	PRE-SERVICE																						
13	Start: Following visit when decision for surgery or procedure made																						
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5	3	5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3		3		3		3		3		3		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		3		5		5		5		5		5		5		5		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
19	*Other Clinical Activity - *specify:*																						
20	End: When patient enters office/facility for surgery/procedure																						
21	SERVICE PERIOD																						
22	Start: When patient enters office/facility for surgery/procedure:																						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3		3		3		3		3		3			
24	Obtain vital signs	L037D	RN/LPN/MTA	3		5		5		3		5		5		3		5		5			
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		3		3		5		3		3		5		3		3		3	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2		2		2		2		2		2		2		5	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	1		5		5				5		5				5		5		3	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2		2		2		2		2		2		2	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																				
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA	3						3						3							
31	Sedate/apply anesthesia	L051A	RN	2		2		2		2		2		2		2		2		2		2	
32	Intra-service																						
33	Assist physician/moderate sedation (% of physician time)	L051A	RN	39		10		25		49		15		30		54		20		35		59	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	12		10		25		18		15		30		32		20		35		25	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1				PEAC 2003		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 45330)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45331)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45332)		PEAC 2003	
2	***Please note: If a supply has a purchase price of**			**44388**		**45330**		**44388**		**44389**		**45331**		**44389**		**44390**		**45332**		**44390**		**44391**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or		Colonoscopy through stoma; diagnostic, including collection of specimen(s) by		Colonoscopy through stoma; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple		Colonoscopy through stoma; with biopsy, single or multiple		Colonoscopy through stoma; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy through stoma; with removal of foreign body		Colonoscopy through stoma; with control of bleeding, any method	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																						
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**		**15**		**15**		**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA	**2**						**2**													
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**20**		**3**		**3**		**22**		**3**		**3**		**25**		**3**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA			**30**		**30**		**3**		**30**		**30**				**30**		**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																				
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	**2**						**2**						**2**							
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**						**n/a**						**n/a**							
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**						**n/a**						**n/a**							
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**						**n/a**						**n/a**							
47	**End: Patient leaves office**																						
48	**POST-SERVICE Period**																						
49	**Start: Patient leaves office/facility**																						
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**	**3**	**3**	**3**	**3**		**3**	**3**	**3**	**3**	**3**		**3**	**3**	**3**	**3**	**3**		**3**
59	**End: with last office visit before end of global period**																						
60	**MEDICAL SUPPLIES****																						
61	***SCRUB, DRESS, DRAPE***																						
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item																				
64	gown, staff, impervious	SB027	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
65	cap, surgical	SB001	item	**2**		**3**		**3**		**2**		**3**		**3**		**1**		**3**		**3**		**2**	
66	mask, surgical, with face shield	SB034	item	**2**		**3**		**3**		**2**		**3**		**3**		**2**		**3**		**3**		**2**	
67	shoe covers, surgical	SB039	pair	**2**		**3**		**3**		**2**		**3**		**3**		**2**		**3**		**3**		**2**	
68	scrub brush (impregnated)	SM023	item	**2**		**1**		**1**		**2**		**1**		**1**		**2**		**1**		**1**		**2**	
69	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
70	basin, emesis	SJ010	item	**1**						**1**						**1**						**1**	
71	denture cup	SJ016	item																				
72	swab-pad, alchohol	SJ053	item	**1**						**1**												**2**	
73	***MODERATE SEDATION***																						
74	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
75	nasal cannula	SD100	item	**1**						**1**						**1**						**1**	
76	bite block	SD006	item																				
77	***PROCEDURE INSTRUMENTS / SUPPLIES***																						
78	endoscope anti-fog solution	SM014	ml	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
79	endoscopic cytology brush	SD067	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
80	endoscopic biopsy forceps	SD066	item									**1**		**1**									
81	endoscopic polypectomy snare	SD068	item													**1**		**1**		**1**			
82	endoscopic clip	SD282	item																				
83	guidewire, STIFF	SD090	item																				
84	endoscopic balloon, dilation	SD019	item																				
85	cautery, monopolar, blade, extended shaft	SF015	item							**1**													
86	needle, micropigmentation (tattoo)	SC079	item																				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1				PEAC 2003		Crosswalk Code from RUC 10/2013		Recommendation (x-walk 45330)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45331)		PEAC 2003		Crosswalk Code From RUC 10/2013		Recommendation (x-walk 45332)		PEAC 2003	
2	*Please note: If a supply has a purchase price of			44388		45330		44388		44389		45331		44389		44390		45332		44390		44391	
3	Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI	CMS Code	Staff Type	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or		Colonoscopy through stoma; diagnostic, including collection of specimen(s) by		Colonoscopy through stoma; with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple		Colonoscopy through stoma; with biopsy, single or multiple		Colonoscopy through stoma; with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Colonoscopy through stoma; with removal of foreign body		Colonoscopy through stoma; with control of bleeding, any method	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
87	skin marking ink (tattoo)	SK073	ml																				
88	needle, variceal injection	SC044	item																				
89	syringe 5-6ml	SC057	item																				
90	cautery, patient ground pad with cord	SF021	item																				
91	cautery, bipolar cord	SF012	item																				
92	cautery, bipolar, probe, endoscopy	SD284	item																				
93	catheter, RF ablation, endoscopic	NEW	kit																				
94	canister, suction	SD009	item	1		1		1		1		1		1		1		1		1		1	
95	tubing, suction, non-latex (6ft uou)	SD132	item	1		1		1		1		1		1		1		1		1		1	
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item	1						1						1						1	
97	syringe 50-60ml	SC056	item	1		1		1		1		1		1		1		1		1		1	
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																				
99	water, distilled	SK087	oz	6		5		5				5		5				5		5			
100	gauze, non-sterile 4in x 4in	SG051	item			1		1				1		1				1		1			
101	cup, biopsy-specimen non-sterile 4oz	SL035	item	1		1		1		1		1		1		1		1		1		1	
102	paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1				1		1			
103	applicator, cotton-tipped, non-sterile 6in	SG008	item	3						3						3						3	
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4		4		4		4		4		4		4	
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1						1						1						1	
106	iv tubing (extension)	SC019	item	1						1						1						1	
107	*SCOPE CLEANING*																						
108	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1				1		1				1		1			
109	gloves, non-sterile	SB022	pair	2						1						1							
110	cleaning brush, endoscope	SM010	item	1												1						1	
111	enzymatic detergent	SM015	oz	1						1						1						1	
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	6						6						6						6	
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	1						1						1						1	
114	EQUIPMENT	CODE																					
115	videoscope, gastroscopy	ES034																					
116	videoscope, sigmoidoscopy	NEW				54						59						64					
117	videoscope, colonoscopy	ES033		60				69		73				74		78				79		83	
118	stretcher	EF018				68		83				73		88				78		93			
119	stretcher, endoscopy	EF020		60						60						60						60	
120	table, power	EF031		60		24		39		73		29		44		78		34		49		83	
121	video system, endoscopy (processor, digital capture,	ES031		60		24		39		73		29		44		78		34		49		83	
122	light source, xenon	EQ167																					
123	light, surgical	EF014		60						73						78							
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		101		47		57		111		52		62		116		57		67		83	
125	IV infusion pump	EQ032		101		47		57		111		52		62		116		57		67		121	
126	suction machine (Gomco)	EQ235		60		24		39		73		29		44		78		34		49		83	
127	table, instrument, mobile	EF027		101		24		57		111		29		62		116		34		67		121	
128	cart, endoscopy imaging equipment	ES003																					
129	radiofrequency generator, endoscopy	NEW																					
130	electrosurgical generator, gastrocautery	EQ113								73						78						83	
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		40		30		30		40		30		30		40		30		30		40	

	A	B	C	X	Y AMA Specialty Society Recommendation	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2002**		**Crosswalk Code From RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 43251)**	
2	***Please note: If a supply has a purchase price of**			**45334**		**44391**		**44392**		**43250**		**44392**		**44394**		**43251**		**44394**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy through stoma; with control of bleeding, any method		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s)		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**57.0**	**0.0**	**71.0**	**0.0**	**37.0**	**0.0**	**47.0**	**0.0**	**67.0**	**0.0**	**32.0**	**0.0**	**47.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**110.0**	**22.0**	**94.0**	**22.0**	**90.0**	**22.0**	**100.0**	**22.0**	**91.0**	**22.0**	**85.0**	**22.0**	**100.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**37.0**	**0.0**	**57.0**	**0.0**	**71.0**	**0.0**	**37.0**	**0.0**	**47.0**	**0.0**	**67.0**	**0.0**	**32.0**	**0.0**	**47.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**98.0**	**0.0**	**82.0**	**0.0**	**78.0**	**0.0**	**88.0**	**0.0**	**82.0**	**0.0**	**73.0**	**0.0**	**88.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																		
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**				**5**		**5**		**1**		**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA					**6**						**6**					
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**		**2**		**2**		2		**2**		2		2	
32	**Intra-service**																		
33	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**40**		**54**		**20**		**30**		**50**		**15**		**30**	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**40**		**26**		**20**		**30**		**25**		**15**		**30**	

	A	B	C	X	Y AMA Specialty Society Recommendation	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2002**		**Crosswalk Code From RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 43251)**	
2	***Please note: If a supply has a purchase price of**			**45334**		**44391**		**44392**		**43250**		**44392**		**44394**		**43251**		**44394**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy through stoma; with control of bleeding, any method		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s)		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																		
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**		**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA					**15**						**15**					
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**13**		**3**		**3**		**13**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**				**30**		**30**				**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA					**2**						**2**					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)							**n/a**				**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)							**n/a**				**n/a**		**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)							**n/a**				**n/a**		**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**																		
48	**POST-SERVICE Period**																		
49	**Start: Patient leaves office/facility**																		
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**		**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**																		
60	**MEDICAL SUPPLIES****																		
61	***SCRUB, DRESS, DRAPE***																		
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item																
64	gown, staff, impervious	SB027	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**	
65	cap, surgical	SB001	item	**3**		**3**		**2**		**3**		**3**		**2**		**3**		**3**	
66	mask, surgical, with face shield	SB034	item	**3**		**3**		**2**		**3**		**3**		**2**		**3**		**3**	
67	shoe covers, surgical	SB039	pair	**3**		**3**		**2**		**3**		**3**		**2**		**3**		**3**	
68	scrub brush (impregnated)	SM023	item	**1**		**1**		**1**		**3**		**1**		**2**		**1**		**1**	
69	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
70	basin, emesis	SJ010	item					**1**		**1**				**1**					
71	denture cup	SJ016	item							**1**									
72	swab-pad, alchohol	SJ053	item					**2**						**2**					
73	***MODERATE SEDATION***																		
74	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
75	nasal cannula	SD100	item					**1**						**1**					
76	bite block	SD006	item							**1**									
77	***PROCEDURE INSTRUMENTS / SUPPLIES***																		
78	endoscope anti-fog solution	SM014	ml	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
79	endoscopic cytology brush	SD067	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**	
80	endoscopic biopsy forceps	SD066	item							**1**		**1**							
81	endoscopic polypectomy snare	SD068	item											**1**		**1**		**1**	
82	endoscopic clip	SD282	item	**1**		**1**													
83	guidewire, STIFF	SD090	item																
84	endoscopic balloon, dilation	SD019	item																
85	cautery, monopolar, blade, extended shaft	SF015	item					**1**											
86	needle, micropigmentation (tattoo)	SC079	item																

	A	B	C	X	Y AMA Specialty Society Recommendation	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				**Crosswalk Code From RUC 10/2013**		**Recommendation (x-walk 45334)**		**PEAC 2002**		**Crosswalk Code From RUC 01/2013**		**Recommendation (x-walk 43250)**		**PEAC 2002**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 43251)**	
2	***Please note: If a supply has a purchase price of**			**45334**		**44391**		**44392**		**43250**		**44392**		**44394**		**43251**		**44394**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with control of bleeding, any method		Colonoscopy through stoma; with control of bleeding, any method		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s)		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
87	skin marking ink (tattoo)	SK073	ml																
88	needle, variceal injection	SC044	item																
89	syringe 5-6ml	SC057	item																
90	cautery, patient ground pad with cord	SF021	item	1		1				1		1				1		1	
91	cautery, bipolar cord	SF012	item	1		1				1		1				1		1	
92	cautery, bipolar, probe, endoscopy	SD284	item	1		1													
93	catheter, RF ablation, endoscopic	NEW	kit																
94	canister, suction	SD009	item	1		1		1		1		1		1		1		1	
95	tubing, suction, non-latex (6ft uou)	SD132	item	1		1				1		1		1		1		1	
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item					1		1				1					
97	syringe 50-60ml	SC056	item	1		1		1				1		1		1		1	
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item							1									
99	water, distilled	SK087	oz	5		5				5		5				5		5	
100	gauze, non-sterile 4in x 4in	SG051	item	1		1				1		1				1		1	
101	cup, biopsy-specimen non-sterile 4oz	SL035	item	1		1		1		1		1		1		1		1	
102	paper, photo printing (8.5 x 11)	SK058	item	1		1				1		1				1		1	
103	applicator, cotton-tipped, non-sterile 6in	SG008	item					3						3					
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4		4		4		4		4	
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item					1						1					
106	iv tubing (extension)	SC019	item					1						1					
107	***SCOPE CLEANING***																		
108	pack, cleaning and disinfecting, endoscope	SA042	pack	1		1				1		1				1		1	
109	gloves, non-sterile	SB022	pair					1						1					
110	cleaning brush, endoscope	SM010	item					1						1					
111	enzymatic detergent	SM015	oz					1						1					
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz					6.4						6.4					
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item					1						1					
114	**EQUIPMENT**	**CODE**																	
115	videoscope, gastroscopy	ES034								64									
116	videoscope, sigmoidoscopy	NEW		64												59			
117	videoscope, colonoscopy	ES033				84		78				74		78				74	
118	stretcher	EF018		78		98				78		88				73		88	
119	stretcher, endoscopy	EF020						60						60					
120	table, power	EF031		34		54		78		34		44		78		29		44	
121	video system, endoscopy (processor, digital capture,	ES031		34		54				34		44		78		29		44	
122	light source, xenon	EQ167																	
123	light, surgical	EF014						78						78					
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		57		72		116				62		116		52		62	
125	IV infusion pump	EQ032		57		72		116		57		62		116		52		62	
126	suction machine (Gomco)	EQ235		34		54		78		34		44		78		29		44	
127	table, instrument, mobile	EF027		34		72		116		34		62		116		29		62	
128	cart, endoscopy imaging equipment	ES003						78						78					
129	radiofrequency generator, endoscopy	NEW																	
130	electrosurgical generator, gastrocautery	EQ113		34		54		78		34		44		78		29		44	
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		30		30		40		30		30		40		30		30	

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (X-walk 4534X6)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (Facility Only)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**	
2	***Please note: If a supply has a purchase price of**			**4534X6**		**44401**		**45347**		**44402**		**43254**		**44403**		**45335**		**44404**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s)		Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and		Colonoscopy through stoma; with endoscopic stent placement (including pre- and		EGD, with endoscopic mucosal resection		Colonoscopy through stoma; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with directed submucosal injection(s), any		Colonoscopy through stoma; with directed submucosal injection(s), any	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**47.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**32.0**	**0.0**	**47.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**100.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**85.0**	**22.0**	**100.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**37.0**	**0.0**	**47.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**32.0**	**0.0**	**47.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**88.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**73.0**	**0.0**	**88.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**																		
13	**Start: Following visit when decision for surgery or procedure made**																		
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**		**3**		**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**		**5**		**5**		**5**		**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**		**3**		**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*																		
20	**End: When patient enters office/facility for surgery/procedure**																		
21	**SERVICE PERIOD**																		
22	**Start: When patient enters office/facility for surgery/procedure:**																		
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**										**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**										**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**										**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**										**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**										**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**										**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA																
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA																
31	Sedate/apply anesthesia	L051A	RN	2		2										2		2	
32	**Intra-service**																		
33	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**30**										**15**		**30**	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**30**										**15**		**30**	

	A	B	C	AN	AO AMA Specialty Society Recommendations	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (X-walk 4534X6)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (Facility Only)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**	
2	***Please note: If a supply has a purchase price of**			**4534X6**		**44401**		**45347**		**44402**		**43254**		**44403**		**45335**		**44404**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s)		Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and		Colonoscopy through stoma; with endoscopic stent placement (including pre- and		EGD, with endoscopic mucosal resection		Colonoscopy through stoma; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with directed submucosal injection(s), any		Colonoscopy through stoma; with directed submucosal injection(s), any	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**																		
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**										**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA																
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**										**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**										**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA																
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**										**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA																
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**										**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)							**n/a**		**n/a**									
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)							**n/a**		**n/a**									
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)							**n/a**		**n/a**									
47	**End: Patient leaves office**																		
48	**POST-SERVICE Period**																		
49	**Start: Patient leaves office/facility**																		
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**		**3**		**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**																		
60	**MEDICAL SUPPLIES****																		
61	***SCRUB, DRESS, DRAPE***																		
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**										**1**		**1**	
63	gown, patient	SB026	item																
64	gown, staff, impervious	SB027	item	**2**		**2**										**2**		**2**	
65	cap, surgical	SB001	item	**3**		**3**										**3**		**3**	
66	mask, surgical, with face shield	SB034	item	**3**		**3**										**3**		**3**	
67	shoe covers, surgical	SB039	pair	**3**		**3**										**3**		**3**	
68	scrub brush (impregnated)	SM023	item	**1**		**1**										**1**		**1**	
69	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**										**1**		**1**	
70	basin, emesis	SJ010	item																
71	denture cup	SJ016	item																
72	swab-pad, alchohol	SJ053	item																
73	***MODERATE SEDATION***																		
74	pack, moderate sedation	SA044	pack	**1**		**1**										**1**		**1**	
75	nasal cannula	SD100	item																
76	bite block	SD006	item																
77	***PROCEDURE INSTRUMENTS / SUPPLIES***																		
78	endoscope anti-fog solution	SM014	ml	**1**		**1**										**1**		**1**	
79	endoscopic cytology brush	SD067	item	**1**		**1**													
80	endoscopic biopsy forceps	SD066	item																
81	endoscopic polypectomy snare	SD068	item																
82	endoscopic clip	SD282	item																
83	guidewire, STIFF	SD090	item	**1**		**1**													
84	endoscopic balloon, dilation	SD019	item	**1**		**1**													
85	cautery, monopolar, blade, extended shaft	SF015	item																
86	needle, micropigmentation (tattoo)	SC079	item													**1**		**1**	

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (X-walk 4534X6)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**		**Crosswalk Code from RUC 01/2013**		**Recommendation (Facility Only)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (x-walk 45335)**	
2	***Please note: If a supply has a purchase price of**			**4534X6**		**44401**		**45347**		**44402**		**43254**		**44403**		**45335**		**44404**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s)		Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and		Colonoscopy through stoma; with endoscopic stent placement (including pre- and		EGD, with endoscopic mucosal resection		Colonoscopy through stoma; with endoscopic mucosal resection		Sigmoidoscopy, flexible; with directed submucosal injection(s), any		Colonoscopy through stoma; with directed submucosal injection(s), any	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
87	skin marking ink (tattoo)	SK073	ml													**2**		**2**	
88	needle, variceal injection	SC044	item													**1**		**1**	
89	syringe 5-6ml	SC057	item													**3**		**3**	
90	cautery, patient ground pad with cord	SF021	item																
91	cautery, bipolar cord	SF012	item																
92	cautery, bipolar, probe, endoscopy	SD284	item																
93	catheter, RF ablation, endoscopic	NEW	kit	**1**		**1**													
94	canister, suction	SD009	item	**1**		**1**										**1**		**1**	
95	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**										**1**		**1**	
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item																
97	syringe 50-60ml	SC056	item	**1**		**1**										**1**		**1**	
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item																
99	water, distilled	SK087	oz	**5**		**5**										**5**		**5**	
100	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**										**1**		**1**	
101	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**													
102	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**										**1**		**1**	
103	applicator, cotton-tipped, non-sterile 6in	SG008	item																
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**										**4**		**4**	
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item																
106	iv tubing (extension)	SC019	item																
107	***SCOPE CLEANING***																		
108	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**										**1**		**1**	
109	gloves, non-sterile	SB022	pair																
110	cleaning brush, endoscope	SM010	item																
111	enzymatic detergent	SM015	oz																
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz																
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item																
114	**EQUIPMENT**	**CODE**																	
115	videoscope, gastroscopy	ES034																	
116	videoscope, sigmoidoscopy	NEW		**64**												**59**			
117	videoscope, colonoscopy	ES033				**74**												**74**	
118	stretcher	EF018		**78**		**88**										**73**		**88**	
119	stretcher, endoscopy	EF020																	
120	table, power	EF031		**34**		**44**										**29**		**44**	
121	video system, endoscopy (processor, digital capture,	ES031		**34**		**44**										**29**		**44**	
122	light source, xenon	EQ167																	
123	light, surgical	EF014																	
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**57**		**62**										**52**		**62**	
125	IV infusion pump	EQ032		**57**		**62**										**52**		**62**	
126	suction machine (Gomco)	EQ235		**34**		**44**										**29**		**44**	
127	table, instrument, mobile	EF027		**34**		**62**										**29**		**62**	
128	cart, endoscopy imaging equipment	ES003																	
129	radiofrequency generator, endoscopy	NEW		**34**		**44**													
130	electrosurgical generator, gastrocautery	EQ113		**34**		**44**													
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**										**30**		**30**	

	A	AMA Specialty Society Recommendation		BD	BE	BF	BG	BH	BI	BJ	BK
1				**Recommendation (x-walk 43245 RUC 10/13)**		**Recommendation (X-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**	
2	***Please note: If a supply has a purchase price of**			**45340**		**44405**		**43237**		**44406**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy through stoma; with transendoscopic balloon dilation		EGD; EUS exam limited to the esophagus		Colonoscopy through stoma; with endoscopic ultrasound examination,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**55.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**108.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**37.0**	**0.0**	**55.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**96.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**										
13	**Start: Following visit when decision for surgery or procedure made**										
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*										
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**					
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**					
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**					
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**					
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**					
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**					
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA								
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA								
31	Sedate/apply anesthesia	L051A	RN	2		2					
32	**Intra-service**										
33	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**38**					
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**38**					

	A	AMA Specialty Society Recommendation		BD	BE	BF	BG	BH	BI	BJ	BK
1				**Recommendation (x-walk 43245 RUC 10/13)**		**Recommendation (X-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**	
2	***Please note: If a supply has a purchase price of**			**45340**		**44405**		**43237**		**44406**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy through stoma; with transendoscopic balloon dilation		EGD; EUS exam limited to the esophagus		Colonoscopy through stoma; with endoscopic ultrasound examination,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**										
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**					
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA								
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**					
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**					
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA								
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**					
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA								
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**					
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)						**n/a**			**n/a**	**n/a**
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)						**n/a**			**n/a**	**n/a**
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)						**n/a**			**n/a**	**n/a**
47	**End: Patient leaves office**										
48	**POST-SERVICE Period**										
49	**Start: Patient leaves office/facility**										
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**		**3**		**3**
59	**End: with last office visit before end of global period**										
60	**MEDICAL SUPPLIES****										
61	***SCRUB, DRESS, DRAPE***										
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**					
63	gown, patient	SB026	item								
64	gown, staff, impervious	SB027	item	**2**		**2**					
65	cap, surgical	SB001	item	**3**		**3**					
66	mask, surgical, with face shield	SB034	item	**3**		**3**					
67	shoe covers, surgical	SB039	pair	**3**		**3**					
68	scrub brush (impregnated)	SM023	item	**1**		**1**					
69	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**					
70	basin, emesis	SJ010	item								
71	denture cup	SJ016	item								
72	swab-pad, alchohol	SJ053	item								
73	***MODERATE SEDATION***										
74	pack, moderate sedation	SA044	pack	**1**		**1**					
75	nasal cannula	SD100	item								
76	bite block	SD006	item								
77	***PROCEDURE INSTRUMENTS / SUPPLIES***										
78	endoscope anti-fog solution	SM014	ml	**1**		**1**					
79	endoscopic cytology brush	SD067	item								
80	endoscopic biopsy forceps	SD066	item								
81	endoscopic polypectomy snare	SD068	item								
82	endoscopic clip	SD282	item								
83	guidewire, STIFF	SD090	item								
84	endoscopic balloon, dilation	SD019	item	**1**		**1**					
85	cautery, monopolar, blade, extended shaft	SF015	item								
86	needle, micropigmentation (tattoo)	SC079	item								

	A	AM	AN	BD	BE	BF	BG	BH	BI	BJ	BK
1				**Recommendation (x-walk 43245 RUC 10/13)**		**Recommendation (X-walk 45340)**		**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**	
2	***Please note: If a supply has a purchase price of**			**45340**		**44405**		**43237**		**44406**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		Colonoscopy through stoma; with transendoscopic balloon dilation		EGD; EUS exam limited to the esophagus		Colonoscopy through stoma; with endoscopic ultrasound examination,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
87	skin marking ink (tattoo)	SK073	ml								
88	needle, variceal injection	SC044	item								
89	syringe 5-6ml	SC057	item								
90	cautery, patient ground pad with cord	SF021	item								
91	cautery, bipolar cord	SF012	item								
92	cautery, bipolar, probe, endoscopy	SD284	item								
93	catheter, RF ablation, endoscopic	NEW	kit								
94	canister, suction	SD009	item	**1**		**1**					
95	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**					
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item								
97	syringe 50-60ml	SC056	item	**1**		**1**					
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item								
99	water, distilled	SK087	oz	**5**		**5**					
100	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**					
101	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**					
102	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**					
103	applicator, cotton-tipped, non-sterile 6in	SG008	item								
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**					
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item								
106	iv tubing (extension)	SC019	item								
107	***SCOPE CLEANING***										
108	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**					
109	gloves, non-sterile	SB022	pair								
110	cleaning brush, endoscope	SM010	item								
111	enzymatic detergent	SM015	oz								
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz								
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item								
114	**EQUIPMENT**	**CODE**									
115	videoscope, gastroscopy	ES034									
116	videoscope, sigmoidoscopy	**NEW**		**57**							
117	videoscope, colonoscopy	ES033				**82**					
118	stretcher	EF018		**57**		**57**					
119	stretcher, endoscopy	EF020									
120	table, power	EF031		**22**		**40**					
121	video system, endoscopy (processor, digital capture,	ES031		**22**		**40**					
122	light source, xenon	EQ167									
123	light, surgical	EF014									
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**32**		**50**					
125	IV infusion pump	EQ032		**32**		**50**					
126	suction machine (Gomco)	EQ235		**22**		**40**					
127	table, instrument, mobile	EF027		**22**		**40**					
128	cart, endoscopy imaging equipment	ES003									
129	radiofrequency generator, endoscopy	**NEW**									
130	electrosurgical generator, gastrocautery	EQ113									
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**					

	A	BAMA Specialty Society Recommendation		BM		BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**		**Recommendation (Facility Only)**		**Recommendation (x-walk 43244 RUC 01/13)**		**Recommendation (Facility Only)**	
2	***Please note: If a supply has a purchase price of**			**43238**		**44407**		**45337**		**44408**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	EGD; EUS exam limited to the esophagus with FNA		Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy through stoma; with decompression (for pathologic distention) (eg,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**										
13	**Start: Following visit when decision for surgery or procedure made**										
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*										
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA								
24	Obtain vital signs	L037D	RN/LPN/MTA								
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA								
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA								
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA								
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA								
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA								
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA								
31	Sedate/apply anesthesia	L051A	RN								
32	**Intra-service**										
33	Assist physician/moderate sedation (% of physician time)	L051A	RN								
34	Assist physician in performing procedure	L037D	RN/LPN/MTA								

	A	BAMA Specialty Society Recommendation		BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**	**Recommendation (Facility Only)**		**Recommendation (x-walk 43244 RUC 01/13)**		**Recommendation (Facility Only)**	
2	***Please note: If a supply has a purchase price of**			**43238**	**44407**		**45337**		**44408**	
3	**Meeting Date: January 2014** **Tab: 8 - Colonoscopy through Stoma** **Specialty: GI**	**CMS Code**	**Staff Type**	EGD; EUS exam limited to the esophagus with FNA	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy through stoma; with decompression (for pathologic distention) (eg,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
35	**Post-Service**										
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN								
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA								
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA								
39	Clean Scope	L037D	RN/LPN/MTA								
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA								
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA								
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA								
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA								
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)						**n/a**		**n/a**	**n/a**
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)						**n/a**		**n/a**	**n/a**
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)						**n/a**		**n/a**	**n/a**
47	**End: Patient leaves office**									
48	**POST-SERVICE Period**									
49	**Start: Patient leaves office/facility**									
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
59	**End: with last office visit before end of global period**									
60	**MEDICAL SUPPLIES****									
61	***SCRUB, DRESS, DRAPE***									
62	pack, minimum multi-specialty visit	SA048	pack							
63	gown, patient	SB026	item							
64	gown, staff, impervious	SB027	item							
65	cap, surgical	SB001	item							
66	mask, surgical, with face shield	SB034	item							
67	shoe covers, surgical	SB039	pair							
68	scrub brush (impregnated)	SM023	item							
69	drape, non-sterile, sheet 40in x 60in	SB006	item							
70	basin, emesis	SJ010	item							
71	denture cup	SJ016	item							
72	swab-pad, alchohol	SJ053	item							
73	***MODERATE SEDATION***									
74	pack, moderate sedation	SA044	pack							
75	nasal cannula	SD100	item							
76	bite block	SD006	item							
77	***PROCEDURE INSTRUMENTS / SUPPLIES***									
78	endoscope anti-fog solution	SM014	ml							
79	endoscopic cytology brush	SD067	item							
80	endoscopic biopsy forceps	SD066	item							
81	endoscopic polypectomy snare	SD068	item							
82	endoscopic clip	SD282	item							
83	guidewire, STIFF	SD090	item							
84	endoscopic balloon, dilation	SD019	item							
85	cautery, monopolar, blade, extended shaft	SF015	item							
86	needle, micropigmentation (tattoo)	SC079	item							

	A	BAMA Specialty Society Recommendation		BM	BN	BO	BP	BQ	BR	BS
1				**Crosswalk Code from RUC 10/2013**	**Recommendation (Facility Only)**		**Recommendation (x-walk 43244 RUC 01/13)**		**Recommendation (Facility Only)**	
2	***Please note: If a supply has a purchase price of**			**43238**	**44407**		**45337**		**44408**	
3	**Meeting Date: January 2014 Tab: 8 - Colonoscopy through Stoma Specialty: GI**	**CMS Code**	**Staff Type**	EGD; EUS exam limited to the esophagus with FNA	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Colonoscopy through stoma; with decompression (for pathologic distention) (eg,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
87	skin marking ink (tattoo)	SK073	ml								
88	needle, variceal injection	SC044	item								
89	syringe 5-6ml	SC057	item								
90	cautery, patient ground pad with cord	SF021	item								
91	cautery, bipolar cord	SF012	item								
92	cautery, bipolar, probe, endoscopy	SD284	item								
93	catheter, RF ablation, endoscopic	NEW	kit								
94	canister, suction	SD009	item								
95	tubing, suction, non-latex (6ft uou)	SD132	item								
96	tubing, suction, non-latex (6ft) with Yankauer tip (1)		item								
97	syringe 50-60ml	SC056	item								
98	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item								
99	water, distilled	SK087	oz								
100	gauze, non-sterile 4in x 4in	SG051	item								
101	cup, biopsy-specimen non-sterile 4oz	SL035	item								
102	paper, photo printing (8.5 x 11)	SK058	item								
103	applicator, cotton-tipped, non-sterile 6in	SG008	item								
104	lubricating jelly (K-Y) (5gm uou)	SJ032	item								
105	gauze, sterile 4in x 4in (10 pack uou)	SG056	item								
106	iv tubing (extension)	SC019	item								
107	***SCOPE CLEANING***										
108	pack, cleaning and disinfecting, endoscope	SA042	pack								
109	gloves, non-sterile	SB022	pair								
110	cleaning brush, endoscope	SM010	item								
111	enzymatic detergent	SM015	oz								
112	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz								
113	glutaraldehyde test strips (Cidex, Metrex)	SM019	item								
114	**EQUIPMENT**	**CODE**									
115	videoscope, gastroscopy	ES034									
116	videoscope, sigmoidoscopy	**NEW**									
117	videoscope, colonoscopy	ES033									
118	stretcher	EF018									
119	stretcher, endoscopy	EF020									
120	table, power	EF031									
121	video system, endoscopy (processor, digital capture,	ES031									
122	light source, xenon	EQ167									
123	light, surgical	EF014									
124	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011									
125	IV infusion pump	EQ032									
126	suction machine (Gomco)	EQ235									
127	table, instrument, mobile	EF027									
128	cart, endoscopy imaging equipment	ES003									
129	radiofrequency generator, endoscopy	**NEW**									
130	electrosurgical generator, gastrocautery	EQ113									
131	endoscope disinfector, rigid or fiberoptic, w-cart	ES005									

AMA/Specialty Society RVS Update RUC Summary of Recommendations
MPC List Screen

October 2013/January 2014/April 2014

Flexible Sigmoidoscopy

Several specific CPT codes identified by CMS through the MPC List screen were scheduled for review at the September 2011 RUC meeting. The RUC review of the codes led to significant concerns with the survey data, and in some cases, coding and payment policy for the individual codes. The specialty societies representing gastroenterology indicated that appropriate surveys could not be conducted until after the specialty societies had an opportunity to clarify the coding and update the descriptors via the CPT Editorial Panel Process. The specialty societies worked with the CPT Editorial Panel and CMS to resolve this coding and payment policy question as it relates to over 100 GI endoscopy services.

In the CPT 2014 cycle, the RUC reviewed all the esophagoscopy, EGD and ERCP families of codes. For the CPT 2015 cycle, the RUC reviewed the illeoscopy, pouchoscopy and flexible sigmoidoscopy services in October 2013 and reviewed colonoscopy and colonoscopy through the stoma procedures in January 2014. (Note, a few of the flexible sigmoidoscopy services were reviewed in January 2014 and April 2014 as well.) Given that this process will require the RUC and specialty societies to survey and review the entire family of endoscopy procedures, the RUC has consistently maintained that relativity within both the immediate and larger family is of paramount importance. As was done in the previous set of codes, the RUC used an incremental methodology to value the additional physician work above the base diagnostic procedure. The RUC noted that this methodology was necessary for three reasons. First, given that an entire genre of services is being reviewed, relativity amongst the family is critical. The potential for rank order anomalies is high considering the large amount of codes reviewed in succession. Second, CMS (then HCFA) used the incremental approach in their initial valuation of these services in 1992 and 1993. According to CMS commentary in the Federal Register for those years, the agency established a hierarchy of work from the least to the most difficult endoscopic procedure. Following this, fixed increments were added to the base procedure. Therefore, the RUC determined that these new codes should continue to be valued the same way endoscopic services were initially valued at the creation of the RBRVS. Finally, the RUC has established valuation of physician work through incremental intra-service work as an approved, viable alternate methodology. In fact, endoscopy is listed as an example of this methodology in the RUC's instructions for specialty societies developing work value recommendations.

45330 Sigmoidoscopy, flexible; diagnostic, collection of specimen(s) by brushing or washing when performed
The RUC reviewed the survey results of 103 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 21 minutes, intra-service time of 10 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1A Facility straightforward patient and procedure without sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC reviewed the estimated work values and agreed with the specialty societies that 45330 is currently overvalued, with a work RVU of 0.96. Since the survey respondents overestimated the physician work, the RUC reviewed CPT code 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU= 0.84) and agreed that since both these services have identical intra-service time and similar work intensity, they should be valued identically. The RUC agreed that a work RVU of 0.84, a direct crosswalk to code 12001, appropriately valued 45330 to similar services across the RBRVS.

To justify a work RVU of 0.84, the RUC compared the surveyed code to MPC codes 45300 *Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing* (work RVU= 0.80, intra time= 10 minutes) and 43760 *Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance* (work RVU= 0.90, intra time= 10 minutes) and noted that both these services are similar services with highly analogous times. Therefore, a recommended value of 0.84 appropriately values 45330 in between these MPC services. Finally, to ensure relativity within the endoscopic family, the RUC noted that the recommended RVU of 0.84 places diagnostic flexible sigmoidoscopy appropriately below diagnostic ileoscopy (RUC recommended work RVU= 0.97) and diagnostic esophagoscopy (RUC recommended work RVU= 1.59) in terms of comparative physician work. **The RUC recommends a work RVU of 0.84 for CPT code 45330.**

45331 Sigmoidoscopy, flexible; with biopsy, single or multiple
The RUC reviewed the survey results of 100 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 21 minutes, intra-service time of 15 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1A Facility straightforward patient and procedure without sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45331. The RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy biopsy code, 43202 (RUC recommended work RVU= 1.89) should be maintained in this flexible sigmoidoscopy biopsy code. Therefore, the established increment for the physician work related to the biopsy, 0.30 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 1.14 for CPT code 45331. The RUC agreed with the specialty that the physician work related solely to biopsy is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 1.14, the RUC compared the surveyed code to CPT codes 56605 *Biopsy of vulva or perineum (separate procedure); 1 lesion* (work RVU= 1.10) and 36584 *Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access* (work RVU= 1.20) and agreed that since both codes have identical intra-service time to 45331, 15 minutes, and similar total time, the recommended value appropriately values the surveyed code between these two reference codes. Finally, the RUC

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reviewed MPC code 11042 *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less* (work RVU= 1.01) in comparison to 45331and noted that while both services have 15 minutes of intra-service time, the surveyed code has more total time than this reference code, 46 minutes compared to 36 minutes, and is thus appropriately valued more. **The RUC recommends a work RVU of 1.14 for CPT code 45331.**

45332 Sigmoidoscopy, flexible; with removal of foreign body(s)
The RUC reviewed the survey results of 64 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 20 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because FB removal involves removal of a stent, or devices of various sizes and shapes, in a patient with a narrowing or obstruction of the lumen of the bowel typically resulting from a neoplasm, ischemia, radiation, inflammatory bowel disease, or severe angulation of the bowel.

The RUC first considered three compelling evidence arguments to consider a change in the current work RVU of 1.79 for this service: Change in site-of-service, change in technology and change in types of foreign bodies. There has been a change in the site-of-service for this procedure as 25 years ago, removal of rectal foreign bodies that often required removal under General Anesthesia in the operating room using a rigid proctoscope are now removed in the outpatient setting using a flexible sigmoidoscope. Additionally, new technology for retrieval of rectal foreign bodies is now in use since the prior valuation, including retrieval nets and foreign body balloons. Finally, there are now medical devices requiring removal which did not exist at the prior valuation, including fully coated removable self-expanding metal stents and prostate massage devices for treatment of lower urinary tract symptoms such as benign prostatic hyperplasia, chronic prostatitis/chronic pelvic pain syndrome or bladder conditions such as interstitial cystitis. The variety of rectal foreign bodies inserted by patients are larger, more complex, and more numerous since the prior valuation of this code. The RUC agreed with the specialty societies that there is compelling evidence to consider a change in the current work value for 45332.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45332. The RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy removal of foreign body code, 43215 (RUC recommended work RVU= 2.60) should be maintained in this flexible sigmoidoscopy hot biopsy code. Therefore, the established increment for the physician work related to removal of a foreign body, 1.01 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 1.85 for CPT code 45332. The RUC agreed with the specialty that the physician work related solely to foreign body removal is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

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To justify a work RVU of 1.85, the RUC compared the surveyed code to CPT codes 32554 *Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance* (work RVU= 1.82) and 45317 *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)* (work RVU= 2.00) and agreed that since both services have identical intra-service time, 20 minutes, and comparable physician work, the recommended work RVU of 1.85 appropriately values 45332 in between these two reference services. The RUC also reviewed MPC code 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* (work RVU= 1.73, intra time= 20 minutes) and agreed that this reference code should be valued slightly less than the surveyed code due to less total time, 59 minutes and 63 minutes). **The RUC recommends a work RVU of 1.85 for CPT code 45332.**

45333 Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
The RUC reviewed the survey results of 59 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 15 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45333. The RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy hot biopsy code, 43216 (RUC recommended work RVU= 2.40) should be maintained in this flexible sigmoidoscopy hot biopsy code. Therefore, the established increment for the physician work related to the hot biopsy, 0.81 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 1.65 for CPT code 45333. The RUC agreed with the specialty that the physician work related solely to hot biopsy is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 1.65, the RUC compared the surveyed to CPT code 64448 *Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)* (work RVU= 1.63, total time= 55 minutes) and agreed that since both services have identical intra-service time, 15 minutes, and analogous total time, the two services should be valued similarly. The RUC also reviewed two MPC codes 57452 *Colposcopy of the cervix including upper/adjacent vagina* (work RVU= 1.50) and 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU= 1.90) and agreed that since both codes have identical intra-service time, and similar total time, compared to 45333, the recommended work value of 1.65 appropriately values this surveyed code between these two reference codes. **The RUC recommends a work RVU of 1.65 for CPT code 45333.**

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45334 Sigmoidoscopy, flexible; with control of bleeding, any method
The RUC reviewed the survey results of 71 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 20 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the patient, who may have significant comorbidity, coagulation defects and/or hemodynamic instability, has active gastrointestinal bleeding typically resulting from diverticula, neoplasia, ischemia, radiation, or inflammatory bowel disease.

The RUC reviewed the estimated work values and agreed with the specialty societies that the current work RVU of 2.73 overstates the physician work involved in 45334. Since there is no previously established increment for control of bleeding, the RUC reviewed the survey's 25th percentile and determined that a work RVU of 2.10 accurately values this service relative to similar codes in the endoscopic family. To justify a work RVU of 2.10, the RUC compared the surveyed code to CPT codes 49084 *Peritoneal lavage, including imaging guidance, when performed* (work RVU= 2.00) and 57421 *Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix* (work RVU= 2.20) and agreed that since both codes have identical intra-service time, 20 minutes, and similar total time, compared to 45334, the recommended work value of 2.10 appropriately values this surveyed code between these two reference codes. The RUC also reviewed MPC code 51102 *Aspiration of bladder; with insertion of suprapubic catheter* (work RVU= 2.70, total time= 60 minutes) and agreed that while the two services have identical intra time and analogous total time, the MPC code should be valued higher than 45334 due to greater physician and intensity to perform the service. **The RUC recommends a work RVU of 2.10 for CPT code 45334.**

45335 Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
The RUC reviewed the survey results of 63 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 15 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45335. The RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy submucosal injection code, 43201 (RUC recommended work RVU= 1.90) should be maintained in this flexible sigmoidoscopy submucosal injection code. Therefore, the established increment for the physician work related to the submucosal injection, 0.31 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 1.15 for CPT code 45335. The RUC agreed with the

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specialty that the physician work related solely to submucosal injection is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 1.15, the RUC compared the surveyed CPT code 11042 *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less* (work RVU= 1.01) and MPC code 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* (work RVU= 1.73) and agreed that since these codes all have identical intra-service time, 15 minutes, and provide appropriate reference codes, from across the RBRVS, to bracket the recommended work RVU of 1.15 for 45335. The RUC also reviewed CPT code 57500 *Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)* (work RVU= 1.20, intra time= 15 minutes) and noted that even though the reference code has less pre- and post-service time than 45335, it should still be valued slightly higher due to greater intensity and complexity in the physician work. **The RUC recommends a work RVU of 1.15 for CPT code 45335.**

45337 Sigmoidoscopy, flexible; with decompression of volvulus, any method
The RUC reviewed the survey results of 63 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 38 minutes, intra-service time of 25 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the patient, who may have debility, comorbidity, altered mental status, and/or neurologic deterioration, has a severe megacolon typically resulting from neoplasia, ischemia, strictures, or intestinal motility dysfunction.

The RUC reviewed the estimated work values and agreed with the specialty societies that the current work RVU of 2.36 overstates the physician work involved in 45337. Since there is no established increment for this procedure, the RUC reviewed the survey's 25th percentile and determined that a work RVU of 2.20 accurately values this service relative to similar codes in the endoscopic family. To justify a work RVU of 2.20, the RUC compared the surveyed code to CPT codes 49083 *Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance* (work RVU= 2.00) and 64517 *Injection, anesthetic agent; superior hypogastric plexus* (work RVU= 2.20) and agreed that since both codes have identical intra-service time, 25 minutes, and similar total time, compared to 45337, the recommended work value of 2.20 appropriately values this surveyed code between these two reference codes. The RUC also reviewed CPT code 45321 *Proctosigmoidoscopy, rigid; with decompression of volvulus* (work RVU= 1.75, intra time= 20 minutes) and noted that while the physician work is comparable, the reference code is appropriately valued less than 45337 because it has 5 minutes less intra-service time. **The RUC recommends a work RVU of 2.20 for CPT code 45337.**

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45338 Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
The RUC reviewed the survey results of 67 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 15 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the patient has polypoid lesions typically resulting from a neoplasia, pre-neoplasia, or inflammatory bowel disease.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45338. The RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy snare code, 43217 (RUC recommended work RVU= 2.90) should be maintained in this flexible sigmoidoscopy snare code. Therefore, the established increment for the physician work related to the snare, 1.31 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 2.15 for CPT code 45338. The RUC agreed with the specialty that the physician work related solely to the snare is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 2.15, the RUC compared the surveyed code to CPT codes 69801*Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal* (work RVU= 2.06) and 92960 *Cardioversion, elective, electrical conversion of arrhythmia; external* (work RVU= 2.25) and agreed that since both codes have identical intra-service time, 15 minutes, and similar total time, compared to 45338, the recommended work value of 2.15 appropriately values this surveyed code between these two reference codes. The RUC also reviewed MPC code 52000 *Cystourethroscopy (separate procedure)* (work RVU= 2.23, total time= 42 minutes) and noted that while this reference code has less pre- and post-service time compared to 45338, this reference code is appropriately valued higher because the service requires greater intensity and complexity to perform. **The RUC recommends a work RVU of 2.15 for CPT code 45338.**

45346 Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
The RUC reviewed the survey results of 49 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 20 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the patient has lesions typically resulting from neoplasia, pre-neoplasia, inflammatory bowel disease, or radiation.

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The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45346. The RUC noted that the identical increment between the esophagoscopy gastroscopy duodenoscopy (EGD) base code, 43235 (RUC recommended work RVU= 2.26) and the EGD ablation code, 43270 (RUC recommended work RVU= 4.39) should be maintained in this flexible sigmoidoscopy ablation code. Therefore, the established increment for the physician work related to the ablation, 2.13 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 2.97 for CPT code 45346. The RUC agreed with the specialty that the physician work related solely to ablation is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 2.97, the RUC compared the surveyed code to CPT codes 49452 *Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report* (work RVU= 2.86) and 32551 *Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open* (work RVU= 3.29) and agreed that since both codes have identical intra-service time, 20 minutes, and similar total time, compared to 45346, the recommended work value of 2.97 appropriately values this surveyed code between these two reference codes. The RUC also reviewed MPC code 51102 *Aspiration of bladder; with insertion of suprapubic catheter* (work RVU= 2.70, total time= 60 minutes) and agreed that while the two services have identical intra time and analogous total time, the surveyed code should be valued slightly higher than this MPC code due to greater physician and intensity to perform the service. **The RUC recommends a work RVU of 2.97 for CPT code 45346.**

45340 Sigmoidoscopy, flexible; with transendoscopic balloon dilation
The RUC reviewed the survey results of 58 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 20 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the patient has an intermittent bowel obstruction typically resulting from a neoplasm, ischemia, or inflammatory bowel disease.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45340. The RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy balloon dilation less than 30 mm code, 43220 (RUC recommended work RVU= 2.10) should be maintained in this flexible sigmoidoscopy balloon dilation code. Therefore, the established increment for the physician work related to balloon dilation, 0.51 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 1.35 for CPT code 45340. The RUC agreed with the specialty that the physician work related solely to balloon dilation is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

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To justify a work RVU of 1.35, the RUC compared the surveyed code to CPT codes 91010 *Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report* (work RVU= 1.28) and 32560 *Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)* (work RVU= 1.54) and agreed that since both codes have identical intra-service time, 20 minutes, and similar total time, compared to 45340, the recommended work value of 1.35 appropriately values this surveyed code between these two reference codes. Finally, the RUC reviewed MPC code 12002 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm* (work RVU= 1.14) and agreed that that since this code has less intra-service time, 15 minutes, compared to 45340, the recommended value of 1.35 accurately values this surveyed code higher than this MPC code. **The RUC recommends a work RVU of 1.35 for CPT code 45340.**

45341 Sigmoidoscopy, flexible; with endoscopic ultrasound examination
The RUC reviewed the survey results of 36 gastroenterologists and recommends the following physician time components: pre-service time of 38 minutes, intra-service time of 30 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the typical patient has previously found squamous cell carcinoma of the anus and flexible sigmoidoscopy with EUS is needed to stage the lesion.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45341. The RUC noted that the identical increment between the esophagoscopy gastroscopy duodenoscopy (EGD) base code, 43235 (RUC recommended work RVU= 2.26) and the EGD EUS code, 43237 (RUC recommended work RVU= 3.85) should be maintained in this flexible sigmoidoscopy equivalent code. Therefore, the established increment for the physician work related to EUS, 1.59 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 2.43 for CPT code 45341. The RUC agreed with the specialty that the physician work related solely to EUS is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 2.43, the RUC compared the surveyed code to CPT code 52005 *Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service* (work RVU= 2.37) and agreed that since both codes have identical intra-service time, 30 minutes, and analogous total time, both services should be valued nearly identically. In addition, the RUC reviewed CPT code to MPC code 11043 *Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less* (work RVU= 2.70) and noted that since the reference code has slightly more total time and more physician work intensity, code 11043 is appropriately valued greater than 45341. **The RUC recommends a work RVU of 2.43 for CPT code 45341.**

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45342 Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
The RUC reviewed the survey results of 36 gastroenterologists and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 45 minutes and post-service time of 20 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the typical patient has previously found squamous cell carcinoma of the anus and flexible sigmoidoscopy with EUS and FNA is needed to stage the lesion.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45342. The RUC noted that the identical increment between the esophagoscopy gastroscopy duodenoscopy (EGD) base code, 43235 (RUC recommended work RVU= 2.26) and the EGD EUS with FNA code, 43238 (RUC recommended work RVU= 4.50) should be maintained in this flexible sigmoidoscopy equivalent code. Therefore, the established increment for the physician work related to EUS with FNA, 2.24 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 3.08 for CPT code 45342. The RUC agreed with the specialty that the physician work related solely to EUS with FNA is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 3.08, the RUC compared the surveyed code to CPT code 59001 *Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)* (work RVU= 3.00) and agreed that with identical intra-service time, 45 minutes, and similar work intensity, both codes should be valued similarly. In addition, the RUC reviewed CPT code 36595 *Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access* (work RVU= 3.59) and noted that while both codes have the same intra-service time, the reference code is more intense and justifies a higher work value than 45342. **The RUC recommends a work RVU of 3.08 for CPT code 45342.**

45347 Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
The RUC reviewed the survey results of 57 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 41 minutes, intra-service time of 35 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The RUC agreed that this is a difficult patient because the reason for placement of a stent is that the patient has a narrowing or obstruction of the lumen of the bowel resulting from a neoplasm.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45347. The RUC noted that the identical increment between the

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esophagoscopy gastroscopy duodenoscopy (EGD) base code, 43235 (RUC recommended work RVU= 2.26) and the EGD endoscopic stent placement code, 43266 (RUC recommended work RVU= 4.40) should be maintained in this flexible sigmoidoscopy endoscopic stent placement code. Therefore, the established increment for the physician work related to endoscopic stent placement, 2.14 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 2.98 for CPT code 45347. The RUC agreed with the specialty that the physician work related solely to placement of an endoscopic stent is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 2.98, the RUC compared the surveyed code to CPT code 37214 *Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method* (work RVU= 2.74) and noted that while the reference code has greater intra-service time, 38 minutes compared to 35 minutes, the physician work involved in 45347 is more intense and complex than in the reference code. Therefore, the surveyed code is accurately valued higher than this reference code. The RUC also reviewed MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80) and agreed that with higher intra-service time, 40 minutes, the reference code is accurately valued higher than 45347. **The RUC recommends a work RVU of 2.98 for CPT code 45347.**

45349 ***Sigmoidoscopy, flexible; with endoscopic mucosal resection***
The RUC reviewed the survey results of 43 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 33 minutes, intra-service time of 30 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the standard package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45349. The RUC noted that the identical increment between the esophagoscopy gastroscopy duodenoscopy (EGD) base code, 43235 (RUC recommended work RVU= 2.26) and the EGD endoscopic mucosal resection code, 43254 (RUC recommended work RVU= 5.25) should be maintained in this flexible sigmoidoscopy endoscopic mucosal resection code. Therefore, the established increment for the physician work related to endoscopic mucosal resection, 2.99 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 3.83 for CPT code 45349. The RUC agreed with the specialties that the physician work related solely to placement of an endoscopic mucosal resection is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

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To justify a work RVU of 3.83, the RUC compared the surveyed code to CPT codes 43246 *Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube* (work RVU= 3.66) and 20660 *Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)* (work RVU= 4.00) and agreed that since both these reference services have identical intra-service time to the surveyed code, 30 minutes, they provide appropriate brackets around the recommended value for 45349. **The RUC recommends a work RVU of 3.83 for CPT code 45349.**

45350 *Sigmoidoscopy, flexible; with band ligation (eg, hemorrhoids)*
The RUC reviewed the survey results of 33 gastroenterologists, general surgeons, and colon and rectal surgeons and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 20 minutes and post-service time of 13 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient and straightforward procedure with sedation was appropriate with two additional minutes of pre-service time over the standard package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

The RUC reviewed the estimated work values and agreed with the specialties that the consistent incremental methodology established by the RUC to value the entire endoscopic family of services should be maintained for code 45350. The RUC noted that the identical increment between the colonoscopy base code, 45378 (RUC recommended work RVU= 3.36) and the colonoscopy banding code, 45398 (RUC recommended work RVU= 4.30) should be maintained in this flexible sigmoidoscopy banding code. Therefore, the established increment for the physician work related to banding, 0.94 work RVUs, was added to the base flexible sigmoidoscopy diagnostic code, 45330 (RUC recommended work RVU= 0.84), for a recommended work RVU of 1.78 for CPT code 45350. The RUC agreed with the specialties that the physician work related solely to banding is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 1.78, the RUC compared the surveyed code to CPT codes 45321 *Proctosigmoidoscopy, rigid; with decompression of volvulus* (work RVU= 1.75) and 64416 *Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)* (work RVU= 1.81) and agreed that since both these reference services have identical intra-service time to the surveyed code, 20 minutes, they provide appropriate brackets around the recommended value for 45350. **The RUC recommends a work RVU of 1.78 for CPT code 45350.**

G0104 *Colorectal cancer screening; flexible sigmoidoscopy*
HCPCS code G0104 was created in 1998 by CMS as a mechanism to identify a screening service for which there was a newly approved Medicare benefit, and to ensure that frequency limits could be monitored during claims adjudication. Each G-code has a matched Category I CPT code with exactly the same physician work, same practice expense details, and same payment. CMS and other third-party payors have maintained throughout the history of these codes that there is no difference in physician work between these codes are their corresponding CPT codes. The RUC agreed with the specialty societies that colonoscopy, as defined by CPT, is the same procedure whether it is performed on a patient with a family history of cancer

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(ie, high risk); on an asymptomatic patient as a preventative service (ie, not meeting criteria for high risk); or on a patient with a prior history of polyp removal. For each of these patients, the same flexible sigmoidoscopy procedure is performed by the provider, as clearly defined in the revised CPT guidelines. **Therefore, the RUC recommends a work RVU of 0.84 for G0104, a direct crosswalk to CPT code 45330.**

Practice Expense:
The Practice Expense Subcommittee reviewed the direct practice expense inputs for the flexible sigmoidoscopy services and noted that these services mostly crosswalk from the EGD codes approved last year. In general, the total clinical staff times were either slightly lower or just about the same as the current inputs. The largest change was the addition of 30 minutes for staff to clean the scope. There were several modifications to supplies for a small subset of codes to match refinements made to the EGD codes approved in the previous year. Finally, the Subcommittee noted that several supplies and equipment were newly submitted to CMS for pricing just last year. Since new codes were not available prior to the meeting, they are listed as new and will be revised when CMS releases the codes. There is one new equipment item specifically related to these types of procedures (videoscope, sigmoidoscopy) and one item related to only CPT code 43270 (radiofrequency generator, endoscopy). Appropriate invoices are attached. The RUC approved the revised PE spreadsheet as modified by the PE Subcommittee.

Extant Databases:
The RUC is aware that several databases currently exist that collect physician time and other patient quality-related information for endoscopy services. The specialty societies were queried about the availability of these databases to be used to inform the RUC during this extensive review of all endoscopy procedures. The specialties explained that these databases currently do not have a standard definition of intra-service work and are not publically available at this time.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Do Not Use to Validate:
The specialties requested, and the RUC agreed, that CPT code 45338 should have a note in the RUC database that states this code should not be used to validate for physician work. The specialties stated that an intra-service time of 15 minutes underrepresents the physician work involved in the snare technique, especially compared to other endoscopic snare codes.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

~~For endoscopic procedures, code appropriate endoscopy of each anatomic site examined.~~

Definitions

Proctosigmoidoscopy is the examination of the rectum and may include examination of a portion of the sigmoid colon.

Sigmoidoscopy *is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.*

Colonoscopy is the examination of the entire colon, from the rectum to the cecum, and may include ~~the~~ examination of the terminal ileum or small intestine proximal to an anastomosis.

Colonoscopy through stoma is the examination of the colon, from the colostomy stoma to the cecum, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

When performing a~~n endoscopy~~ diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope ~~beyond~~to the ~~splenic flexure,~~cecum or colon-small intestine anastomosis due to unforeseen circumstances, report ~~the~~ 45378 (colonoscopy) or 44388 (colonoscopy ~~code~~through stoma) with modifier ~~53~~53 and provide appropriate documentation.

If a therapeutic colonoscopy (45379, 45380, 45381, 45382, 45388, 45384, 45398, 44389-44407) is performed and does not reach the cecum or colon-small intestine anastomosis, report the appropriate therapeutic colonoscopy code with modifier 52 and provide appropriate documentation.

Report flexible sigmoidoscopy (45330-45347) for endoscopic examination during which the endoscope is not advanced beyond the splenic flexure.

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Report flexible sigmoidoscopy (45330-45347) for endoscopic examination of a patient who has undergone resection of the colon proximal to the sigmoid (eg, subtotal colectomy) and has an ileo-sigmoid or ileo-rectal anastomosis. Report pouch endoscopy codes (44385, 44386) for endoscopic examination of a patient who has undergone resection of colon with ileo-anal anastomosis (eg, J pouch).

Report colonoscopy (45378-45398) for endoscopic examination of a patient who has undergone segmental resection of the colon (eg, hemicolectomy, sigmoid colectomy, low anterior resection).

For colonoscopy through stoma, see 44388-44408.

Report proctosigmoidoscopy (45300-45327), flexible sigmoidoscopy (45330-45347), or anoscopy (46600, 46604, 46606, 46608, 46610, 46611, 46612, 46614, 46615), as appropriate for endoscopic examination of the defunctionalized rectum or distal colon in a patient who has undergone colectomy, in addition to colonoscopy through stoma (44388-44408) or ileoscopy through stoma (44380, 44382, 44381, 44384) if appropriate.

When bleeding occurs as a result of an endoscopic procedure, control of bleeding is not reported separately during the same operative session.

~~Surgical endoscopy always includes diagnostic endoscopy.~~

For computed tomographic colonography, see 74261-74263.

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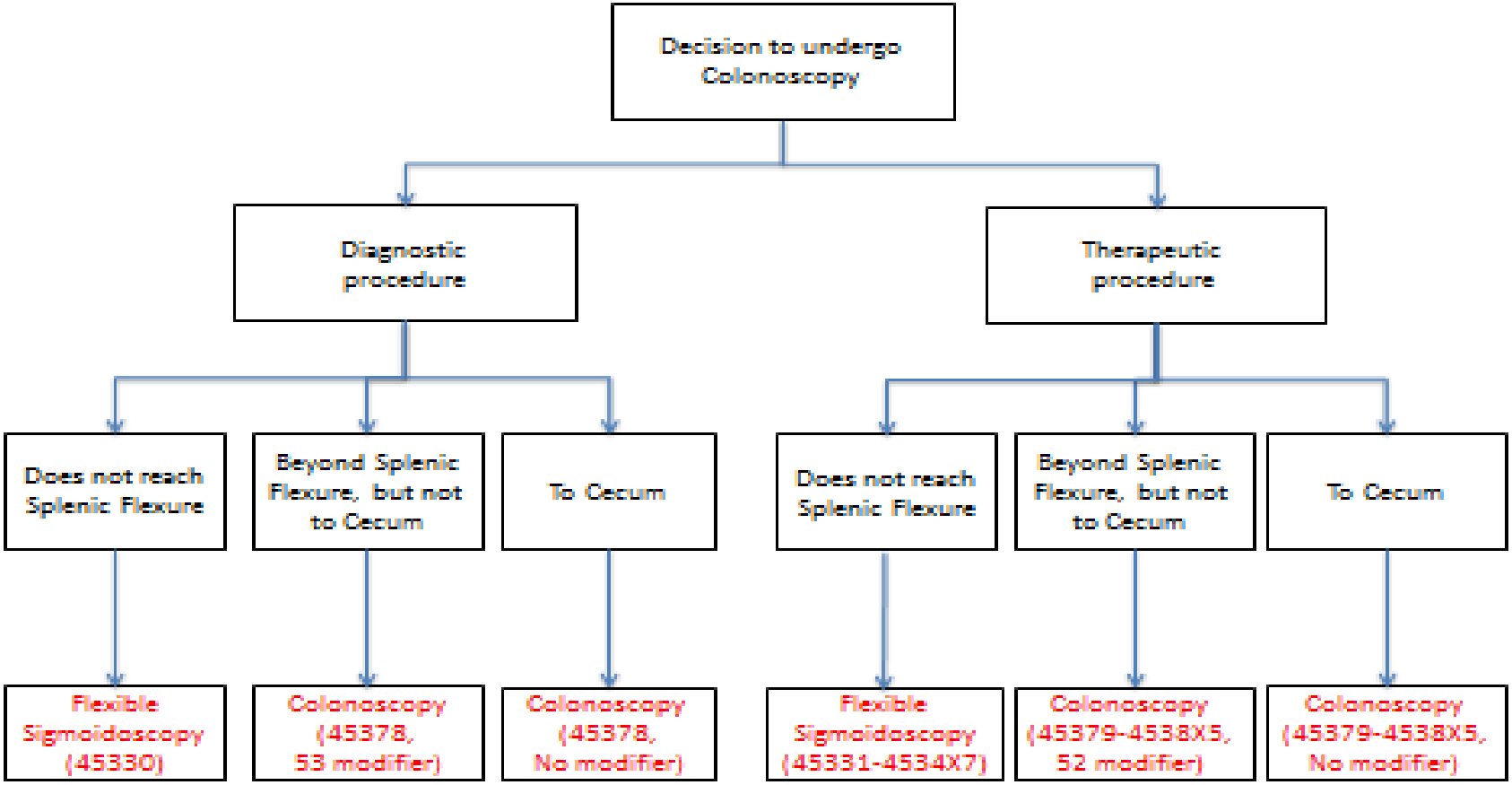

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▲45330	C1	Sigmoidoscopy, flexible; diagnostic, ~~with or without~~ including collection of specimen(s) by brushing or washing, when performed (separate procedure) (Do not report 45330 in conjunction with 45331-45342, 45349, 45350, 45346, 45347)	000	0.84
45331	C2	with biopsy, single or multiple (Do not report 45331 in conjunction with 45349 for the same lesion)	000	1.14
⊙45332	C3	with removal of foreign body(s) (Do not report 45332 in conjunction with 45330) (If imaging guidance is performed, use 76000)	000	1.85
⊙45333	C4	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps ~~or bipolar cautery~~ (Do not report 45333 in conjunction with 45330)	000	1.65
▲⊙45334	C5	with control of bleeding, any method ~~(eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)~~ (Do not report 45334 in conjunction with 45335, 45350 for the same lesion) (Do not report 45334 in conjunction with 45330)	000	2.10
⊙45335	C6	with directed submucosal injection(s), any substance (Do not report 45335 in conjunction with 45334, 45349 for the same lesion) (Do not report 45335 in conjunction with 45330)	000	1.15

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⊙45337	C7	with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of ~~volvulus~~decompression tube, ~~any method~~when performed (Do not report 45337 in conjunction with 45330) (Do not report 45337 more than once per session)	000	2.20
⊙45338	C8	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique (Do not report 45338 in conjunction with 45349 for the same lesion) (Do not report 45338 in conjunction with 45330) (For endoscopic mucosal resection, use 45349)	000	2.15
D⊙ 45339		~~with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique~~ (45339 has been deleted. To report, use 45346)	000	N/A
●⊙45346	C9	with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) (Do not report 45346 in conjunction with 45330) (Do not report 45346 in conjunction with 45340 for the same lesion)	000	2.97

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▲⊙45340	C10	with transendoscopic balloon dilation ~~by balloon, 1 or more strictures~~ (Do not report 45340 in conjunction with ~~45345~~45330, 45346, 45347) (If fluoroscopic guidance is performed, use 74360) (For transendoscopic balloon dilation of multiple strictures during the same session, report 45340 with modifier 59 for each additional stricture dilated)	000	1.35
⊙45341	C11	with endoscopic ultrasound examination (Do not report 45341 in conjunction with 45330, 45342, 76872, 76975) (Do not report 45341 more than once per session)	000	2.43
⊙45342	C12	with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) (Do not ~~report 45341,~~ report 45342 in conjunction with 45330, 45341, 76872, 76942, 76975) (Do not report 45342 more than once per session) ~~(For interpretation of specimen, see 88172-88173)~~ ~~(For transrectal ultrasound utilizing rigid probe device, use 76872)~~	000	3.08
D⊙45345		~~with transendoscopic stent placement (includes predilation)~~ (45345 has been deleted. To report, use 45347)	000	N/A

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●⊙45347	C13	with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) (Do not report 45347 in conjunction with 45330, 45340) (If imaging guidance is performed, use 74360)	000	2.98
⊙●45349	C14	with endoscopic mucosal resection (Do not report 45349 in conjunction with 45330, 45331, 45335, 45338, 45350 for the same lesion) (Do not report 4534X3 in conjunction with 45330)	000	3.83
⊙●45350	C15	with band ligation *(*eg, hemorrhoids) (Do not report 45350 in conjunction with 45334 for the same lesion) (Do not report 45350 in conjunction with 45330, 45349, 46221) (To report control of active bleeding with band ligation, use 45334)	000	1.78
G0104	C16	Colorectal cancer screening; flexible sigmoidoscopy	000	0.84

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October 25, 2013

Barbara Levy, MD
Chair, AMA / Specialty Society Relative Value Update Committee
515 N. State St.
Chicago, IL 60657

Dear Dr. Levy,

The undersigned RUC Advisors will not be conducting RUC surveys for HCPCS codes G0104, G0105, G0106, G0120, and G0121 and CPT code 45355 that were added as family codes in the New and Revised LOI. Our rationale for this decision is provided below.

G0104, G0105, G0106, G0120, and G0121
The G-codes were created in 1998 by CMS as a mechanism to identify a screening service for which there was a newly approved Medicare benefit, and to ensure that frequency limits could be monitored during claims adjudication.[1] Each G-code has a matched Category I CPT code with exactly the same physician work, same practice expense details, and same payment.

CMS G-Code	Cat I CPT Code
G0104	45330
G0105, G0121	45378
G0106, G0120	74280

CMS and other third party payors have agreed that there is no difference in work (ie, same provider and facility payment for 15 years). The only rationale for maintaining the G-codes is for easy software monitoring of frequency limits that correspond to payment rules for preventative services – not because the procedures are different. The G-codes are redundant to CPT codes and would be unnecessary given current computer software capabilities if payors updated their software and allowed reporting of CPT Category I codes paired with screening ICD-9 diagnosis codes to monitor for frequency limits.

Our recent submission of a code change proposal for the family of colonoscopy codes clearly defines colonoscopy. The typical (national) patient vignette for code 45378 is a patient undergoing a screening colonoscopy. Our societies strongly believe that colonoscopy, as defined by CPT, is the same procedure whether it is performed on a patient with a family history of cancer (ie, high risk); on an asymptomatic patient as a preventative service (ie, not meeting criteria for high risk); or on a patient with a prior history of polyp removal. For each of these patients, the same colonoscopy procedure is performed by the provider, as clearly defined in the revised CPT guidelines. It is illogical to believe that the work for 45378 would be different than G0105 or G0121.

[1] http://www.gpo.gov/fdsys/pkg/FR-1997-10-31/pdf/97-28973.pdf (pp. 59079-59082)

45355

CPT code 45355 (Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple) is a low volume procedure. The surgical societies will submit a request for deletion to CPT.

In summary, we believe that it is appropriate for CMS to continue to crosswalk the physician work, practice expense details, and payment of the CPT codes to their corresponding G codes and will request deletion of 45355. If you have any questions, please contact Leslie Narramore (Lnarramore@gastro.org) or Jan Nagle (JLMdata@aol.com).

Sincerely,

R. Bruce Cameron, MD
ACG RUC Advisor

Joel Brill, MD
AGA RUC Advisor

Nicholas Nickl, MD
ASGE RUC Advisor

Christopher Senkowski, MD
ACS RUC Advisor

Guy Orangio, MD
ASCRS RUC Advisor

Donald Selzer, MD
SAGES RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45330 Tracking Number C1 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.84**
Global Period: 000 RUC Recommended RVU: **0.84**

CPT Descriptor: Sigmoidoscopy, flexible; diagnostic, collection of specimen(s) by brushing or washing when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73-year-old patient presents with diarrhea without evidence of bleeding. Laboratory evaluation of stool was unrevealing for the presence of infectious pathogens. Diagnostic flexible sigmoidoscopy with examination of the rectum and sigmoid colon and collection of specimens by brushings is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 63%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 34%

Description of Pre-Service Work: Review with the patient any symptoms. The patient's history is reviewed to assess for the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. An exam with cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure are reviewed with the patient and informed consent is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic equipment is positioned to provide access for the procedure. A "time out" is performed. Topical anesthetic is applied when indicated.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. When indicated, brushings or washings are obtained of suspicious abnormalities. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Pathology and cytology forms are completed if pertinent; post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other

appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	AGA, ASGE, ACG, SAGES, ASCRS, ACS		
CPT Code:	45330		
Sample Size:	3208	**Resp N:** 103	**Response:** 3.2 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	50.00	200.00
Survey RVW:	0.75	1.00	**1.50**	2.00	3.55
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	3.00	10.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	45330	**Recommended Physician Work RVU: 0.84**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**10.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45300	000	0.80	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20553	000	0.75	**RUC Time**	187,089

CPT Descriptor 1 Injection(s); single or multiple trigger point(s), 3 or more muscle(s)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
45300	000	0.80	**RUC Time**	36,953

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 43 **% of respondents:** 41.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 45330**	**Key Reference CPT Code:** 45300	**Source of Time** **RUC Time**
Median Pre-Service Time	21.00	7.00	
Median Intra-Service Time	10.00	10.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**41.00**	**27.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.09	2.88
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.74	2.67
Urgency of medical decision making	2.44	2.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.93	2.60
Physical effort required	2.60	2.40
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.49	2.45
Outcome depends on the skill and judgment of physician	2.91	2.79
Estimated risk of malpractice suit with poor outcome	2.86	2.76

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.35	2.21
Intra-Service intensity/complexity	2.81	2.37
Post-Service intensity/complexity	2.42	2.30

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45330 *Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed*

We recommend crosswalking the RVW for 45330 (rigid proctosigmoidoscopy, diagnostic) to 45300. This value is less than the current and the 25th percentile RVW for 45300. The work and time for performing diagnostic flexible sigmoidoscopy is similar to diagnostic rigid proctosigmoidoscopy. The survey data support this crosswalk.

Pre-time Package 1a is appropriate as moderate sedation is not inherent to the procedure and 45330 is not listed in CPT Appendix G. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

Comparison to Key Ref 45300
Key Reference code 45300, *Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The pre, intra, and post-work for 45300 and 45330 are similar, with the exception of the endoscope that is utilized.

Comparison To Other RUC-Reviewed Codes with 10 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2002	**20553**	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	0.75	0.048	22	7	10	5
2012	**69200**	Removal foreign body from external auditory canal; without general anesthesia	0.77	0.048	23	10	10	3
2007	**45300**	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate	0.80	0.042	27	7	10	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		procedure)						
Survey	**45330**	Diagnostic sigmoidoscopy, flex	0.84	0.022	41	21	10	10
2011	**69220**	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	0.83	0.065	18	6	10	2
2010	**12001**	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	0.84	0.059	22	7	10	5
2011	**51705**	Change of cystostomy tube; simple	0.90	0.041	32	12	10	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45330

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty Colorectal surgery How often? Sometimes

Specialty General surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 200000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 66,853 in 2011. (66,853*3 = ~ 200,000)

Specialty Gastroenterology Frequency 112000 Percentage 56.00 %

Specialty Colorectal surgery Frequency 46000 Percentage 23.00 %

Specialty General surgery Frequency 28000 Percentage 14.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 66,853 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 66,853 in 2011

Specialty Gastroenterology Frequency 37438 Percentage 56.00 %

Specialty Colorectal surgery Frequency 15376 Percentage 22.99 %

Specialty General surgery Frequency 9359 Percentage 13.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45330

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45331 Tracking Number C2 Original Specialty Recommended RVU: **1.10**
Presented Recommended RVU: **1.14**
Global Period: 000 RUC Recommended RVU: **1.14**

CPT Descriptor: Sigmoidoscopy, flexible; with biopsy, single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient presents with chronic diarrhea. Laboratory evaluation of stool was unrevealing. Flexible sigmoidoscopy with examination of the rectum and sigmoid colon and multiple biopsies of abnormal tissue is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 64%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 33%

Description of Pre-Service Work: Review with the patient any symptoms. The patient's history is reviewed to assess for the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. An exam with cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure are reviewed with the patient and informed consent is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic equipment is positioned to provide access for the procedure. A "time out" is performed. Topical anesthetic is applied when indicated.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary.The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. The lesion to be biopsied is identified and assessed. Endoscopically directed biopsies are taken of abnormal tissue. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed; post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs

are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45331		
Sample Size:	3210	**Resp N:** 100	**Response:** 3.1 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	40.00	200.00
Survey RVW:	1.00	1.38	**1.75**	2.35	4.56
Pre-Service Evaluation Time:			**19.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	4.00	10.00	**15.00**	15.00	30.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	45331	**Recommended Physician Work RVU: 1.14**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45305	000	1.25	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with biopsy, single or multiple

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12011	000	1.07	**RUC Time**	88,665

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	142,525

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 46 **% of respondents:** 46.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 45331**	**Key Reference CPT Code:** 45305	**Source of Time RUC Time**
Median Pre-Service Time	21.00	25.00	
Median Intra-Service Time	15.00	10.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**46.00**	**45.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.07	2.91
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.85	2.82
Urgency of medical decision making	2.74	2.64
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.13	2.80
Physical effort required	2.89	2.67
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.74	2.67
Outcome depends on the skill and judgment of physician	3.04	2.93
Estimated risk of malpractice suit with poor outcome	2.87	2.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.65	2.54
Intra-Service intensity/complexity	3.04	2.61
Post-Service intensity/complexity	2.70	2.59

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45331 *Sigmoidoscopy, flexible; with biopsy, single or multiple*

We recommend an RVW of 1.10 for 45331. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the flexible sigmoidoscopy base code 45330 plus an established increment of 0.30 (43201-43200; 43239-43235; 43261-43260) approved by the RUC for endoscopic biopsies.

Pre-time Package 1a is appropriate as moderate sedation is not inherent to the procedure and 45331 is not listed in CPT Appendix G. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

Comparison to Key Ref 45305
Key Reference code 45305, *Proctosigmoidoscopy, rigid; with biopsy, single or multiple,* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The survey data for 45305 from 2007 is comparable to the current survey data for 45331 and the intensity and complexity data indicate that 45305 and 45331 are also similar.

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2007	**46614**	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	1.00	0.034	37	12	15	10
2010	**11042**	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	1.01	0.037	36	11	15	10
1995	**56605**	Biopsy of vulva or perineum (separate	1.10	0.043	35	10	15	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		procedure); 1 lesion						
survey	**45331**	Sigmoidoscopy and biopsy	1.14	0.032	46	21	15	10
2010	**12002**	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	1.14	0.059	27	7	15	5
2003	**36584**	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	1.20	0.040	45	20	15	10
2005	**57500**	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	1.20	0.060	29	9	15	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45331

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology — How often? Commonly

Specialty General surgery — How often? Rarely

Specialty Colorectal surgery — How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 114000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 37,968 in 2011. (37,968*3 = ~ 114,000)

Specialty Gastroenterology Frequency 93000 Percentage 81.57 %

Specialty General surgery Frequency 7000 Percentage 6.14 %

Specialty Colorectal surgery Frequency 6000 Percentage 5.26 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 37,968 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 37,968 in 2011.

Specialty Gastroenterology Frequency 30754 Percentage 80.99 %

Specialty General surgery Frequency 2278 Percentage 5.99 %

Specialty Colorectal surgery Frequency 1898 Percentage 4.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45331

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45332 Tracking Number C3 Original Specialty Recommended RVU: **1.81**
Presented Recommended RVU: **1.85**
Global Period: 000 RUC Recommended RVU: **1.85**

CPT Descriptor: Sigmoidoscopy, flexible; with removal of foreign body(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old patient presents after inserting an object into the rectum that cannot be manually removed. Therapeutic flexible sigmoidoscopy with examination of the rectum and sigmoid colon and removal of the foreign body is performed..

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the foreign body using air insufflation as necessary.The foreign body to be removed is identified and assessed. Using a retrieval device advanced through the biopsy channel of the sigmoidoscope, the foreign body is grasped, and pulled to the tip of the sigmoidoscope. The sigmoidoscope and foreign body are withdrawn. The sigmoidoscope is reinserted to the region of the splenic flexure and slowly withdrawn to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45332		
Sample Size:	3212	**Resp N:** 64	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.00	200.00
Survey RVW:	1.20	2.00	**2.50**	3.25	6.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	20.00	**20.00**	30.00	75.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45332	**Recommended Physician Work RVU: 1.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.73	**RUC Time**	21,177

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	14,090

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 29.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45332**	**Key Reference CPT Code:** 45317	**Source of Time RUC Time**
Median Pre-Service Time	33.00	25.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**63.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.53	3.32
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.37	3.11
Urgency of medical decision making	4.11	3.68
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.21	3.58
Physical effort required	3.95	3.32
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.16	3.63
Outcome depends on the skill and judgment of physician	4.11	3.58
Estimated risk of malpractice suit with poor outcome	3.74	3.32

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.47	3.21
Intra-Service intensity/complexity	4.16	3.58
Post-Service intensity/complexity	3.53	3.26

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45332 *Sigmoidoscopy, flexible; with removal of foreign body*

We recommend an RVW of 1.81 for 45332. This value is 0.02 RVWs greater than the current RVW and reflects the recommendation for the flexible sigmoidoscopy base code 45330 plus an established increment of 1.01 (43215-43200; 43247-43235; 4327X5-43260) approved by the RUC for endoscopic removal of foreign bodies. Using the RUC's approved method for valuing a code – value the increment - as compelling evidence, we note that the recommended RVW of 1.81 is only slightly greater than the current value and preserves the established increment of 1.01 for endoscopic removal of foreign body.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The survey evaluation and scrub, dress, wait times match the times for the pre-time package.

Comparison to Key Ref 45317
Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The survey data for 45317 from 2007 is comparable to the current survey data for 45332 and the intensity and complexity data indicate that 45317 and 45332 are also similar.

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2010	**55876**	Placement of interstitial device(s) for	1.73	0.043	59	29	20	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple						
2007	**45315**	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	1.80	0.054	55	25	20	10
2008	**64416**	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	1.81	0.049	60	25	20	15
survey	**45332**	Sigmoidoscopy and foreign body removal	1.85	0.046	63	33	20	10
2012	**32554**	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	1.82	0.054	56	21	20	15
2003	**36569**	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	1.82	0.055	55	25	20	10
2002	**57456**	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	1.85	0.065	45	15	20	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45332

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Sometimes

Specialty Colorectal surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 800
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 267 in 2011. (267*3 = ~ 800)

Specialty Gastroenterology Frequency 550 Percentage 68.75 %

Specialty General surgery Frequency 130 Percentage 16.25 %

Specialty Colorectal surgery Frequency 80 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 267
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 267 in 2011.

Specialty Gastroenterology Frequency 184 Percentage 68.91 %

Specialty General surgery Frequency 43 Percentage 16.10 %

Specialty Colorectal surgery Frequency 27 Percentage 10.11 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45332

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45333 Tracking Number C4 Original Specialty Recommended RVU: **1.61**
Presented Recommended RVU: **1.65**
Global Period: 000 RUC Recommended RVU: **1.65**

CPT Descriptor: Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient with a history of subtotal colectomy for colon cancer presents with diarrhea. Flexible sigmoidoscopy with examination of the rectum and sigmoid colon and removal of a polyp with hot biopsy forceps is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 65%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 40%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. The lesion to be removed is identified and assessed. The identified lesion is removed with hot biopsy forceps until there is no residual. The area is assessed for bleeding. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Cytology and pathology forms are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45333		
Sample Size:	3212	**Resp N:** 59	**Response:** 1.8 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**7.00**	20.00	200.00
Survey RVW:	1.20	1.75	**2.00**	3.28	4.80
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	4.00	11.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45333	**Recommended Physician Work RVU: 1.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57452	000	1.50	**RUC Time**	10,566

CPT Descriptor 1 Colposcopy of the cervix including upper/adjacent vagina;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	852,187

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 22.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 45333**	**Key Reference CPT Code:** 31625	**Source of Time RUC Time**
Median Pre-Service Time	27.00	25.00	
Median Intra-Service Time	15.00	30.00	
Median Immediate Post-service Time	10.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**52.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.08	3.08
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	3.00
Urgency of medical decision making	3.00	2.92
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.54	3.15
Physical effort required	3.23	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.69	3.31
Outcome depends on the skill and judgment of physician	3.62	3.23
Estimated risk of malpractice suit with poor outcome	3.46	3.08

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.85	3.08
Intra-Service intensity/complexity	3.46	3.15
Post-Service intensity/complexity	2.77	2.85

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45333 *Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery*

We recommend an RVW of 1.61 for 45333. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 0.81 (43216-43200; 43250-43235) approved by the RUC for endoscopic biopsies by hot biopsy forceps or bipolar cautery.

Pre-time Package 1b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The scrub, dress, wait times match the pre-time package and the evaluation time is similar.

Comparison to Key Ref 31625
Many codes were chosen as a reference by the survey respondents for 45333. Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was chosen most often by the survey respondents (13/59), however this code was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2010	**64447**	Injection, anesthetic agent; femoral nerve,	1.50	0.061	44	19	15	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		single						
2009	**64493**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	1.52	0.066	42	17	15	10
2010	**62284**	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	1.54	0.058	49	24	15	10
Survey	**45333**	Sigmoidoscopy and hot biopsy polypectomy	1.61	0.057	52	27	15	10
2008	**64448**	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	1.63	0.054	55	25	15	15
2009	**53855**	Insertion of a temporary prostatic urethral stent, including urethral measurement	1.64	0.084	32	7	15	10
2009	**64490**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	1.82	0.086	42	17	15	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45333

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Sometimes

Specialty Colorectal surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 5700
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 1,908 in 2011. (1,908*3 = ~ 5,700)

Specialty Gastroenterology Frequency 3200 Percentage 56.14 %

Specialty General surgery Frequency 1100 Percentage 19.29 %

Specialty Colorectal surgery Frequency 800 Percentage 14.03 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,908
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 1,908 in 2011.

Specialty Gastroenterology Frequency 1088 Percentage 57.02 %

Specialty General surgery Frequency 382 Percentage 20.02 %

Specialty Colorectal surgery Frequency 267 Percentage 13.99 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45333

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45334 Tracking Number C5 Original Specialty Recommended RVU: **2.10**
Presented Recommended RVU: **2.10**
Global Period: 000 RUC Recommended RVU: **2.10**

CPT Descriptor: Sigmoidoscopy, flexible; with control of bleeding, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73–year-old patient with a history of cancer who has previously received radiation therapy to the pelvic region presents with hematochezia. Flexible sigmoidoscopy with examination of the rectum and sigmoid colon, and control of bleeding from a rectal ulcer, is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 71%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 42%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Intra-service: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. The bleeding lesion is identified and assessed. A bipolar cautery probe is inserted through the endoscope and positioned on the bleeding lesion; therapy is applied to control the bleeding. When indicated, epinephrine is injected submucosally and/or endoclips are placed. Once the bleeding is controlled, the area is assessed and observed for further bleeding. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the

sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45334		
Sample Size:	3212	**Resp N:** 71	**Response:** 2.2 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**8.00**	20.00	200.00
Survey RVW:	1.50	2.10	**2.50**	3.63	6.75
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	6.00	15.00	**20.00**	30.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45334	**Recommended Physician Work RVU: 2.10**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.73	**RUC Time**	21,177

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	14,090

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 37 **% of respondents:** 52.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 45334**	**Key Reference CPT Code:** 45317	**Source of Time RUC Time**
Median Pre-Service Time	33.00	25.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**63.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.46	3.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.46	3.27
Urgency of medical decision making	4.00	3.78
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.08	3.51
Physical effort required	3.57	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.84	3.54
Outcome depends on the skill and judgment of physician	4.05	3.73
Estimated risk of malpractice suit with poor outcome	3.59	3.41

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.32	3.19
Intra-Service intensity/complexity	3.95	3.54
Post-Service intensity/complexity	3.38	3.19

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45334 *Sigmoidoscopy, flexible; with control of bleeding, any method*

We recommend an RVW of 2.10 for 45334. This value is the survey 25th percentile RVW. This recommendation is based on the policy of lower of current or 25th percentile RVW where no increment has been established. The RUC accepted the survey 25th percentile RVW for 43227 and 43255 resulting in increments over the base codes of 1.67 and 1.94 RVW reflecting the higher complexity and intensity of control of bleeding in EGD over esophagoscopy. The recommended increment of 1.30 for 45334 over the flexible sigmoidoscopy base code (45330) is consistent with the physician work, complexity and intensity involved in comparison to 43227 and 43255 (ie, less work) and to the rest of the codes in the flexible sigmoidoscopy family.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The evaluation and scrub, dress, wait times match the pre-time package.

Comparison to Key Ref 45317
Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The current survey data indicate that 45334 is more intense and complex than 45317 in all 11 measures, which supports the slight difference in RVW.

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2007	**45317**	Proctosigmoidoscopy, rigid; with control of	2.00	0.064	55	25	20	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)						
2010	**49084**	Peritoneal lavage, including imaging guidance, when performed	2.00	0.061	58	23	20	15
2002	**56821**	Colposcopy of the vulva; with biopsy(s)	2.05	0.075	45	15	20	10
survey	**45334**	Sigmoidoscopy and control of bleeding	2.10	0.060	63	33	20	10
1997	**59871**	Removal of cerclage suture under anesthesia (other than local)	2.13	0.058	63	28	20	15
2002	**57421**	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	2.20	0.082	45	15	20	10
2012	**32555**	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	2.27	0.076	57	22	20	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45334

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology — How often? Commonly

Specialty Colorectal surgery — How often? Rarely

Specialty General surgery — How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 10000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 3,294 in 2011. (3,294*3 = ~ 10,000)

Specialty Gastroenterology	Frequency 8200	Percentage 82.00 %
Specialty Colorectal surgery	Frequency 600	Percentage 6.00 %
Specialty General surgery	Frequency 400	Percentage 4.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,294
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 3,294 in 2011.

Specialty Gastroenterology	Frequency 2734	Percentage 82.99 %
Specialty Colorectal surgery	Frequency 198	Percentage 6.01 %
Specialty General surgery	Frequency 132	Percentage 4.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45334

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45335 Tracking Number C6 Original Specialty Recommended RVU: **1.11**
Presented Recommended RVU: **1.15**
Global Period: 000 RUC Recommended RVU: **1.15**

CPT Descriptor: Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 71-year-old patient previously underwent colonoscopy and removal of a sessile polyp from the sigmoid colon that was confirmed by pathology as an invasive adenocarcinoma. Flexible sigmoidoscopy with examination of the rectum and sigmoid colon, with injection of sterile India ink into the scar, is performed to allow identification of the neoplastic site for subsequent surgical removal.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 65%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 52%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary.The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. The lesion to be injected is identified and assessed. Endoscopically directed submucosal injections are performed at the targeted lesion. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45335		
Sample Size:	3212	**Resp N:** 63	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**8.00**	18.00	250.00
Survey RVW:	1.30	1.73	**2.00**	2.97	4.25
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	40.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45335	**Recommended Physician Work RVU: 1.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12011	000	1.07	**RUC Time**	88,665

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	142,525

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 38.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 45335**	**Key Reference CPT Code:** 45317	**Source of Time** **RUC Time**
Median Pre-Service Time	27.00	25.00	
Median Intra-Service Time	15.00	20.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	

Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**52.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.08	3.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.25	3.08
Urgency of medical decision making	3.25	3.21
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.75	3.46
Physical effort required	3.29	3.04
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.42	3.29
Outcome depends on the skill and judgment of physician	3.63	3.54
Estimated risk of malpractice suit with poor outcome	3.42	3.17

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.21	3.08
Intra-Service intensity/complexity	3.50	3.42
Post-Service intensity/complexity	3.21	3.08

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45335 *Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance*

We recommend an RVW of 1.11 for 45335. This value is less than the current and 25th percentile RVW and is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 0.31 (43201-43200; 43236-43235) approved by the RUC for endoscopic directed submucosal injection.

Pre-time Package 1b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The scrub, dress, wait times match the pre-time package and the evaluation time is similar.

Comparison to Key Ref 45317
Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The significant difference in intensity and slight difference in intra-time between 45317 (control bleeding) and 45335 (injection) are reflected in the difference in RVWs. The table below provides additional comparison codes that have similar time and similar RVWs.

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2007	**46614**	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	1.00	0.034	37	12	15	10
2010	**11042**	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	1.01	0.037	36	11	15	10
1995	**56605**	Biopsy of vulva or perineum (separate procedure); 1 lesion	1.10	0.043	35	10	15	10
survey	**45335**	Sigmoidoscopy and submucosal inj	1.15	0.024	52	27	15	10
2010	**12002**	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	1.14	0.059	27	7	15	5
2003	**36584**	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	1.20	0.040	45	20	15	10
2005	**57500**	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	1.20	0.060	29	9	15	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45335

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty Colorectal surgery How often? Sometimes

Specialty General surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 7400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2,455 in 2011. (2,455*3 = ~ 7,400)

Specialty Gastroenterology Frequency 5000 Percentage 67.56 %

Specialty Colorectal surgery Frequency 1200 Percentage 16.21 %

Specialty General surgery Frequency 900 Percentage 12.16 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,455
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2,455 in 2011.

Specialty Gastroenterology Frequency 1645 Percentage 67.00 %

Specialty Colorectal surgery Frequency 393 Percentage 16.00 %

Specialty General surgery Frequency 295 Percentage 12.01 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45335

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45337 Tracking Number C7 Original Specialty Recommended RVU: **2.20**
Presented Recommended RVU: **2.20**
Global Period: 000 RUC Recommended RVU: **2.20**

CPT Descriptor: Sigmoidoscopy, flexible; with decompression of volvulus, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 80-year-old patient with a past history of pelvic surgery presents with abdominal distension, obstipation, and pain. Imaging studies reveal the presence of a sigmoid volvulus. The patient is not a candidate for surgical intervention. The patient undergoes therapeutic flexible sigmoidoscopy with examination of the rectum and sigmoid colon and decompression of the volvulus.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 66%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 41%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. An endoscope is lubricated, inserted into the rectum using air insufflation as necessary.. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened and advanced to the splenic flexure. A guidewire is inserted through the biopsy channel into the colon. The sigmoidoscope is withdrawn maintaining the position of the guidewire while decompressing the colon with suction during withdrawal and allowing circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. A decompression tube is advanced over the guidewire after the sigmoidoscope is withdrawn and secured to a drainage bag.

Description of Post-Service Work: Assess the patient's condition, including post-procedure vital signs. Monitor patient during reversal of anesthesia. Discuss post-procedure recovery care with anesthesia and nursing staff. Order and review post-procedure radiographs. Discuss procedure and outcome with family. Complete post-procedure specimen verification, documentation and reporting for quality purposes. Review and label photographs. Generate a procedure report and forward to referral source and other appropriate parties. Discharge orders are written from recovery room and transfer to medical/surgical floor when the patient has reached a suitable level of consciousness and is stable. Orders are written and ongoing care is discussed with floor nurses, including labs, films, medications, diet, and patient activity.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45337		
Sample Size:	3212	**Resp N:** 63	**Response:** 1.9 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	5.00	50.00
Survey RVW:	0.90	2.20	**3.25**	4.25	8.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	4.00	20.00	**25.00**	30.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45337	**Recommended Physician Work RVU: 2.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45300	000	0.80	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90945	000	1.56	**RUC Time**	136,276

CPT Descriptor 1 Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.78	**RUC Time**	83,969

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 17.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 45337**	**Key Reference CPT Code:** 45300	**Source of Time** **RUC Time**
Median Pre-Service Time	38.00	7.00	
Median Intra-Service Time	25.00	10.00	
Median Immediate Post-service Time	15.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	

Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**78.00**	**27.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.82	2.82
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.00
Urgency of medical decision making	4.45	2.91
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.27	2.82
Physical effort required	4.09	2.82
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.64	3.00
Outcome depends on the skill and judgment of physician	4.45	2.91
Estimated risk of malpractice suit with poor outcome	4.36	3.09

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.91	2.73
Intra-Service intensity/complexity	4.09	2.91
Post-Service intensity/complexity	3.55	2.82

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45337 *Sigmoidoscopy, flexible; with decompression of volvulus, any method*

We recommend an RVW of 2.20 for 45337. This value is the survey 25th percentile RVW. This recommendation is based on the policy of lower of current or 25th percentile RVW where no increment has been established.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The scrub, dress, wait times match the pre-time package and the evaluation time is similar.

Comparison to Key Ref 45300

Although code 45300, *Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure),* was chosen more than any other code in the reference list, it was only chosen by 17% of the respondents. Several other references were chosen almost equally. The lack of a direct comparative service to 45337, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. For example, for those respondents who chose 45300, the estimated RVW was 2x or 3x the RVW of 45300. The significant difference in both time and work between 45300 and 45337 make this reference code difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with 25 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
1995	**51725**	Simple cystometrogram (CMG) (eg, spinal manometer)	1.51	0.029	60	20	25	15
2010	**12015**	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	1.98	0.069	37	7	25	5
2010	**49083**	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	2.00	0.052	60	25	25	10
survey	**45337**	Sigmoidoscopy and decompression of volvulus	2.20	0.048	73	33	25	15
2003	**64517**	Injection, anesthetic agent; superior hypogastric plexus	2.20	0.049	75	30	25	20
2005	**52204**	Cystourethroscopy, with biopsy(s)	2.59	0.080	54	17	25	12
2010	**52332**	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	2.82	0.088	56	21	25	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45337

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology — How often? Commonly

Specialty General surgery — How often? Sometimes

Specialty Colorectal surgery — How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 3000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,005 in 2011. (1,005*3 = ~ 3,000)

Specialty Gastroenterology	Frequency 2000	Percentage 66.66 %
Specialty General surgery	Frequency 600	Percentage 20.00 %
Specialty Colorectal surgery	Frequency 200	Percentage 6.66 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,005
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,005 in 2011.

Specialty Gastroenterology	Frequency 673	Percentage 66.96 %
Specialty General surgery	Frequency 211	Percentage 20.99 %
Specialty Colorectal surgery	Frequency 60	Percentage 5.97 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45337

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45338 Tracking Number C8 Original Specialty Recommended RVU: **2.11**
Presented Recommended RVU: **2.15**
Global Period: 000 RUC Recommended RVU: **2.15**

CPT Descriptor: Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73-year-old patient previously underwent colonoscopy and partial removal of a sessile polyp from the sigmoid colon that was confirmed by pathology as an adenomatous polyp without signs of invasive malignancy. The patient undergoes therapeutic flexible sigmoidoscopy with examination of the rectum and sigmoid colon and removal of the polyp by snare technique.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 72%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 44%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. The lesion to be removed is identified and assessed. A snare is passed through the sigmoidoscope and looped around the lesion. As the snare is tightened, electrocautery is applied in a controlled manner and the identified lesion is removed. The snare is withdrawn and a retrieval device is inserted through the endoscope to capture the polyp. The retrieval device and polyp are withdrawn to the tip of the sigmoidoscope. The endoscope with the device and polyp are

withdrawn. The lesion is placed in a biopsy container. The sigmoidoscope is reinserted through the anus to the area of the lesion. The base of the lesion is examined; if there is residual tissue the snare technique is repeated until there is no residual. The area is observed for bleeding. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Pathology and cytology requisition forms are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45338		
Sample Size:	3212	**Resp N:** 67	**Response:** 2.0 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	25.00	200.00
Survey RVW:	1.40	2.00	**2.75**	3.65	5.53
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	6.00	15.00	**15.00**	25.00	70.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45338	**Recommended Physician Work RVU: 2.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	852,187

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52000	000	2.23	**RUC Time**	920,672

CPT Descriptor 2 Cystourethroscopy (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 25.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 45338**	**Key Reference CPT Code:** 31625	**Source of Time** **RUC Time**
Median Pre-Service Time	33.00	25.00	
Median Intra-Service Time	15.00	30.00	
Median Immediate Post-service Time	10.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**58.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.41	3.24
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.29	3.29
Urgency of medical decision making	3.18	3.06
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.18	3.59
Physical effort required	3.65	3.18
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.35
Outcome depends on the skill and judgment of physician	4.24	3.47
Estimated risk of malpractice suit with poor outcome	3.65	3.06

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.24	3.24
Intra-Service intensity/complexity	3.94	3.47
Post-Service intensity/complexity	3.18	3.12

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45338 *Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique*

We recommend an RVW of 2.11 45338. This value is less than the current RVW and is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 1.31 (43217-43200; 43251-43235) approved by the RUC for endoscopic removal of lesion by snare.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The evaluation and scrub, dress, wait times match the pre-time package.

Comparison to Key Ref 31625
Many codes were chosen as a reference by the survey respondents for 45338. Key Reference code 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* was chosen most often by the survey respondents (17/67), however this code was surveyed and presented to the RUC in 2003 prior to the discussion of pre-time packages and therefore is difficult to compare. Better comparison codes are presented in the table below.

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2006	**54150**	Circumcision, using clamp or other device	1.90	0.087	45	25	15	5

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		with regional dorsal penile or ring block						
2005	**15040**	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	2.00	0.076	60	35	15	10
2010	**69801**	Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal	2.06	0.100	43	18	15	10
survey	**45338**	Sigmoidoscopy and snare polypectomy	2.15	0.081	58	33	15	10
2005	**52000**	Cystourethroscopy (separate procedure)	2.23	0.113	42	17	15	10
2011	**92960**	Cardioversion, elective, electrical conversion of arrhythmia; external	2.25	0.101	51	21	15	15
2005	**31579**	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	2.26	0.106	45	15	15	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45338

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology — How often? Commonly

Specialty Colorectal surgery — How often? Sometimes

Specialty General surgery — How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 13500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 4,502 in 2011. (4.502*3 = ~ 13,500)

Specialty Gastroenterology Frequency 9700 Percentage 71.85 %

Specialty Colorectal surgery Frequency 1300 Percentage 9.62 %

Specialty General surgery Frequency 1600 Percentage 11.85 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,502
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 4,502 in 2011.

Specialty Gastroenterology Frequency 3241 Percentage 71.99 %

Specialty Colorectal surgery Frequency 450 Percentage 9.99 %

Specialty General surgery Frequency 540 Percentage 11.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45338

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45346 Tracking Number C9 Original Specialty Recommended RVU: **2.93**
Presented Recommended RVU: **2.97**
Global Period: 000 RUC Recommended RVU: **2.97**

CPT Descriptor: Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient previously underwent a screening colonoscopy and removal of a large flat polyp in the distal sigmoid colon that was confirmed by pathology as a serrated adenoma. The patient undergoes therapeutic flexible sigmoidoscopy for ablation of the remaining polyp tissue.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 67%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 41%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the splenic flexure using air insufflation as necessary. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. The lesion to be ablated is identified and assessed. The ablation catheter is advanced and positioned at the lesion using sigmoidoscopic guidance. The lesion is repeatedly ablated until there is no residual. The area is observed for bleeding. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the

sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013				
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	ACG, AGA, ASGE				
CPT Code:	45346				
Sample Size:	2006	**Resp N:**	49	**Response:** 2.4 %	
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	10.00	150.00
Survey RVW:	1.50	2.80	**3.35**	4.70	6.25
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	6.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45346	**Recommended Physician Work RVU: 2.97**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	14,090

CPT Descriptor 1 Aspiration of bladder; with insertion of suprapubic catheter

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15002	000	3.65	**RUC Time**	16,473

CPT Descriptor 2 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 30.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45346**	**Key Reference CPT Code:** 45317	**Source of Time RUC Time**
Median Pre-Service Time	33.00	25.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**63.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.67	3.27
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.53	3.13
Urgency of medical decision making	3.40	3.13
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.20	3.47
Physical effort required	3.67	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.93	3.33
Outcome depends on the skill and judgment of physician	4.00	3.40
Estimated risk of malpractice suit with poor outcome	3.87	3.27

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.53	3.07
Intra-Service intensity/complexity	4.13	3.47
Post-Service intensity/complexity	3.40	3.20

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45346 *Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 2.93 for 45346. This value is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 2.13 (4320X5-43200; 4326X9-43235; 4327X8-43260) approved by the RUC for endoscopic ablation of lesion including pre- and/or post-dilation and passage of guidewire.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The evaluation and scrub, dress, wait times match the pre-time package.

Comparison to Key Ref 45317
Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The survey data indicate that 45346 is more intense and complex for all 11 measures.

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2008	**51102**	Aspiration of bladder; with insertion of suprapubic catheter	2.70	0.094	60	25	20	15
2010	**52281**	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or	2.75	0.112	46	16	20	10

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		female						
2007	**49452**	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	2.86	0.102	60	30	20	10
survey	**45346**	Sigmoidoscopy and ablation	2.97	0.102	63	33	20	10
2012	**32551**	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	3.29	0.101	83	43	20	20
2011	**15273**	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	3.50	0.093	100	60	20	20
2000	**16035**	Escharotomy; initial incision	3.74	0.131	70	30	20	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45339

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 5100

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,714 in 2011. (1,714*3 = ~ 5,100)

Specialty Gastroenterology Frequency 3900 Percentage 76.47 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,714
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,714 in 2011.

Specialty Gastroenterology Frequency 1303 Percentage 76.02 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45339

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45340 Tracking Number C10 Original Specialty Recommended RVU: **1.89**
Presented Recommended RVU: **1.35**
Global Period: 000 RUC Recommended RVU: **1.35**

CPT Descriptor: Sigmoidoscopy, flexible; with transendoscopic balloon dilation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old patient with a history of a previous low anterior resection for cancer now presents with abdominal discomfort. Imaging studies reveal a stricture at the anastomotic site. Therapeutic flexible sigmoidoscopy with examination of the rectum and sigmoid colon and dilation of the stricture is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 76%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 47%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the lesion to be dilated using air insufflation as necessary. The lesion to be dilated is identified and assessed. The dilating balloon is advanced and positioned at the lesion using sigmoidoscopic guidance. The balloon is inflated to its recommended pressure and held for approximately sixty seconds. Repeated incremental dilations are performed until the lesion is satisfactorily dilated. The area is observed for bleeding. The sigmoidoscope is advanced to the splenic flexure. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal

landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Post procedure reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. Post procedure radiographs are reviewed. The patient is assessed for complications of the procedure and suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, dietary restrictions, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG), Guy Orangio, MD (ASCRS), Christopher Senkowski, MD (ACS), Donald Selzer, MD (SAGES)		
Specialty(s):	ACG, ACS, AGA, ASCRS, ASGE, SAGES		
CPT Code:	45340		
Sample Size:	3212	**Resp N:** 58	**Response:** 1.8 %
Description of Sample:	The ACG, AGA, ASGE, ACS, ASCRS and SAGES conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	6.00	75.00
Survey RVW:	1.50	2.50	**3.45**	4.43	6.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	15.00	**20.00**	30.00	75.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45340	**Recommended Physician Work RVU: 1.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.73	**RUC Time**	21,177

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	14,090

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 25.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 45340**	**Key Reference CPT Code:** 45317	**Source of Time RUC Time**
Median Pre-Service Time	33.00	25.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	15.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**68.00**	**55.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.60	3.27
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.53	3.13
Urgency of medical decision making	3.47	3.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.47
Physical effort required	3.53	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.20	3.60
Outcome depends on the skill and judgment of physician	4.07	3.60
Estimated risk of malpractice suit with poor outcome	4.00	3.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.47	3.07
Intra-Service intensity/complexity	3.93	3.47
Post-Service intensity/complexity	3.40	3.13

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45340 *Sigmoidoscopy, flexible; with transendoscopic balloon dilation*

We recommend an RVW of 1.89 for 45340. This value is the survey 25th percentile RVW. Although there is an established increment for EGD with transendoscopic balloon dilation, a balloon dilation using a flexible sigmoidoscopy is an inherently more technically complex and riskier procedure due to factors including more limited visibility because of compromised prep, angulations within the sigmoid, and the higher risk of perforation of colonic strictures. The recommended increment of 1.09 for 45334 over the flexible sigmoidoscopy base code (45330) is consistent with the physician work, complexity and intensity involved in comparison to 43249-43235 (0.51 increment) and to rest of the codes in the flexible sigmoidoscopy family.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The survey evaluation and scrub, dress, wait times match the times for the pre-time package.

Comparison to Key Ref 45317

Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The survey data for 45317 is comparable to the current survey data for 45340 and the slight difference in RVW accounts for the increased intensity of 45317 (control bleeding).

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2012	**32554**	Thoracentesis, needle or catheter,	1.82	0.054	56	21	20	15

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		aspiration of the pleural space; without imaging guidance						
2003	**36569**	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	1.82	0.055	55	25	20	10
2002	**57456**	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	1.85	0.065	45	15	20	10
survey	**45340**	Sigmoidoscopy and balloon dilation	1.35	0.044	68	33	20	15
2011	**47000**	Biopsy of liver, needle; percutaneous	1.90	0.054	60	25	20	15
2003	**36568**	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age	1.92	0.055	60	30	20	10
2002	**57455**	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	1.99	0.072	45	15	20	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45340

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty General surgery How often? Sometimes

Specialty Colorectal surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 3200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,078 in 2011. (1,078*3 = ~ 3,200)

Specialty Gastroenterology	Frequency 2100	Percentage 65.62 %
Specialty General surgery	Frequency 600	Percentage 18.75 %
Specialty Colorectal surgery	Frequency 400	Percentage 12.50 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,078
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,078 in 2011.

Specialty Gastroenterology	Frequency 701	Percentage 65.02 %
Specialty General surgery	Frequency 194	Percentage 17.99 %
Specialty Colorectal surgery	Frequency 129	Percentage 11.96 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45340

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45341 Tracking Number C11 Original Specialty Recommended RVU: **2.43**
Presented Recommended RVU: **2.43**
Global Period: 000 RUC Recommended RVU: **2.43**

CPT Descriptor: Sigmoidoscopy, flexible; with endoscopic ultrasound examination

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient previously underwent a colonoscopy for hematochezia and was found to have squamous cell carcinoma of the anus. Flexible sigmoidoscopy with endoscopic ultrasound is performed to stage the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 81%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 100%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. An endoscope is lubricated inserted into the rectum and advanced to the splenic flexure. A lesion is identified. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn. A dedicated echoendoscope is prepared with a balloon placed over the transducer housing. The echoendoscope is then introduced through the rectum and advanced to the level of the identified abnormality under direct endoscopic visualization. While slowly withdrawing the echoendoscope, ultrasound imaging is performed. Ultrasound

spot digital images are taken and reviewed by the endoscopist. At the conclusion of the procedure, the echoendoscope is removed.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	AGA, ASGE, ACG		
CPT Code:	45341		
Sample Size:	1476	**Resp N:** 36	**Response:** 2.4 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying the ASGE Endoscopic Ultrasound Special Interest Group, as approved by the Research subcommittee. This SOR contains the combined data of both groups		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	43.00	100.00
Survey RVW:	1.57	3.45	**4.00**	4.82	7.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	20.00	**30.00**	40.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45341	**Recommended Physician Work RVU: 2.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**23.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52005	000	2.37	**RUC Time**	44,865

CPT Descriptor 1 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11043	000	2.70	**RUC Time**	202,552

CPT Descriptor 2 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
91110	000	3.64	**RUC Time**

CPT Descriptor Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 6 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45341**	**Key Reference CPT Code: 31638**	**Source of Time RUC Time**
Median Pre-Service Time	38.00	50.00	
Median Intra-Service Time	30.00	60.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**83.00**	**140.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.17	3.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.33	4.00
Urgency of medical decision making	4.50	4.17
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.50	4.00
Physical effort required	3.33	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.50	4.17
Outcome depends on the skill and judgment of physician	4.50	4.17
Estimated risk of malpractice suit with poor outcome	3.83	3.83

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.50	3.50
Intra-Service intensity/complexity	3.83	3.83

Post-Service intensity/complexity	4.17	3.83

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set. The RUC agreed to allow the specialties to survey endoscopic ultrasound codes 45341 and 45342 with the colonoscopy and colonoscopy through stoma endoscopic ultrasound codes 45391, 45392, 44406, and 44407 consistent with how the upper GI endoscopy endoscopic ultrasound codes were surveyed together and presented at the April 2013 RUC Meeting.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with endoscopic ultrasound codes in other families: esophagoscopy codes (43231, 43232), EGD codes (43237, 43238, 43240, 43253, 43259) that were approved by the RUC at the April 2013 RUC meeting. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy and EGD previously approved.

Discussion and Recommendation

45341 – *Sigmoidoscopy, flexible; with endoscopic ultrasound examination*

We recommend an RVW of 2.43 for 45341. This value is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 1.59 (43231-43200; 43237-43235) approved by the RUC for endoscopic ultrasound examination

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The survey evaluation and scrub, dress, wait times match the times for the pre-time package.

Comparison to Key Ref 31638, 91110
Many codes were chosen as a reference by the survey respondents for 45341. Key Reference code 31638, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required),* was chosen equally as often (6/36) as 91110, *Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report*. Code 31638 was surveyed and presented to the RUC in 2004 and code 91110 was surveyed and presented in 2003, both prior to the discussion of pre-time packages and are therefore difficult to compare to 45341. The lack of a direct comparative service to 45341, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The table below provides codes that have comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2000	19102	Biopsy of breast; percutaneous, needle core, using imaging guidance	2.00	0.042	**63**	18	**30**	15
2010	52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	2.37	0.045	**79**	29	**30**	20
2010	12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	2.39	0.067	**47**	11	**30**	6
	45341	Flex sig with EUS	2.43	0.044	**83**	38	**30**	15
2010	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	2.69	0.056	**79**	29	**30**	20
2010	11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2.70	0.051	**86**	41	**30**	15
2009	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.78	0.069	**65**	20	**30**	15
2003	31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.88	0.066	**70**	20	**30**	20
2008	62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	3.00	0.068	**79**	34	**30**	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45341

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10383
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 3,461 in 2012. (3.461*3 = ~ 10,383)

Specialty Gastroenterology Frequency 8618 Percentage 83.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,461
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 3,461 in 2012.

Specialty Gastroenterology Frequency 2873 Percentage 83.01 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45341

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45342 Tracking Number C12 Original Specialty Recommended RVU: **3.08**
Presented Recommended RVU: **3.08**
Global Period: 000 RUC Recommended RVU: **3.08**

CPT Descriptor: Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient previously underwent a colonoscopy for hematochezia and was found to have squamous cell carcinoma of the anus. Flexible sigmoidoscopy with endoscopic ultrasound and fine needle biopsy of peri-rectal nodes is performed to stage the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 81%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. An endoscope is lubricated inserted into the rectum and advanced to the splenic flexure. A lesion is identified. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn. A dedicated echoendoscope is prepared with a balloon placed over the transducer housing. The echoendoscope is then introduced through the rectum and advanced to the level of the identified abnormality under direct endoscopic visualization. While slowly withdrawing the echoendoscope, ultrasound imaging is performed. Ultrasound

spot digital images are taken and reviewed by the endoscopist. A determination is made on the risk/benefit of biopsy of the lesion. The needle biopsy device is advanced through the biopsy channel of the echoendoscope. Doppler imaging is performed to insure that any vascular structures or areas within the lesion are recognized prior to biopsy. Under direct ultrasound visualization, the needle is advanced through the colon wall into the lesion. The central stylet is removed from the needle, negative pressure is applied to the hub of the device, and to and fro movements are made with the needle in the lesion. After multiple passes of the needle, the needle is withdrawn from the echoendoscope and the aspirated material is sprayed onto glass slides for examination. At the conclusion of procedure, the colon is deflated and the echoendoscope is removed.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2014				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD(ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	AGA, ASGE, ACG				
CPT Code:	45342				
Sample Size:	1476	**Resp N:**	36	**Response:** 2.4 %	
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members in addition to surveying the ASGE Endoscopic Ultrasound Special Interest Group, as approved by the Research subcommittee. This SOR contains the combined data of both groups				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**6.00**	20.00	100.00
Survey RVW:	2.20	4.28	**4.90**	5.94	8.75
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	20.00	38.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45342	**Recommended Physician Work RVU: 3.08**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**23.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
59001	000	3.00	**RUC Time**	5

CPT Descriptor 1 Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
32553	000	3.80	**RUC Time**	1,759

CPT Descriptor 2 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple

Other Reference CPT Code	Global	Work RVU	Time Source
31631	000	4.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 6 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45342**	**Key Reference CPT Code:** 31625	**Source of Time RUC Time**
Median Pre-Service Time	41.00	25.00	
Median Intra-Service Time	45.00	30.00	
Median Immediate Post-service Time	20.00	15.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**106.00**	**70.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.67	3.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	4.00
Urgency of medical decision making	4.00	3.83
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.67	4.33
Physical effort required	4.17	4.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.17	4.50
Outcome depends on the skill and judgment of physician	4.50	4.33
Estimated risk of malpractice suit with poor outcome	4.00	4.17

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.33	4.00
Intra-Service intensity/complexity	4.50	4.17

Post-Service intensity/complexity	4.17	4.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set. The RUC agreed to allow the specialties to survey endoscopic ultrasound codes 45341 and 45342 with the colonoscopy and colonoscopy through stoma endoscopic ultrasound codes 45391, 45392, 44406, and 44407 consistent with how the upper GI endoscopy endoscopic ultrasound codes were surveyed together and presented at the April 2013 RUC Meeting.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with endoscopic ultrasound codes in other families: esophagoscopy codes (43231, 43232), EGD codes (43237, 43238, 43240, 43253, 43259) that were approved by the RUC at the April 2013 RUC meeting. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy and EGD previously approved.

Discussion and Recommendation

45342 – *Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)*

Discussion and Recommendation

We recommend an RVW of 3.08 for 45342. This value is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 2.24 (43232-43200; 43238-43235) approved by the RUC for transendoscopic ultrasound guided fine needle aspiration/biopsy.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The survey evaluation and scrub, dress, wait times match the times for the pre-time package.

Comparison to Key Ref 31631, 31625, 45317

Many codes were chosen as a reference by the survey respondents for 45342. Key Reference code 31631, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required),* was chosen equally as often (6/36) as 31625, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites,* and 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar*

cautery, laser, heater probe, stapler, plasma coagulator). Code 31631 was surveyed and presented to the RUC in 2004, code 31625 was surveyed and presented in 2003 and code 45317 was surveyed and presented in 2007, all prior to the discussion of pre-time packages and are therefore difficult comparisons to 45342. The lack of a direct comparative service to 45342, resulted in the survey respondents choosing references they were familiar with and then making a magnitude estimation of work. The table below provides codes that have comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra and/or Total Time

RUC	CPT	DESCRIPTOR	RVW	IWPUT	Total	Pre	INTRA	Post
2012	38242	Allogeneic lymphocyte infusions	2.11	0.017	**105**	30	**45**	30
2012	38243	Hematopoietic progenitor cell (HPC); HPC boost	2.13	0.017	**105**	30	**45**	30
2001	59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	3.00	0.037	**105**	40	**45**	20
	45342	Flex sig EUS with FNA	3.08	0.040	**106**	38	**45**	20
2003	36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	3.59	0.057	**90**	30	**45**	15
2009	32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	3.80	0.064	**90**	25	**45**	20
2010	31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	4.00	0.068	**90**	25	**45**	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45342

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1005
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 335 in 2012. (335*3 = ~ 1,005)

Specialty Gastroenterology Frequency 905 Percentage 90.04 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 335
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare data base 335 in 2012.

Specialty Gastroenterology Frequency 302 Percentage 90.14 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Colonoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 45342

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45347 Tracking Number C13 Original Specialty Recommended RVU: **2.94**
Presented Recommended RVU: **2.98**
Global Period: 000 RUC Recommended RVU: **2.98**

CPT Descriptor: Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 79-year-old patient presents with abdominal pain and distension. Imaging studies are consistent with a distal obstruction of the large bowel due to a mass lesion. The patient is not a candidate for surgical intervention. The patient is referred for a therapeutic flexible sigmoidoscopy with evaluation of the rectum and sigmoid colon and placement of a stent in the sigmoid colon for palliation.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 77%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. A standard flexible sigmoidoscope is lubricated, inserted into the rectum, and advanced to the lesion to be stented using air insufflation as necessary. The lesion to be stented is identified and assessed. When necessary, a balloon dilating catheter is positioned through the tumor using sigmoidoscopic and fluoroscopic guidance and inflated to allow passage of the sigmoidoscope through the tumor, confirming its extent. The sigmoidoscope is withdrawn, allowing measurement of the tumor and marking the distal and proximal margins for stent placement. A guidewire is inserted through the

sigmoidoscope. Using fluoroscopic and sigmoidoscopic guidance, the expandable wire stent is advanced over the guidewire and positioned across the tumor. If necessary, contrast is inserted under fluoroscopic guidance to confirm positioning of the stent. Fluoroscopic imaging is obtained and spot digital images are taken. The stent is slowly deployed across the tumor under fluoroscopic guidance, with repositioning if necessary. Once the stent is placed, the guidewire and introducing device are withdrawn. Contrast is injected through the sigmoidoscope to assess placement and patency. As needed, deployment of balloon dilating catheter is utilized to expand the stent to sufficient lumen size. The area is observed to confirm absence of active bleeding. The sigmoidoscope is slowly withdrawn to allow circumferential examination of the colon mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: Assess the patient's condition, including post-procedure vital signs. Monitor patient during reversal of anesthesia. Discuss post-procedure recovery care with anesthesia and nursing staff. Order and review post-procedure radiographs. Discuss procedure and outcome with family. Complete post-procedure specimen verification, documentation and reporting for quality purposes. Review and label photographs. Generate a procedure report and forward to referral source and other appropriate parties. Write orders for discharged from recovery room and transfer to medical/surgical floor when the patient has reached a suitable level of consciousness and is stable. Write orders and discuss ongoing care with floor nurses, including labs, films, medications, diet, and patient activity.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013				
Presenter(s):	Joel Brill, MD(AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	ACG, AGA, ASGE				
CPT Code:	45347				
Sample Size:	2007	**Resp N:**	57	**Response:** 2.8 %	
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**2.00**	4.00	100.00
Survey RVW:	2.00	3.80	**4.80**	5.25	8.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	15.00	25.00	**35.00**	45.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45347	**Recommended Physician Work RVU: 2.98**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**35.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.78	**RUC Time**	78,830

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	38,792

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 26 **% of respondents:** 45.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 45347**	**Key Reference CPT Code:** 31638	**Source of Time RUC Time**
Median Pre-Service Time	41.00	50.00	
Median Intra-Service Time	35.00	60.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**91.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.81
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.31	3.92
Urgency of medical decision making	4.50	4.15
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.81	4.42
Physical effort required	4.46	4.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.69	4.38
Outcome depends on the skill and judgment of physician	4.77	4.50
Estimated risk of malpractice suit with poor outcome	4.38	4.12

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.19	3.85
Intra-Service intensity/complexity	4.77	4.23
Post-Service intensity/complexity	3.96	3.73

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, and ERCP previously approved. For codes without an established increment, the recommended RVW is based on survey data and a comparison to other endoscope codes and reference codes.

Discussion and Recommendation

45347 *Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 2.94 for 45347. This value is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 2.14 (4320X4-43200; 4326X8-43235) approved by the RUC for placement of endoscopic stent, including pre- and post-dilation and guide wire passage, when performed.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The evaluation and scrub, dress, wait times match the pre-time package.

Comparison to Key Ref 31638
Key Reference code 31638, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages. Code 31638 has 25 minutes more intra-service time than 45347 and is correctly ranked higher. The table below provides comparison references with similar intra-time and similar RVWs.

Comparison To Other RUC-Reviewed Codes with 35-40 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2009	**51729**	Complex cystometrogram (ie, calibrated	2.51	0.043	75	20	40	15

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
		electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique						
2012	**37214**	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	2.74	0.036	102	41	38	23
2010	**12007**	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	2.90	0.071	54	11	35	8
survey	**45347**	Sigmoidoscopy and stent placement	2.98	0.055	83	33	35	15
Apr10	**12017**	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	3.18	0.069	59	11	40	8
1998	**31643**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	3.49	0.061	95	30	35	30
2003	**31628**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.80	0.071	90	30	40	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45345

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 468 in 2011. (468*3 = ~ 1,400)

Specialty Gastroenterology Frequency 1150 Percentage 82.14 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 468
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 468 in 2011.

Specialty Gastroenterology Frequency 388 Percentage 82.90 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45345

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45349 Tracking Number C13 Original Specialty Recommended RVU: **3.83**

Presented Recommended RVU: **3.83**
Global Period: 000 RUC Recommended RVU: **3.83**

CPT Descriptor: Sigmoidoscopy, flexible; with endoscopic mucosal resection

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 49 year-old patient with abdominal discomfort is referred for flexible sigmoidoscopy. A large sessile polyp is identified, and endoscopic mucosal resection is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 74%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 79%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 58%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. The flexible sigmoidoscope is lubricated inserted into the rectum and advanced to the sigmoid colon. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa, and then straightened. A sessile polyp is identified in the sigmoid colon, and endoscopic mucosal resection is performed involving submucosal injection of solution of saline methylene blue and epinephrine to raise the lesion, a specific cap and snare is utilized to create a pseudopolyp of the nodule, and resection by snare cautery technique. Hemostasis is accomplished with electrocautery, clips, or other devices as appropriate. Mucosal defects are closed with endoscopically placed clips. The lesion is retrieved with a retrieval device

and placed in a specimen container. The endoscope is reinserted to the point of mucosal resection and the area is observed for bleeding and assessed for perforation. Photodocumentation is obtained. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Dr. R. Bruce Cameron (ACG), Dr. Joel Brill (AGA), Dr. Shivan Mehta (AGA), Dr. Seth Gross (ASGE)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	45349		
Sample Size:	2459	**Resp N:** 43	**Response:** 1.7 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	300.00
Survey RVW:	1.25	3.00	**4.00**	4.50	10.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	22.00	**30.00**	40.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	45349	**Recommended Physician Work RVU: 3.83**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**28.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,747

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 32.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 45349**	**Key Reference CPT Code:** 45317	**Source of Time RUC Time**
Median Pre-Service Time	33.00	25.00	
Median Intra-Service Time	30.00	20.00	
Median Immediate Post-service Time	15.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**78.00**	**55.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.86	3.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.64	3.21
Urgency of medical decision making	3.86	3.64
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.71	4.00
Physical effort required	4.14	3.64
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.64	3.79
Outcome depends on the skill and judgment of physician	4.79	4.14
Estimated risk of malpractice suit with poor outcome	4.64	3.86

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.21	2.86
Intra-Service intensity/complexity	4.64	3.86

Post-Service intensity/complexity	3.50	3.14

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set. New codes 45349 and 45350 were approved by the Panel at the October 2013 meeting. These codes were inadvertently omitted from the group of GI endoscopy codes approved at the October 2013 meeting that were surveyed and presented at the April 2013 RUC meeting. The ACG, AGA and ASGE surveyed 45349 and 45350 for presentation at the April 2014 RUC meeting.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with endoscopic mucosal resection codes in other families: esophagoscopy (43211), EGD (43254), colonoscopy through stoma (44403) and colonoscopy (45390) that were approved by the RUC at the October 2012, January 2013 and January 2014 RUC meetings. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar where possible to the analogous incremental values above the base codes for esophagoscopy, EGD, colonoscopy through stoma and colonscopy families that were previously approved.

Discussion and Recommendation

45349 – *Sigmoidoscopy, flexible; with endoscopic mucosal resection*

We recommend an RVW of 3.83 for 45349. This value is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 2.99 (43211-43200; 43254-43235; 44403-44388; 45378-45390) approved by the RUC for endoscopic mucosal resection.

Pre-time Package 2b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The survey evaluation and scrub, dress, wait times match the times for the pre-time package.

Comparison to Key Reference Service 45317

Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The time data indicate that 45349 has 10 minutes more intra-service time and 23 more total time than 45317. The data also indicate that code 45349 is greater in intensity/complexity in 11 of 11 measures. The table below provides comparison references with similar intra-service times and RVWs.

Comparison To Other RUC-Reviewed Codes with Similar Intra-Service Time

RUC	CPT	Long Desc	RVU	IWPUT	Total	Pre	Intra	Post
Apr03	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	3.36	0.087	70	25	30	15
Jan12	52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	3.50	0.082	79	29	30	20
Apr13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	3.66	0.083	86	41	30	15
	45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	3.83	0.094	78	33	30	15
Apr07	20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	4.00	0.093	90	30	30	30
Apr03	31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.09	0.104	80	30	30	20
Apr04	32550	Insertion of indwelling tunneled pleural catheter with cuff	4.17	0.099	90	40	30	20
Jan13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	4.37	0.103	91	41	30	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 45338, 45335, 44799. Ten percent of 45338 (4,508 2012 Medicare volume), 5% of 45335 (2,628 2012 Medicare volume) and 5% of the unlisted code (1,765 Medicare volume) would be reported with new code 4538X3.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2011
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 45338 [451] + 5% of 45335 [131] + 5% of 44799 [88])*3 = ~2,011

Specialty Gastroenterology Frequency 1700 Percentage 84.53 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 670
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare frequency estimate (10% of 45338 [451] + 5% of 45335 [131] + 5% of 44799 [88]) = ~670

Specialty Gastroenterology Frequency 575 Percentage 85.82 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45338

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:45350 Tracking Number C14 Original Specialty Recommended RVU: **1.78**

Presented Recommended RVU: **1.78**
Global Period: 000 RUC Recommended RVU: **1.78**

CPT Descriptor: Sigmoidoscopy, flexible; with band ligation (eg, hemorrhoids)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 42-year-old with frequent hematochezia is evaluated with flexible sigmoidoscopy. Banding of hemorrhoids is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 67%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 42%

Description of Pre-Service Work: Review with the patient any symptoms including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. The results of the bowel preparation are reviewed. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X-rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table in the left lateral decubitus position. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide when indicated, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the perianal area and a digital rectal examination are performed. The flexible sigmoidoscope is lubricated inserted into the rectum and advanced to the sigmoid colon. In the rectum, the sigmoidoscope is retroflexed to allow examination of the rectal mucosa, and then straightened. Hemorrhoids with stigmata of recent bleeding are identified. The sigmoidoscope is withdrawn, and the multiband device installed on the endoscope. The sigmoidoscope is reinserted through the rectum, retroflexed, angulated, and advanced to the suspected bleeding site. With suction applied to the hemorrhoid, a band is deployed, and the site is inspected. Additional bands are then applied

proximally on the same hemorrhoid and onto the other most prominent hemorrhoids. Photodocumentation is obtained. The sigmoidoscope is then straightened, the colon is deflated, and the scope withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed, when appropriate. Post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Dr. R. Bruce Cameron (ACG), Dr. Joel Brill (AGA), Dr. Shivan Mehta (AGA), Dr. Seth Gross (ASGE)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	45350		
Sample Size:	2461	**Resp N:** 33	**Response:** 1.3 %
Description of Sample:	The ACG, AGA and ASGE conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	15.00	200.00
Survey RVW:	1.35	2.44	**3.03**	3.85	4.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	15.00	**20.00**	25.00	60.00

Immediate Post Service-Time:	**13.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	45350	**Recommended Physician Work RVU: 1.78**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**13.00**	**25.00**	**-12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45317	000	2.00	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.73	**RUC Time**	17,170

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	13,985

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 42.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 45350**	**Key Reference CPT Code:** 45317	**Source of Time RUC Time**
Median Pre-Service Time	27.00	25.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	13.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**60.00**	**55.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.22	3.41
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.03	3.16
Urgency of medical decision making	3.31	3.09
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.25
Physical effort required	3.56	3.09
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.69	3.31
Outcome depends on the skill and judgment of physician	3.94	3.47
Estimated risk of malpractice suit with poor outcome	3.66	3.25

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.16	2.84
Intra-Service intensity/complexity	3.72	3.41

Post-Service intensity/complexity	3.25	2.84

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

In the 4th Five-Year Review of the RBRVS, CMS identified CPT code 45331 as potentially misvalued through the Harvard Valued - Utilization over 30,000 Screen. The code was surveyed and presented at the October 2010 meeting. The RUC agreed that the survey data supported the current value of this service. However, CMS requested that the RUC undertake a comprehensive review of the entire family of flexible sigmoidoscopy codes, including the base CPT code 45330, and provide CMS with RVW recommendations.

The specialties agreed to survey the entire family of codes (45330-45340). In review of this family of codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the set of codes reflected current practice. In May 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the flexible sigmoidoscopy code set. New codes 45349 and 45350 were approved by the Panel at the October 2013 meeting. These codes were inadvertently omitted from the group of GI endoscopy codes approved at the October 2013 meeting that were surveyed and presented at the April 2013 RUC meeting. The ACG, AGA and ASGE surveyed 45349 and 45350 for presentation at the April 2014 RUC meeting.

The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of flexible sigmoidoscopy codes, comparing the data and values with the banding code in the colonoscopy family (45398) that was approved by the RUC at the January 2014 RUC meeting. After reviewing the survey data, the consensus panel determined that for the flexible sigmoidoscopy code set, the incremental value above the base code for flexible sigmoidoscopy (45330) should be similar to the analogous incremental value above the base codes for the colonscopy family that was previously approved.

Discussion and Recommendation

45350 – *Sigmoidoscopy, flexible; with banding (eg, hemorrhoids)*

We recommend an RVW of 1.78 for 45350. This value is equal to the recommendation for the flexible sigmoidoscopy base 45330 plus an established increment of 0.94 (45398-45378) approved by the RUC for banding in the colonoscopy family.

Pre-time Package 1b is appropriate. Two minutes were added to positioning for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient. The scrub, dress, wait times match the pre-time package and the evaluation time is similar.

Comparison to Key Reference Service 45317

Key Reference code 45317, *Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator),* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The survey data for 45317 from 2007 is comparable to the current survey data for 45350 and the intensity and complexity data indicate that 45317 and 45350 are also similar.

Comparison To Other RUC-Reviewed Codes with Similar Intra-Service Time

RUC	CPT	Long Desc	RVU	IWPUT	Total	Pre	Intra	Post	MPC

Feb04	91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	1.59	0.045	51	15	20	16	
Feb06	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	1.73	0.043	59	29	20	10	Yes
Feb07	45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	1.75	0.057	50	20	20	10	
	45350	Sigmoidoscopy, flexible; with banding (eg, hemorrhoids)	1.78	0.048	60	27	20	13	
Feb07	45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	1.80	0.054	55	25	20	10	
Apr08	64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	1.81	0.049	60	25	20	15	
Oct10	47000	Biopsy of liver, needle; percutaneous	1.90	0.054	60	25	20	15	
Feb07	45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2.00	0.064	55	25	20	10	

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799. Five percent of unlisted code 44799 (1,765 Medicare volume) will be reported using new code 4534X4

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 265
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Five percent of unlisted code 44799 (88 Medicare volume) *3 = ~265

Specialty Gastroenterology Frequency 220 Percentage 83.01 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 88 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Five percent of unlisted code 44799 (88 Medicare volume) = ~88

Specialty Gastroenterology Frequency 75 Percentage 85.22 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Sigmoidoscopy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45334

ISSUE: Flexible Sigmoidoscopy

TAB: 6

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVU CHG	% CHG
REF	45300	Proctosigmoidoscopy,	43	0.042			0.80			27		2	5				10			10									
Sept-11	45330	Sigmoidoscopy, flexible; dia		0.039			0.96			37		5	5	5			12			10									
SVY	45330	Sigmoidoscopy, flexib	103	0.079	0.75	1.00	1.50	2.00	3.55	45		15	5	5	3	10	10	15	30	10	0	10	25	50	200				
REC	45330	Flex sig, diagnostic		0.022			0.84			41	1a	13	3	5			10			10						-2	-17%	-0.12	-13%
	Rationale	crosswalk to 12001																											
REF	45305	Proctosigmoidoscopy,	46	0.054			1.25			45		15	5	5			10			10									
Oct-10	45331	Sigmoidoscopy, flexible; wit		0.066			1.15			35		5	5	5			10			10									
SVY	45331	Sigmoidoscopy, flexib	100	0.063	1.00	1.38	1.75	2.35	4.56	54		19	5	5	4	10	15	15	30	10	0	10	20	40	200				
REC	45331	biopsy		0.034			1.14			46	1a	13	3	5			15			10						5	50%	-0.01	-1%
	Rationale	established increment (0.30)																											
REF	45317	Proctosigmoidoscopy,	19	0.064			2.00			55		15	5	5			20			10									
HARVARD	45332	Sigmoidoscopy, flexible; wit		0.045			1.79			54		13					26			15									
		10 min moderate sedation m		0.059			1.79			54		23					16			15									
SVY	45332	Sigmoidoscopy, flexib	64	0.078	1.20	2.00	2.50	3.25	6.50	65		25	5	5	10	20	20	30	75	10	0	1	2	4	200				
REC	45332	foreign body removal		0.048			1.85			63	2b	25	3	5			20			10						4	25%	0.06	3%
	Rationale	established increment (1.01)																											
REF	31625	Bronchoscopy, rigid o	13	0.087			3.36			70		10	5	10			30			15									
HARVARD	45333	Sigmoidoscopy, flexible; wit		0.044			1.79			54		12					27			15									
		10 min moderate sedation m		0.057			1.79			54		22					17			15									
SVY	45333	Sigmoidoscopy, flexib	59	0.081	1.20	1.75	2.00	3.28	4.80	53		20	3	5	4	11	15	20	60	10	0	3	7	20	200				
REC	45333	hot biopsy polypectomy		0.060			1.65			52	1b	19	3	5			15			10						-2	-12%	-0.14	-8%
	Rationale	established increment (0.81)																											
REF	45317	Proctosigmoidoscopy,	37	0.064			2.00			55		15	5	5			20			10									
HARVARD	45334	Sigmoidoscopy, flexible; wit		0.059			2.73			83		17		15			30			21									
		10 min moderate sedation m		0.045			2.73			102		27		15			20			21									
SVY	45334	Sigmoidoscopy, flexib	71	0.078	1.50	2.10	2.50	3.63	6.75	65		25	5	5	6	15	20	30	45	10	0	5	8	20	200				
REC	45334	control of bleeding		0.060			2.10			63	2b	25	3	5			20			10						0	0%	-0.63	-23%
	Rationale	lower of current or 25th percentile. There is no established increment for this procedure																											
REF	45317	Proctosigmoidoscopy,	24	0.064			2.00			55		15	5	5			20			10									
Apr-02	45335	Sigmoidoscopy, flexible; wit		0.047			1.46			40		7					23			10									
		10 min moderate sedation m		0.066			1.46			40		17					13			10									
SVY	45335	Sigmoidoscopy, flexib	63	0.078	1.30	1.73	2.00	2.97	4.25	55		20	5	5	5	10	15	20	40	10	0	4	8	18	250				
REC	45335	submucosal injection		0.026			1.15			52	1b	19	3	5			15			10						2	15%	-0.31	-21%
	Rationale	established increment (0.31)																											
REF	45300	Proctosigmoidoscopy,	11	0.042			0.80			27		2	5				10			10									
HARVARD	45337	Sigmoidoscopy, flexible; wit		0.043			2.36			94		17		25			30			22									
		10 min moderate sedation m		0.053			2.36			94		27		25			20			22									
SVY	45337	Sigmoidoscopy, flexib	63	0.084	0.90	2.20	3.25	4.25	8.00	80		30	5	5	4	20	25	30	90	15	0	2	3	5	50				
REC	45337	decompression of volvulus		0.043			2.20			78	2b	30	3	5			25			15						5	25%	-0.16	-7%
	Rationale	lower of current or 25th percentile. There is no established increment for this procedure																											
REF	31625	Bronchoscopy, rigid o	17	0.087			3.36			70		10	5	10			30			15									
HARVARD	45338	Sigmoidoscopy, flexible; wit		0.069			2.34			55		12					19			5									

ISSUE: Flexible Sigmoidoscopy

TAB: 6

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVU CHG	% CHG
		10 min moderate sedation m		0.193			2.34			36		22					9			5									
SVY	45338	Sigmoidoscopy, flexib	67	0.121	1.40	2.00	2.75	3.65	5.53	60		25	5	5	6	15	15	25	70	10	0	5	10	25	200				
REC	45338	snare polypectomy		0.084			2.15			58	2b	25	3	5			15			10						6	67%	-0.19	-8%
Rationale		established increment (1.31) *Code 45338 is not to be used for comparison purposes																											
REF	45317	Proctosigmoidoscopy,	15	0.064			2.00			55		15	5	5			20			10									
SVY	45346	Sigmoidoscopy, flexib	49	0.121	1.50	2.80	3.35	4.70	6.25	65		25	5	5	6	15	20	30	60	10	0	3	5	10	150				
REC	45346	ablation (including pre and pos		0.104			2.97			63	2b	25	3	5			20			10									
Rationale		established increment (2.13)																											
REF	45317	Proctosigmoidoscopy,	15	0.064			2.00			55		15	5	5			20			10									
Apr-02	45340	Sigmoidoscopy, flexible; wit		0.046			1.89			58		17					25			16									
		10 min moderate sedation m		0.062			1.89			58		27					15			16									
SVY	45340	Sigmoidoscopy, flexib	58	0.120	1.50	2.50	3.45	4.43	6.00	70		25	5	5	10	15	20	30	70	15	0	2	5	6	75				
REC	45340	balloon dilation		0.017			1.35			68	2b	25	3	5			20			15						5	33%	-0.54	-29%
Rationale		established increment (0.51)																											
REF	31638	Bronchoscopy, rigid o	6	0.055			4.88			140		20	15	15			60			30									
REF	91110	Gastrointestinal tract i	6	0.040			3.64			100		5					80			15									
Apr00	45341	Sigmoidoscopy, flexible; wit		0.068			2.60			55		10					30			15									
	45341	10 min CS movement					2.60			55		20					20			15									
SVY	45341	Sigmoidoscopy, flexib	36	0.106	1.57	3.45	4.00	4.82	7.00	70	2b	30	5	5	15	20	30	40	60	15	0	5	20	43	100				
REC	45341	EUS		0.055			2.43			68		30	3	5			30			15									
Rationale		45330 RVU (0.84)+ EUS RUC increment 1.59																											
REF	31631	Bronchoscopy, rigid o	6	0.079			4.36			90		20	10	15			45			30									
REF	31625	Bronchoscopy, rigid o	6	0.098			3.36			55		10	5	10			30			15									
REF	45317	Proctosigmoidoscopy,	6	0.076			2.00			45		15	5	5			20			10									
Apr00	45342	Sigmoidoscopy, flexible; wit		0.074			4.05			65		15					50			13									
	45342	10 min CS movement					4.05			65		25					40			13									
SVY	45342	Sigmoidoscopy, flexib	36	0.088	2.20	4.28	4.90	5.94	8.75	90	2b	35	5	5	20	38	45	60	90	20	0	2	6	20	100				
REC	45342	EUS with FNA		0.050			3.08			86		33	3	5			45			20									
Rationale		45330 RVU (0.84) + EUS with FNA RUC increment 2.24																											
REF	31638	Proctosigmoidoscopy,	26	0.055			4.88			140		20	15	15			60			30									
SVY	45347	Sigmoidoscopy, flexib	57	0.101	2.00	3.80	4.80	5.25	8.00	95		35	5	5	15	25	35	45	120	15	0	0	2	4	100				
REC	45347	stent placement (including pre		0.051			2.98			91	2b	33	3	5			35			15									
Rationale		established increment (2.14).																											
REF	45317	Proctosigmoidoscopy,	14	0.064			2.00			55	NA	15	5	5			20			NA									
CURRENT	NA			######						0																			
SVY	45349	Sigmoidoscopy, flexib	43	0.098	1.25	3.00	4.00	4.50	####	80		25	5	5	10	22	30	40	90										
REC	45349	EMR		0.094			3.83			78	2b	25	3	5			30			8b									
Rationale		45330 RVU + EMR RUC increment 2.99																											
REF	45317	Proctosigmoidoscopy,	14	0.064			2.00			55	NA	15	5	5			20			NA									
CURRENT	NA			######						0																			

ISSUE: Flexible Sigmoidoscopy

TAB: 6

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	IS CHG	% CHG	RVU CHG	% CHG
SVY	45350	Sigmoidoscopy, flexib	32	0.101	1.35	2.44	3.03	3.85	4.50	68		25	5	5	10	15	20	25	60										
Exper	45350	Sigmoidoscopy, flexib	22	0.112	1.40	2.50	3.35	4.00	4.50	73		28	5	5	10	15	20	25	60										
No Exper	45350	Sigmoidoscopy, flexib	10	0.089	1.35	2.13	2.73	3.04	4.00	65		25	5	5	10	20	20	24	30										
REC	45350	Banding		0.048	1.78					60	1b	19	3	5			20			8a									

Rationale 45330 RVU + banding RUC increment 0.94

Code	Description	Current RVW	RUC RVW	Pre Svc Pkg	Pre	Intra	Post Svc Pkg	Post	Total	IWPUT	Increment over base	Rationale
Tab 8 - Colonoscopy through stoma												
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate	2.82	2.82	1b	26	25	8a	14	65	0.080	NA	Current value
44389	Colonoscopy through stoma; with biopsy, single or multiple	3.13	3.12	1b	26	30	8a	14	70	0.071	0.30	44388 RVU + biopsy RUC increment 0.30
44390	Colonoscopy through stoma; with removal of foreign body	3.82	3.82	2b	37	35	8b	15	87	0.073	1.01	44388 RVU + Foreign body RUC increment 1.01
44391	Colonoscopy through stoma; with control of bleeding, any	4.31	4.22	2b	40	40	8b	15	95	0.076	1.40	There is no RUC established increment for this procedure
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	3.81	3.63	1b	26	30	8a	10	66	0.091	0.81	44388 RVU + hot biopsy RUC increment 0.81
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.42	4.13	2b	27	30	8b	10	67	0.106	1.31	44388 RVU + snare RUC increment 1.31
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion (includes pre-and post-dilation and guide wire	4.83	4.44	2b	32	30	8b	10	72	0.130	1.62	25th percentile
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guidewire passage, when	4.7	4.96	2b	40	43	8b	15	98	0.084	2.14	44388 RVU + stent RUC increment 2.14
44403	Colonoscopy through stoma; with endoscopic mucosal	NA	5.81	2b	32	45	8b	15	92	0.103	2.99	44388 RVU + EMR RUC increment 2.99
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	NA	3.13	1b	26	30	8a	10	66	0.074	0.31	44388 RVU + submucosal injection RUC increment 0.31
44405	Colonoscopy through stoma; with transendoscopic balloon	NA	3.33	2b	32	38	8b	12	82	0.059	0.51	44388 RVU + dilation less than 30 mm RUC increment 0.51
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	NA	4.41	2b	40	40	8b	20	100	0.074	1.59	44388 RVU + EUS RUC increment 1.59
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and	NA	5.06	2b	40	60	8b	20	120	0.060	2.24	44388 RVU + EUS with FNA RUC increment 2.24
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	NA	4.24	2b	40	40	8b	15	95	0.077	1.42	There is no RUC established increment for this procedure
Tab 9- Flexible sigmoidoscopy												
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	2.60	2.43	2b	38	30	8b	15	83	0.044	1.59	45330 RVU + EUS RUC increment 1.59
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	4.05	3.08	2b	41	45	8b	20	106	0.040	2.24	45330 RVU + EUS with FNA RUC increment 2.24
Tab 10- Colonoscopy												
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed, (separate procedure)	3.69	3.36	1b	27	25	8a	15	67	0.10563	NA	Current RVW 3.69 - 8 min pre-svc @ 0.0224 intensity (0.18) = 3.51 RVW
45379	Colonoscopy, flexible; with removal of foreign body	4.68	4.37	2b	33	35	8b	15	83	0.10047	1.01	45378 RVU + Foreign body RUC increment 1.01
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	4.43	3.66	1b	27	28	8a	15	70	0.10503	0.30	45378 RVU + biopsy RUC increment 0.30
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	4.19	3.67	1b	27	28	8a	15	70	0.10538	0.31	45378 RVU + submucosal injection RUC increment 0.31
45382	Colonoscopy, flexible; with control of bleeding, any method	5.68	4.76	2b	41	40	8b	15	96	0.10793	1.40	c-stoma bleeding increment (1.40)
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	4.69	4.17	1b	27	28	8a	15	70	0.12324	0.81	45378 RVU + hot biopsy RUC increment 0.81
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	5.3	4.67	2b	33	30	8b	15	78	0.12721	1.31	45378 RVU + snare RUC increment 1.31
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	4.57	3.87	2b	38	35	8b	15	88	0.08298	0.51	45378 RVU + dilation less than 30 mm RUC increment 0.51
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	5.86	4.98	2b	33	35	8b	15	83	0.13247	1.62	45378 RVU + ablation colonsocopy through stoma RUC increment 1.62
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	5.9	5.5	2b	41	45	8b	17	103	0.09827	2.14	45378 RVU + stent RUC increment 2.14
45390	Colonoscopy, flexible; with endoscopic mucosal resection	NA	6.35	2b	33	45	8b	15	93	0.12214	2.99	45378 RVU + EMR RUC increment 2.99

Code	Description	Current RVW	RUC RVW	Pre Svc Pkg	Pre	Intra	Post Svc Pkg	Post	Total	IWPUT	Increment over base	Rationale
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	NA	4.78	2b	41	40	8b	15	96	0.10793	1.42	45378 RVU + c-stoma decompression RUC increment 1.42
45398	Colonoscopy, flexible; with banding, (eg, hemorrhoids)	NA	4.3	2b	33	30	8b	15	78	0.10988	0.94	There is no RUC established increment for this procedure
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	5.09	4.95	2b	41	45	8b	20	106	0.08456	1.59	45378 RVU + EUS RUC increment 1.59
45392	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	6.54	5.6	2b	41	60	8b	20	121	0.07425	2.24	45378 RVU + EUS with FNA RUC increment 2.24

Established increments by family

Tab 8 - Colonoscopy through stoma Proposed Increments						
C-stoma	Description	Proposed RUC RVU	RUC Incrrement above base c-stoma (44388)		CMS 2014 increment above base c-stoma (44388)	Ileoscopy Code Rationale
44389	biopsy	3.12	0.30		NA	44388 RVU + biopsy RUC increment 0.30
44404	submucosal injection	3.13	0.31		NA	44388 RVU + submucosal injection RUC increment 0.31
44405	transendoscopic balloon dilation	3.33	0.51		NA	44388 RVU + dilation less than 30 mm RUC increment 0.51
44392	hot biopsy removal	3.63	0.81		NA	44388 RVU + hot biopsy RUC increment 0.81
44390	foreign body removal	3.83	1.01		NA	44388 RVU + Foreign body RUC increment 1.01
44394	snare removal	4.13	1.31		NA	44388 RVU + snare RUC increment 1.31
44391	control of bleeding	4.22	1.40		NA	There is no RUC established increment for this procedure
44406	EUS	4.41	1.59		NA	44388 RVU + EUS RUC increment 1.59
44408	decompression	4.24	1.42		NA	45378 RVU + c-stoma decompression RUC increment 1.42
44401	ablation (includes pre- and post-dilation and guide wire passage)	4.44	1.62		NA	25th percentile
44402	endoscopic stent (includes pre- and post-dilation)	4.96	2.14		NA	44388 RVU + stent RUC increment 2.14
44407	EUS with FNA	5.06	2.24		NA	44388 RVU + EUS with FNA RUC increment 2.24
44403	EMR	5.81	2.99		NA	44388 RVU + EMR RUC increment 2.99
Tab 9 - Flexible Sigmoidoscopy EUS Proposed Increments						
Flex sig EUS	Description	Proposed RUC RVU	Increment above base flex sig Code (45330)		CMS 2014 increment above base flex sig (45330)	Ileoscopy Code Rationale
45341	EUS	2.43	1.59		NA	45330 RVU + EUS RUC increment 1.59
45342	EUS with FNA	3.08	2.24		NA	45330 RVU + EUS with FNA RUC increment 2.24
Tab 10 - Colonoscopy through stoma Proposed Increments						
Colonoscopy	Description	Proposed RUC RVU	Increment above base colonoscopy Code (45378)		CMS 2014 increment above base colonoscopy (45378)	Ileoscopy Code Rationale
45379	foreign body removal	4.37	1.01		NA	45378 RVU + Foreign body RUC increment 1.01
45380	biopsy	3.66	0.30		NA	45378 RVU + biopsy RUC increment 0.30
45381	submucosal injection	3.67	0.31		NA	45378 RVU + submucosal injection RUC increment 0.31
45382	control of bleeding	4.76	1.40		NA	c-stoma bleeding increment (1.40)
45384	hot biopsy removal	4.17	0.81		NA	45378 RVU + hot biopsy RUC increment 0.81
45385	snare removal	4.67	1.31		NA	45378 RVU + snare RUC increment 1.31
45386	transendoscopic balloon dilation	3.87	0.51		NA	45378 RVU + dilation less than 30 mm RUC increment 0.51
45388	ablation (includes pre- and post-dilation and gu	4.98	1.62		NA	45378 RVU + ablation colonsocopy through stoma RUC increment 1.62
45389	stent placement (includes pre- and post-dilatior	5.50	2.14		NA	45378 RVU + stent RUC increment 2.14
45390	EMR	6.35	2.99		NA	45378 RVU + EMR RUC increment 2.99
45393	decompression	4.78	1.42		NA	45378 RVU + c-stoma decompression RUC increment 1.42
45398	banding	4.30	0.94		NA	There is no RUC established increment for this procedure
45391	EUS	4.95	1.59		NA	45378 RVU + EUS RUC increment 1.59
45392	EUS with FNA	5.60	2.24		NA	45378 RVU + EUS with FNA RUC increment 2.24
Tab 4 - Ileoscopy RUC Approved Increments (October 2013)						
Ileoscopy Code	Description	Proposed RUC RVU	Increment above base ileoscopy Code (44380)		CMS 2014 increment above base ileoscopy (44380)	Ileoscopy Code Rationale
44382	biopsy	1.27	0.30		NA	44380 (0.97) + increment of 43202-43200 (0.30)
44381	balloon dilation	1.48	0.51		NA	44380 (0.97) + increment of 43220-43200 (0.51)
44384	endoscopic stent (includes pre- and post-dilation)	3.11	2.14		NA	44380 (0.97) + increment of 43266-43235 (2.14)

Tab 5 - Pouchoscopy RUC Approved Increments (October 2013)						
Pouchoscopy Code	Description	Proposed RUC RVU	Increment above base pouchoscopy Code (44385)		CMS 2014 increment above base pouch (44385)	Pouchoscopy Code Rationale
44386	biopsy	1.60	0.30		NA	44385 (1.30) + increment of 43202-43200 (0.30)

Tab 6 - Flexible Sigmoidoscopy RUC Approved Increments (October 2013)						
Flex Sig Code	Description	Proposed RUC RVU	Increment above base flex sig Code (45330)		CMS 2014 increment above base flex sig (45330)	Pouchoscopy Code Rationale
45331	biopsy	1.14	0.30		NA	45330 (0.84) + increment of 43202-43200 (0.30)
45332	foreign body removal	1.85	1.01		NA	45330 (0.84) + increment of 43215-43200 (1.01)
45333	hot biopsy	1.65	0.81		NA	45330 (0.84) + increment of 43216-43200 (0.81)
45334*	control of bleeding	2.10	1.30		NA	25th percentile
45335	submucosal injection	1.15	0.31		NA	45330 (0.84) + increment of 43201-43200 (0.31)
45337	decompression on volvulus	2.2	1.4		NA	25th percentile
45338	snare polypectomy	2.15	1.31		NA	45330 (0.84) + increment of 43217-43200 (1.31)
45340	balloon dilation	1.89	1.09		NA	25th percentile
45346	ablation (includes pre- and post-dilation and guide wire passage)	2.97	2.13		NA	45330 (0.84) + increment of 43212-43200 (2.13)
45347	endoscopic stent (includes pre- and post-dilation)	2.98	2.14		NA	45330 (0.84) + increment of 43266-43235 (2.14)

ERCP RUC-Approved Increments							
ERCP Code	Description	RUC RVU	Increment above base ERCP Code (43260)	CMS 2014 work RVU	CMS 2014 increment above base ERCP (43260)	RUC ERCP Code Rationale	CMS Approval of Incremental Approach?
43261	biopsy	6.25	0.30	**6.25**	**0.30**	43260 (5.95) + increment of 43202-43200 (0.30)	**Yes**
43275	foreign body removal	6.96	1.01	**6.96**	**1.01**	43260 (5.95) + increment of 43215-43200 (1.01)	**Yes**
43278	ablation (includes pre- and post-dilation and guide wire passage)	8.08	2.13	**7.99**	**2.04**	43260 (5.95) + increment of 43212-43200 (2.13)	**Yes**

EGD RUC-Approved Increments							
EGD Code	Description	RUC RVU	Increment above base EGD Code (43235)	CMS 2014 work RVU	CMS 2014 increment above base EGD (43235)	RUC EGD Code Rationale	CMS Approval of Incremental Approach?
43239	biopsy	2.56	0.30	**2.47**	**0.30**	43235 (2.26) + increment of 43202-43200 (0.30)	**Yes**
43236	submucosal injection	2.57	0.31	**2.47**	**0.30**	43235 (2.26) + increment of 43201-43200 (0.31)	**Yes**
43249	esophageal balloon dilation < 30mm	2.77	0.51	**2.77**	**0.60**	43235 (2.26) + increment of 43220-43200 (0.51)	**Yes**
43245	gastric/duodenal balloon dilation < 30 mm	3.18	0.92	**3.18**	**1.01**	current value	
43248	guide wire insertion	3.01	0.75	**3.01**	**0.84**	43235 (2.26) + increment of 43226-43200 (0.75)	**Yes**
43252	optical endomicroscopy	3.06	0.80	**3.06**	**0.89**	43235 (2.26) + increment of 43206-43200 (0.80)	
43250	hot biopsy	3.07	0.81	**3.07**	**0.90**	43235 (2.26) + increment of 43216-43200 (0.81)	**Yes**
43247	foreign body removal	3.27	1.01	**3.18**	**1.01**	43235 (2.26)+ increment of 43215-43200 (1.01)	**Yes**
43251	snare	3.57	1.31	**3.57**	**1.40**	43235 (2.26) + increment of 43217-43200 (1.31)	**Yes**
43237	EUS, limited to esophagus	3.85	1.59	**3.57**	**1.40**	25th percentile	**Yes (other than RUC)**
43255*	control of bleeding	4.20	1.94	**3.66**	**1.49**	25th percentile	**Yes (other than RUC)**
43243*	sclerosis injection	4.37	2.11	**4.37**	**1.20**	25th percentile	
43270	ablation (includes pre- and post-dilation and guidewire passage)	4.39	2.13	**4.21**	**2.04**	26th percentile	**Yes (other than RUC)**
43266	endoscopic stent (includes pre- and post-dilation and guide wire passage)	4.40	2.14	**4.05**	**1.88**	25th percentile	**Yes (other than RUC)**
43233	balloon dilation > 30mm	4.45	2.19	**4.05**	**1.88**	43235 (2.26) + increment of 43214-43200 (2.19)	**Yes (other than RUC)**
43238	EUS FNA, limited to esophagus	4.50	2.24	**4.11**	**1.94**	25th percentile	**Yes (other than RUC)**
43244*	band ligation	4.50	2.24	**4.5**	**2.33**	25th percentile	
43259	EUS, esoph, stomach, duodenum	4.74	2.48	**4.14**	**1.40**	25th percentile	
43254	endoscopic mucosal resection	5.25	2.99	**4.88**	**2.71**	25th percentile	**Yes (other than RUC)**
43242	EUS FNA, esoph, stomach, duodenum	5.39	3.13	**4.68**	**2.51**	43259 (4.74) + increment of FNA 43237-43238 (0.65)	**Yes**

Esophagoscopy RUC-Approved Increments							
Esoph Code	**Description**	**RUC RVU**	**Increment above base Esoph Code (43200)**	**CMS 2014 work RVU**	**CMS 2014 increment above base Esoph (43200)**	**RUC Esophagoscopy Code Rationale**	**CMS Approval of Incremental Approach?**
43202	biopsy	1.89	0.30	**1.80**	**0.30**	Current value	**Yes**
43201	submucosal injection	1.90	0.31	**1.80**	**0.30**	Direct crosswalk to MPC code 64483	**Yes**
43220	esoph balloon dilation < 30mm	2.10	0.51	**2.10**	**0.60**	Current value	
43226	dilation over guide wire insertion	2.34	0.75	**2.34**	**0.84**	Current value	
43206	optical endomicroscopy	2.39	0.80	**2.39**	**0.89**	Direct crosswalk to code 12006	
43216	hot biopsy	2.40	0.81	**2.40**	**0.90**	Current value	
43215	foreign body removal	2.60	1.01	**2.51**	**1.01**	Current value	**Yes**
43204*	sclerosis injection	2.89	1.30	**2.40**	**0.90**	25th percentile	
43217	snare polypectomy	2.90	1.31	**2.90**	**1.40**	Current value	
43205*	band ligation	3.00	1.41	**2.51**	**1.01**	25th percentile	**Yes**
43231	EUS	3.19	1.60	**2.90**	**1.40**	25th percentile	**Yes (other than RUC)**
43227*	control of bleeding	3.26	1.67	**2.99**	**1.49**	25th percentile	
Esoph Code	**Description**	**RUC RVU**	**Increment subtracted from EGD Code**	**CMS 2014 work RVU**	**CMS 2014 increment above base Esoph (43200)**	**RUC Esoph Code Rationale**	**CMS Approval of Incremental Approach?**
43229	ablation (includes pre- and post-dilation and guide wire passage)	3.72	2.13	**3.54**	**2.04**	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72	**No**
43212	endoscopic stent (includes pre- and post-dilation and guide wire passage)	3.73	2.14	**3.38**	**1.88**	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73	**No**
43214	balloon dilation > 30mm	3.78	2.19	**3.38**	**1.88**	43233 25th percentile (4.45) - 0.67 (diff 43235-43200) = 3.78	**Yes (other than RUC)**
43232	EUS FNA	3.83	2.24	**3.54**	**2.04**	43238 25th percentile (4.50) - 0.67 (diff 43235-43200) = 2.24	**Yes**
43211	endoscopic mucosal resection	4.58	2.99	**4.21**	**2.71**	43254 25th percentile (5.25) - 0.78 = 4.58	**Yes**

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

Established increments by procedure

CPT	Short descriptor	RVW	RUC Increment	CMS 2014 Increment	Rationale
			Biopsy		
44389	C-stoma with biopsy	3.12	0.30		44388 (2.82) + increment of 43202-43200 (0.30)
45380	Colonoscopy with biopsy	3.66	0.30		45378 (3.36) + increment of 43202-43200 (0.30)
45331	Flexible sigmoidoscopy with biopsy	1.14	0.30		45330 (0.84) + increment of 43202-43200 (0.30)
44386	Pouchoscopy with biopsy	1.60	0.30		44385 (1.30) + increment of 43202-43200 (0.30)
44382	Ileoscopy with biopsy	1.27	0.30		44380 (0.97) + increment of 43202-43200 (0.30)
43261	ERCP with biopsy	6.25	0.30	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43239	EGD with biopsy	2.56	0.30	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43202	Esophagoscopy with biopsy	1.89	0.30	0.30	Current value
			Balloon dilation < 30 mm		
44405	C-stoma with transendoscopic balloon dilation	3.33	0.51		44388 (2.82) + increment of 43202-43200 (0.51)
45386	Colonoscopy with transendoscopic balloon dilation	3.87	0.51		45378 (3.36) + increment of 43202-43200 (0.51)
45340*	Flexible sigmoidoscopy with balloon dilation	1.35	0.51		45330 (0.84) + increment of 43220-43200 (0.51)
44381	Ileoscopy with balloon dilation	1.48	0.51		44380 (0.97) + increment of 43220-43200 (0.51)
43249	EGD with esophagus balloon dilation < 30mm	2.77	0.51	0.60	43235 (2.26) + increment of 43220-43200 (0.51)
43220	Esophagoscopy with esophagus balloon dilation < 30mm	2.10	0.51	0.60	Current value
43245	EGD with gastric/duodenal balloon dilation < 30mm	3.18	0.92	0.60	Current value
			Submucosal injection		
44404	C-stoma with submucosal injection	3.13	0.31		44388 (2.82) + increment of 43201-43200 (0.31)
45381	Colonoscopy with submucosal injection	3.67	0.31		45378 (3.36) + increment of 43201-43200 (0.31)
45335	Flexible sigmoidoscopy with submucosal injection	1.15	0.31		45330 (0.84) + increment of 43201-43200 (0.31)
43236	EGD with submucosal injection	2.57	0.31	0.30	43235 (2.26) + increment of 43201-43200 (0.31)
43201	Esophagoscopy with submucosal injection	1.90	0.31	0.30	Direct crosswalk to MPC code 64483
			Dilation with Guide wire insertion		
43248	EGD with dilation over guide wire insertion	3.01	0.75	0.84	43235 (2.26) + increment of 43226-43200 (0.75)
43226	Esophagoscopy with dilation over guide wire insertion	2.34	0.75	0.84	Current value
			Optical endomicroscopy		
43252	EGD with optical endomicroscopy	3.06	0.80	0.89	43235 (2.26) + increment of 43206-43200 (0.80)
43206	Esophagoscopy with optical endomicroscopy	2.39	0.80	0.89	Direct crosswalk to code 12006
			Hot biopsy		
44392	C-stoma with hot biopsy	3.63	0.81		44388 (2.82) + increment of 43216-43200 (0.81)
45384	Colonoscopy with hot biopsy	4.17	0.81		45378 (3.36) + increment of 43216-43200 (0.81)
45333	Flexible sigmoidoscopy with hot biopsy	1.65	0.81		45330 (0.84) + increment of 43216-43200 (0.81)
43250	EGD with hot biopsy	3.07	0.81	0.90	43235 (2.26) + increment of 43216-43200 (0.81)
43216	Esophagosocpy with hot biopsy	2.40	0.81	0.90	Current value
			Foreign body removal		
44390	C-stoma with foreign body removal	3.82	1.01		44388 (2.82) + increment of 43215-43200 (1.01)
45379	Colonoscopy with foreign body removal	4.37	1.01		45378 (3.36) + increment of 43215-43200 (1.01)
45332	Flexible sigmoidoscopy with foreign body removal	1.85	1.01		45330 (0.84) + increment of 43215-43200 (1.01)
43275	ERCP with foreign body removal	6.96	1.01		43260 (5.95) + increment of 43215-43200 (1.01)
43247	EGD with foreign body removal	3.27	1.01	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43215	Esophagoscopy with foreign body removal	2.60	1.01	1.01	Current value
			Snare		
44394	C-stoma with snare polypectomy	4.13	1.31		44388 (2.82) + increment of 43217-43200 (1.31)
45385	Colonoscopy with snare polypectomy	4.67	1.31		45378 (3.36) + increment of 43217-43200 (1.31)
45338	Flexible sigmoidoscopy with snare polypectomy	2.15	1.31		45330 (0.84) + increment of 43217-43200 (1.31)
43251	EGD with snare polypectomy	3.57	1.31	1.40	43235 (2.26) + increment of 43217-43200 (1.31)
43217	Esophagoscopy with snare polypectomy	2.90	1.31	1.40	Current value
			Ablation		
44401	C-stoma with ablation (includes pre- and post-dilation and guide wire placement)	4.44	1.62		44388 (2.82) + increment of 44388-44401 (1.62)
45388	Colonoscopy with ablation (includes pre- and post-dilation and guide wire placement)	4.98	1.62		45378 (3.36) + increment of 44388-44401 (1.62)
45346	Flexible sigmoidoscopy with ablation (includes pre- and post-dilation and guide wire placement)	2.97	2.13		45330 (0.84) + increment of 43270-43235 (2.13)
43278	ERCP with ablation (includes pre- and post-dilation and guide wire placement)	8.08	2.13		43260 (5.95) + increment of 43270-43235 (2.13)
43229	Esophagoscopy with ablation (includes pre- and post-dilation and guide wire placement)	3.72	2.13	2.04	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43270	EGD with ablation (includes pre- and post-dilation and guide wire placement	4.39	2.13	2.04	25th percentile

Endoscopic stent placement					
44402	C-stoma with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.96	2.14		44388 (2.82) + increment of 43266-43235 (2.14)
45389	Colonoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	5.5	2.14		45378 (3.36) + increment of 43266-43235 (2.14)
44384	Ileoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.11	2.14		44380 (0.97) + increment of 43266-43235 (2.14)
45347	Flexible sigmoidoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	2.98	2.14		45330 (0.84) + increment of 43266-43235 (2.14)
43212	Esophagoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.73	2.14	1.88	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43266	EGD with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.40	2.14	1.88	25th percentile

Balloon dilation > 30 mm					
43214	Esophagoscopy with balloon dilation > 30 mm	3.78	2.19	1.88	43233 25th percentile (4.45) - 0.67 = 3.78
43233	EGD with balloon dilation > 30 mm	4.45	2.19	1.88	25th percentile

EMR					
44403	C-stoma with endoscopic mucosal resection	5.81	2.99		44388 (2.82) + increment of (43254-43235)
45390	Colonoscopy with endoscopic mucosal resection	6.35	2.99		45378 (3.36) + increment of (43254-43235)
43211	Esophagoscopy with endoscopic mucosal resection	4.58	2.99	2.71	43254 25th percentile (5.25) - 0.78 = 4.58
43254	EGD with endoscopic mucosal resection	5.25	2.99	2.71	25th percentile

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Oct-12	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	27	15	10	52	NA	Base
Jan-13	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, with collection of specimen(s) by brushing or washing, when performed	1b	27	15	12	54	NA	Base
Apr-13	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with collection of specimen(s) by brushing or washing when performed	2b	48	48	25	119	NA	Base
Oct-13	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA	Base
Oct-13	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA	Base
Oct-13	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	23	10	10	43	NA	Base
Oct-12	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	10	52	0.30	Biopsy
Jan-13	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	12	54	0.30	Biopsy
Apr-13	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	2b	48	55	23	124	0.30	Biopsy
Oct-13	44382	Ileoscopy, through stoma; with biopsy, single or multiple	1b	27	20	12	59	0.30	Biopsy
Oct-13	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1b	27	17	10	54	0.30	Biopsy
Oct-13	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1b	27	15	10	52	0.30	Biopsy
Oct-12	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2b	33	22	10	65	0.81	Hot biopsy
Jan-13	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	24	20	14	58	0.81	Hot biopsy
Oct-13	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	27	15	10	52	0.81	Hot biopsy
Oct-12	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31	Injection
Jan-13	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	20	15	62	0.31	Injection
Oct-13	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31	Injection
Oct-12	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	10	67	0.80	OE
Jan-13	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	20	77	0.80	OE

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Oct-12	43220	Esophagoscopy, flexible, transoral; with balloon dilation (less than 30 mm diameter)	1b	27	20	10	57	0.51	Dilation < 30 mm
Jan-13	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1b	27	20	15	62	0.51	Dilation < 30 mm
Oct-12	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire	1b	27	25	10	62	0.75	Guide wire
Jan-13	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by dilation of passage of dilator(s) through esophagus over guide wire	1b	27	20	15	62	0.75	Guide wire
Oct-12	43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2b	33	20	10	63	1.01	Foreign
Jan-13	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	2b	23	30	15	68	1.01	Foreign
Apr-13	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	2b	48	50	20	123	1.01	Foreign body
Oct-13	45332	Sigmoidoscopy, flexible; with removal of foreign body	2b	33	20	10	63	1.01	Foreign body
Oct-12	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2b	33	20	10	63	1.30	Sclerosis
Jan-13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal / gastric varices	2b	41	30	20	91	2.11	Sclerosis
Oct-12	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	30	10	73	1.31	Snare
Apr-13	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	20	10	63	1.31	Snare
Oct-13	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	15	10	58	1.31	Snare
Oct-12	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2b	33	20	10	63	1.41	Band
Jan-13	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal / gastric varices	2b	41	30	20	91	2.24	Band ligation

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Apr-13	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	2b	41	30	20	91	1.60	EUS
Apr-13	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus	2b	38	35	20	93	1.59	EUS
Apr-13	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	46	45	20	111	2.48	EUS
Apr-13	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	48	40	23	111	3.15	EUS
Apr-13	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	2b	46	45	20	111	2.24	EUS and FNA
Apr-13	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	2b	39	45	20	104	2.24	EUS and FNA
Apr-13	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	51	50	23	124	3.13	EUS and FNA
Oct-12	43227	Esophagoscopy, flexible, transoral; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2b	33	30	10	73	1.67	Bleeding
Jan-13	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	2b	41	30	20	91	1.94	Bleeding
Oct-13	45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2b	33	20	10	63	1.30	Bleeding

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Jan-13	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	45	15	93	2.13	Ablation
Jan-13	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	45	15	101	2.13	Ablation
Apr-13	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	2b	48	75	30	165	2.13	Ablation
Oct-13	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	20	10	63	2.13	Ablation
Jan-13	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14	Stent placement
Jan-13	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	40	20	101	2.14	Stent placement
Apr-13	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	2b	48	68	23	151	2.79	Stent placement
Oct-13	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14	Stent placement
Oct-13	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	35	15	83	2.14	Stent placement
Jan-13	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	33	30	16	79	2.19	Dilation > 30 mm
Jan-13	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	38	30	20	88	2.19	Dilation > 30 mm
Oct-13	44381	Ileoscopy, through stoma; with trans-endoscopic balloon dilation	2b	33	25	15	73	0.51	Dilation
Jan-13	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	2b	33	45	15	93	3.41	Dilation
Jan-13	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric / duodenal stricture(s) (eg, balloon, bougie)	2b	33	23	15	71	0.92	Dilation
Oct-13	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	2b	33	20	15	68	1.09	Dilation

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base	Procedure
Jan-13	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection (EMR)	2b	33	45	18	96	2.99	EMR
Jan-13	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	2b	38	45	20	103	2.99	EMR

Other Codes

Apr-13	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	2b	53	70	30	153	4.99
Jan-13	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube, or catheter	2b	33	30	15	78	0.33
Apr-13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	2b	41	30	15	86	2.06
Jan-13	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	2b	41	45	15	101	1.99
Apr-13	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	2b	48	60	30	150	0.65
Apr-13	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	2b	48	60	30	143	1.33
Apr-13	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	2b	48	60	28	148	0.78
Apr-13	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy	2b	48	78	28	166	2.08
Apr-13	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	2b		30		30	NA
Apr-13	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	2b	48	60	25	145	3.15
Apr-13	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	2b	48	70	25	155	1.16
Oct-13	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2b	33	25	15	73	1.40

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Oct-12	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	27	15	10	52	NA
Jan-13	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, with collection of specimen(s) by brushing or washing, when performed	1b	27	15	12	54	NA
Oct-13	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA
Oct-13	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1b	27	15	10	52	NA
Oct-13	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	1b	23	10	10	43	NA
Oct-12	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1b	27	15	10	52	0.30
Jan-13	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or	1b	27	15	12	54	0.30
Oct-13	44382	Ileoscopy, through stoma; with biopsy, single or multiple	1b	27	20	12	59	0.30
Oct-13	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1b	27	17	10	54	0.30
Oct-13	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1b	27	15	10	52	0.30
Jan-13	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	24	20	14	58	0.81
Oct-13	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1b	27	15	10	52	0.81
Oct-12	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31
Jan-13	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1b	27	20	15	62	0.31
Oct-13	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1b	27	15	10	52	0.31
Oct-12	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	10	67	0.80
Jan-13	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	1b	27	30	20	77	0.80
Oct-12	43220	Esophagoscopy, flexible, transoral; with balloon dilation (less than 30 mm diameter)	1b	27	20	10	57	0.51
Jan-13	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1b	27	20	15	62	0.51
Oct-12	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by dilation over guide wire	1b	27	25	10	62	0.75
Jan-13	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by dilation of passage of dilator(s) through esophagus over guide wire	1b	27	20	15	62	0.75

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Apr-13	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with collection of specimen(s) by brushing or washing when performed	2b	48	48	25	119	NA
Apr-13	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single	2b	48	55	23	124	0.30
Oct-12	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2b	33	22	10	65	0.81
Oct-13	44381	Ileoscopy, through stoma; with trans-endoscopic balloon dilation	2b	33	25	15	73	0.51
Oct-12	43215	Esophagoscopy, flexible, transoral; with removal of foreign body	2b	33	20	10	63	1.01
Jan-13	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	2b	23	30	15	68	1.01
Apr-13	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	2b	48	50	20	123	1.01
Oct-13	45332	Sigmoidoscopy, flexible; with removal of foreign body	2b	33	20	10	63	1.01
Oct-12	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2b	33	20	10	63	1.30
Jan-13	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal / gastric varices	2b	41	30	20	91	2.11
Oct-12	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	30	10	73	1.31
Apr-13	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	20	10	63	1.31
Oct-13	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2b	33	15	10	58	1.31
Oct-12	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2b	33	20	10	63	1.41
Jan-13	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal / gastric varices	2b	41	30	20	91	2.24
Apr-13	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	2b	41	30	20	91	1.60
Apr-13	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus	2b	38	35	20	93	1.59
Apr-13	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	46	45	20	111	2.48
Apr-13	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	48	40	23	111	3.15

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Apr-13	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	2b	46	45	20	111	2.24
Apr-13	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	2b	39	45	20	104	2.24
Apr-13	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	2b	51	50	23	124	3.13
Oct-12	43227	Esophagoscopy, flexible, transoral; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	2b	33	30	10	73	1.67
Jan-13	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	2b	41	30	20	91	1.94
Oct-13	45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2b	33	20	10	63	1.30
Jan-13	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	45	15	93	2.13
Jan-13	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	45	15	101	2.13
Apr-13	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	2b	48	75	30	165	2.13
Oct-13	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	20	10	63	2.13
Jan-13	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14
Jan-13	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	41	40	20	101	2.14
Apr-13	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	2b	48	68	23	151	2.79
Oct-13	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	30	15	78	2.14

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Oct-13	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2b	33	35	15	83	2.14
Jan-13	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	33	30	16	79	2.19
Jan-13	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	2b	38	30	20	88	2.19
Jan-13	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	2b	33	45	15	93	3.41
Jan-13	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric / duodenal stricture(s) (eg, balloon, bougie)	2b	33	23	15	71	0.92
Oct-13	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	2b	33	20	15	68	1.09
Jan-13	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection (EMR)	2b	33	45	18	96	2.99
Jan-13	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	2b	38	45	20	103	2.99
Apr-13	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	2b	53	70	30	153	4.99
Jan-13	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube, or catheter	2b	33	30	15	78	0.33
Apr-13	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	2b	41	30	15	86	2.06
Jan-13	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	2b	41	45	15	101	1.99
Apr-13	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	2b	48	60	30	150	0.65
Apr-13	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	2b	48	60	30	143	1.33
Apr-13	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	2b	48	60	28	148	0.78
Apr-13	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy	2b	48	78	28	166	2.08
Apr-13	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	2b		30		30	NA

RUC Mtg Date	Code	Description	Pre Svc Pkg	Pre	Intra	Post	Total	RUC Increment over base
Apr-13	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	2b	48	60	25	145	3.15
Apr-13	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	2b	48	70	25	155	1.16
Oct-13	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2b	33	25	15	73	1.40

Comparison To Other RUC-Reviewed Codes with 10 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2007	**45300**	Proctosigmoidoscopy, rigid; diagnostic, with	0.80	0.042	27	7	10	10
2011	**69220**	Debridement, mastoidectomy cavity, simple	0.83	0.065	18	6	10	2
survey	**45330**	Diagnostic sigmoidoscopy, flex	0.84	0.022	41	21	10	10
2010	**12001**	Simple repair of superficial wounds of scalp,	0.84	0.059	22	7	10	5
2011	**51705**	Change of cystostomy tube; simple	0.90	0.041	32	12	10	10

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2002	20553	Injection(s); single or multiple trigger point(s)	000	0.75	22	7	10	5	0.048	RUC	187,089
2007	43760	Change of gastrostomy tube, percutaneous,	000	0.90	32	17	10	5	0.044	RUC	61,675

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2007	**46614**	Anoscopy; with control of bleeding	1.00	0.034	37	12	15	10
2010	**11042**	Debridement, subcutaneous tissue	1.01	0.037	36	11	15	10
1995	**56605**	Biopsy of vulva or perineum (sepa	1.10	0.043	35	10	15	10
survey	**45331**	Sigmoidoscopy and biopsy	1.14	0.034	46	21	15	10
2010	**12002**	Simple repair of superficial wounds	1.14	0.059	27	7	15	5
2003	**36584**	Replacement, complete, of a perip	1.20	0.040	45	20	15	10
2005	**57500**	Biopsy of cervix, single or multiple	1.20	0.060	29	9	15	5

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2010	12011	Simple repair of superficial wounds	000	1.07	24	7	12	5	0.068	RUC	88,665
2010	12002	Simple repair of superficial wounds	000	1.14	27	7	15	5	0.059	RUC	142,525
2002	57452	Colposcopy of the cervix including	000	1.50	40	15	15	10	0.063	RUC	10,773

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2012	**32554**	Thoracentesis, needle or c	1.82	0.054	56	21	20	15
2003	**36569**	Insertion of peripherally ins	1.82	0.055	55	25	20	10
2008	**64416**	Injection, anesthetic agent	1.81	0.049	60	25	20	15
survey	**45332**	Sigmoidoscopy and foreig	1.85	0.048	63	33	20	10
2002	**57456**	Colposcopy of the cervix in	1.85	0.065	45	15	20	10
2007	45317	Proctosigmoidoscopy, rigid	2.00	0.064	55	25	20	10

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2010	55876	Placement of interstitial de	000	1.73	59	29	20	10	0.043	RUC	21,177
2008	51102	Aspiration of bladder; with	000	2.70	60	25	20	15	0.094	RUC	14,090

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2009	**64493**	Injection(s), diagnostic or t	1.52	0.066	42	17	15	10
2010	**62284**	Injection procedure for my	1.54	0.058	49	24	15	10
2008	**64448**	Injection, anesthetic agent	1.63	0.054	55	25	15	15
survey	**45333**	Sigmoidoscopy and hot bi	1.65	0.060	52	27	15	10
2009	**53855**	Insertion of a temporary pr	1.64	0.084	32	7	15	10
2009	**64490**	Injection(s), diagnostic or t	1.82	0.086	42	17	15	10

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2002	57452	Colposcopy of the cervix i	000	1.50	40	15	15	10	0.0630	RUC	10,566
2009	64483	Injection(s), anesthetic ag	000	1.90	49	24	15	10	0.0816	RUC	852,187

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2007	**45317**	Proctosigmoidoscopy, rigi	2.00	0.064	55	25	20	10
2010	**49084**	Peritoneal lavage, includin	2.00	0.061	58	23	20	15
2002	**56821**	Colposcopy of the vulva; w	2.05	0.075	45	15	20	10
survey	**45334**	Sigmoidoscopy and contro	2.10	0.060	63	33	20	10
1997	**59871**	Removal of cerclage sutur	2.13	0.058	63	28	20	15
2002	**57421**	Colposcopy of the entire v	2.20	0.082	45	15	20	10
2012	**32555**	Thoracentesis, needle or c	2.27	0.076	57	22	20	15

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2010	55876	Placement of interstitial de	000	1.73	59	29	20	10	0.043	RUC	21,177
2008	51102	Aspiration of bladder; with	000	2.70	60	25	20	15	0.094	RUC	14,090

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2010	**11042**	Debridement, subcutaneo	1.01	0.037	36	11	15	10
1995	**56605**	Biopsy of vulva or perineu	1.10	0.043	35	10	15	10
2010	**12002**	Simple repair of superficia	1.14	0.059	27	7	15	5
survey	**45335**	Sigmoidoscopy and subm	1.15	0.026	52	27	15	10
2003	**36584**	Replacement, complete, o	1.20	0.040	45	20	15	10
2005	**57500**	Biopsy of cervix, single or	1.20	0.060	29	9	15	5

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2010	12002	Simple repair of superficia	000	1.14	27	7	15	5	0.0590	RUC	142,525
2010	55876	Placement of interstitial de	000	1.73	59	29	20	10	0.043	RUC	21,177

Comparison To Other RUC-Reviewed Codes with 25 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
1995	**51725**	Simple cystometrogram (C	1.51	0.029	60	20	25	15
2010	**12015**	Simple repair of superficia	1.98	0.069	37	7	25	5
2010	**49083**	Abdominal paracentesis (c	2.00	0.052	60	25	25	10
survey	**45337**	Sigmoidoscopy and decon	2.20	0.043	78	33	25	15
2003	**64517**	Injection, anesthetic agent	2.20	0.049	75	30	25	20
2005	**52204**	Cystourethroscopy, with bi	2.59	0.080	54	17	25	12
2010	**52332**	Cystourethroscopy, with in	2.82	0.088	56	21	25	10

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2009	90945	Dialysis procedure other th	000	1.56	47	10	27	10	0.041	RUC	136,276
2009	31622	Bronchoscopy, rigid or flex	000	2.78	65	20	30	15	0.069	RUC	83,969

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2006	**54150**	Circumcision, using clamp or other device with regio	1.90	0.087	45	25	15	5
2005	**15040**	Harvest of skin for tissue cultured skin autograft, 10	2.00	0.076	60	35	15	10
2010	**69801**	Labyrinthotomy, with perfusion of vestibuloactive dru	2.06	0.100	43	18	15	10
survey	**45338**	Sigmoidoscopy and snare polypectomy	2.15	0.043	58	33	15	10
2005	**52000**	Cystourethroscopy (separate procedure)	2.23	0.113	42	17	15	10
2011	**92960**	Cardioversion, elective, electrical conversion of arrh	2.25	0.101	51	21	15	15
2005	**31579**	Laryngoscopy, flexible or rigid fiberoptic, with strobo	2.26	0.106	45	15	15	15

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2009	64483	Injection(s), anesthetic agent and/or steroid, transfo	000	1.90	49	24	15	10	0.082	RUC	852,187
2005	52000	Cystourethroscopy (separate procedure)	000	2.23	42	17	15	10	0.113	RUC	920,672

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2008	**51102**	Aspiration of bladder; with	2.70	0.094	60	25	20	15
2010	**52281**	Cystourethroscopy, with ca	2.75	0.112	46	16	20	10
2007	**49452**	Replacement of gastro-jeju	2.86	0.102	60	30	20	10
survey	**45346**	Sigmoidoscopy and ablatio	2.97	0.104	63	33	20	10
2012	**32551**	Tube thoracostomy, incluc	3.29	0.101	83	43	20	20
2011	**15273**	Application of skin substitu	3.50	0.093	100	60	20	20
2000	**16035**	Escharotomy; initial incisio	3.74	0.131	70	30	20	20

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2008	51102	Aspiration of bladder; with	000	2.70	60	25	20	15	0.094	RUC	14,090
2006	15002	Surgical preparation or cre	000	3.65	115	75	20	20	0.087	RUC	16,473

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2010	91010	Esophageal motility (manc	1.28	0.030	50	15	20	15
survey	**45340**	Sigmoidoscopy and balloo	1.35	0.017	68	33	20	15
2007	46615	Anoscopy; with ablation of	1.50	0.036	58	25	20	13
2009	32560	Instillation, via chest tube/c	1.54	0.031	65	25	20	20
2008	47525	Change of percutaneous b	1.54	0.041	55	25	20	10

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2010	12002	Simple repair of superficia	000	1.14	27	7	15	5	0.059	RUC	142,525
2010	55876	Placement of interstitial de	000	1.73	59	29	20	10	0.043	RUC	21,177

Comparison To Other RUC-Reviewed Codes with 35-40 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2009	**51729**	Complex cystometrogram	2.51	0.043	75	20	40	15
2012	**37214**	Transcatheter therapy, art	2.74	0.036	102	41	38	23
2010	**12007**	Simple repair of superficia	2.90	0.071	54	11	35	8
survey	**45347**	Sigmoidoscopy and stent	2.98	0.051	91	33	35	15
Apr10	**12017**	Simple repair of superficia	3.18	0.069	59	11	40	8
1998	**31643**	Bronchoscopy, rigid or flex	3.49	0.061	95	30	35	30
2003	**31628**	Bronchoscopy, rigid or flex	3.80	0.071	90	30	40	20

Key MPC Comparison Codes

YEAR	MPC	DESC	GLOB	RVW	TOTAL	PRE	INTRA	POST	IWPUT	TIME SOURCE	UTIL
2005	31622	Bronchoscopy, rigid or flex	000	2.78	65	20	30	15	0.069	RUC	78,830
2003	31628	Bronchoscopy, rigid or flex	000	3.80	90	30	40	20	0.071	RUC	38,792

6
Tab Number

Flexible Sigmoidoscopy
Issue

45330-45335, 45337-45340, 4543X6, 4534X7
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

_____
Signature

R. Bruce Cameron, MD
_____
Printed Signature

_American College of Gastroenterology_____
Specialty Society

September 9, 2013_
Date

Tab 5 Pouchoscopy (44385, 44386)
Tab 6 Flexible Sigmoidoscopy (45330-45342, 4534X6, 4534X7)
Tab 10 Arteriovenous Anastomosis (36818, 36819, 36820, 36821, 36825, 36830)

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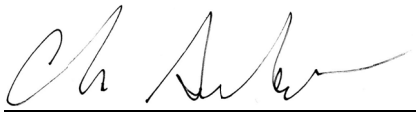

Signature

Christopher Senkowski, MD, FACS
Printed Signature

American College of Surgeons
Specialty Society

September 5, 2013
Date

6
Tab Number

Flexible Sigmoidoscopy
Issue

45330-45335, 45337-45340, 4543X6, 4534X7
Code Range

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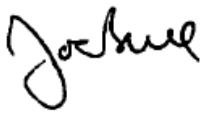

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Signature

Joel V Brill, MD

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American Gastroenterological Association
Specialty Society

September 9, 2013
Date

6
Tab Number

Flexible Sigmoidoscopy
Issue

45330-45335, 45337-45340, 4543X6, 4534X7
Code Range

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_____
Signature

Shivan Mehta, MD
_____
Printed Signature

AGA_____
Specialty Society

September 9, 2013
Date

Tab 5 Pouchoscopy (44385, 44386)
Tab 6 Flexible Sigmoidoscopy (45330-45342, 4534X6, 4534X7)

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Signature

Guy Orangio, MD, FACS
Printed Signature

American Society of Colon and Rectal Surgeons
Specialty Society

September 5, 2013
Date

6
Tab Number

Flexible Sigmoidoscopy
Issue

45330-45335, 45337-45340, 4543X6, 4534X7
Code Range

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_____
Signature

Edward Bentley, MD

_____
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

September 9, 2013
Date

6
Tab Number

Flexible Sigmoidoscopy
Issue

45330-45335, 45337-45340, 4543X6, 4534X7
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

_____
Signature

Nicholas Nickl, MD

_____
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

September 9, 2013
Date

Tab 5 Pouchoscopy (44385, 44386)
Tab 6 Flexible Sigmoidoscopy (45330-45342, 4534X6, 4534X7)

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Don Selzer, MD, FACS
Printed Signature

Society of American Gastrointestinal and Endoscopic Surgeons
Specialty Society

September 5, 2013
Date

8, 9, 10
Tab Number

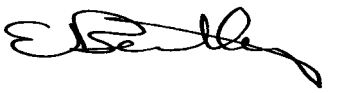
Colonoscopy through stoma / Flexible Sigmoidoscopy / Colonoscopy
Issue

44388 – 4438X8 / 45341 – 45342 / 45378-45392
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Edward Bentley, MD
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

1/3/2014
Date

8, 9, 10
Tab Number

Colonoscopy through stoma / Flexible Sigmoidoscopy / Colonoscopy
Issue

44388 – 4438X8 / 45341 – 45342 / 45378-45392
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

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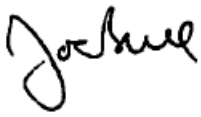

Signature

Joel V. Brill, MD
Printed Signature

American Gastroenterological Association
Specialty Society

1/3/2014
Date

8, 9, 10
Tab Number

Colonoscopy through stoma / Flexible Sigmoidoscopy / Colonoscopy
Issue

44388 – 4438X8 / 45341 – 45342 / 45378-45392
Code Range

Attestation Statement

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Signature

R. Bruce Cameron, MD
Printed Signature

American College of Gastroenterology
Specialty Society

1/3/2014
Date

8, 9, 10
Tab Number

Colonoscopy through stoma / Flexible Sigmoidoscopy / Colonoscopy
Issue

44388 – 4438X8 / 45341 – 45342 / 45378-45392
Code Range

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Signature

Shivan Mehta, MD
Printed Signature

American Gastroenterological Association
Specialty Society

1/3/2014
Date

8, 9, 10
Tab Number

Colonoscopy through stoma / Flexible Sigmoidoscopy / Colonoscopy
Issue

44388 – 4438X8 / 45341 – 45342 / 45378-45392
Code Range

Attestation Statement

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Signature

Nicholas Nickl, MD
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

1/3/2014
Date

13
Tab Number

Flexible Sigmoidoscopy
Issue

4534X3-4534X4
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

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Signature

R. Bruce Cameron, MD
Printed Signature

American College of Gastroenterology
Specialty Society

3/31/14
Date

13
Tab Number

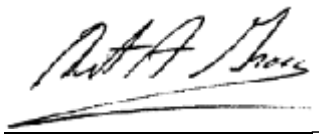
Flexible Sigmoidoscopy
Issue

4534X3-4534X4
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Seth Gross, MD
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

3/31/14
Date

13
Tab Number

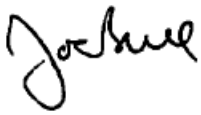
Flexible Sigmoidoscopy
Issue

4534X3-4534X4
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Joel V. Brill, MD
Printed Signature

American Gastroenterological Association
Specialty Society

3/31/14
Date

CPT Code: Tab 6 (Flexible Sigmoidoscopy)
Specialty Society('s) ACG, AGA, ASGE, SAGES, ASCRS, ACS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Sigmoidoscopy, flexible; with removal of foreign body
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

Global Period: 000 Meeting Date: October 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Current Time data					Survey Code Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45330	PEAC 2001	18	0	3	45330	19	0	3
45331	PEAC 2002	19	0	3	45331	19	0	3
45332	PEAC 2002	19	0	3	45332	19	0	3
45333	PEAC 2002	19	0	3	45333	19	0	3
45334	PEAC 2002	19	0	3	45334	19	0	3
45335	PEAC 2002	19	0	3	45335	19	0	3
45337	PEAC 2002	19	0	3	45337	19	0	3
45338	PEAC 2002	19	0	3	45338	19	0	3
45340	RUC 2002	19	0	3	45340	19	0	3
NEW	Code	N/A	N/A	N/A	45346	19	0	3
45345	RUC 2002	19	0	3	45347	19	0	3

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The practice expense inputs being presented for these codes correspond directly to the practice expense inputs that were approved for the similar esophagoscopy and EGD codes that the RUC approved in October 2012 and January 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
For all codes shown above:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
For all codes except 45337 and 45347

- Three minutes for a follow-up phone call to patient

CPT Code: Tab 6 (Flexible Sigmoidoscopy)
Specialty Society('s) ACG, AGA, ASGE, SAGES, ASCRS, ACS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Sigmoidoscopy, flexible; with removal of foreign body
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

Global Period: 000____ Meeting Date: __October, 2013_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, ASGE, SAGES, ASCRS and ACS convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

45334 was previously not priced in the office setting, reference code 43255 was chosen to match as the similar service for EGD. This crosswalk reference code was recently reviewed and approved by the PE Subcommittee in January 2013.

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45330	PEAC 2001	10	61	0	43235	RUC 2013	9	73	3	45330	9	68	3
45331	PEAC 2002	9	62	3	43239	RUC 2013	9	73	3	45331	9	73	3
45332	PEAC 2002	9	67	3	43247	RUC 2013	9	88	3	45332	9	78	3
45333	PEAC 2002	9	66	3	43216	RUC 2012	9	80	3	45333	9	73	3
45334	PEAC 2002	0	0	0	43255	RUC 2013	9	88	3	45334	9	78	3
45335	PEAC 2002	9	41	3	43236	RUC 2013	9	78	3	45335	9	73	3
45338	PEAC 2002	9	66	3	43251	RUC 2013	9	78	3	45338	9	73	3
45340	RUC 2002	9	78	3	43245	RUC 2013	9	81	3	45340	9	78	3
NEW	Code	N/A	N/A	N/A	43270	RUC 2013	9	103	3	45346	9	78	3

* Note: RN time will be equal to 2 minutes (standard for sedate apply MS) PLUS 100% physician time for scope-in-scope out PLUS 15 minutes to monitor the patient after scope out during anesthesia reversal for codes 45332-45340 and 45346 only. Codes 45330 and 45331 do not include moderate sedation as inherent and therefore would not include RN time.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We present the following arguments for compelling evidence:

- Changes in technology
- Changes in site of service
- Errors/omissions in previous valuation

When the Practice Expense Subcommittee reviewed the esophagoscopy codes 43200-43232 (Tab 10) in October 2012 and 43235-43257 (Tab 8) in January 2013 they accepted that there was compelling evidence to review, change and update the practice expense staff, supplies and equipment inputs for all of the codes in the family since they were last evaluated for practice expense, based on changes in technology, site of service migration for several services not previously valued in the non-facility setting, changes in patient safety requirements, and the absence of scope cleaning supplies in non-facility setting.

The practice expense inputs being presented correspond directly to the practice expense inputs that were approved for the similar EGD codes that the RUC approved in January 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Three minutes to complete pre-service diagnostic and referral forms.
Three minutes to coordinate pre-surgery services with other qualified healthcare providers

Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities (45330-45332):
Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Three minutes: 1-3 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non-facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Thirty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Intra-Service Clinical Labor Activities (45333-45346):
Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Five minutes: 4-6 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non-facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Thirty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities:
Three minutes for a follow-up phone call to patient

CPT Code: 45349-45350
Specialty Society('s) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	Sigmoidoscopy, flexible; with banding (eg, hemorrhoids)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Current Time data					Survey Code Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45349	NEW	NA	NA	NA	45349	19	0	3
45350	NEW	NA	NA	NA	45350	19	0	3

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Not applicable

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

For all codes shown above:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
Not applicable

Post-Service Clinical Labor Activities:
For all codes shown above:
- Three minutes for a follow-up phone call to patient

CPT Code: 45350
Specialty Society('s) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Sigmoidoscopy, flexible; with banding (eg, hemorrhoids)

Global Period: 000 Meeting Date: April 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The Specialty Society PE Committee selected analogous reference code from the colonoscopy that was recently approved by the RUC at the January 2014 meeting.

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45350	NEW	NA	NA	NA	**45398**	RUC 2014	**9**	**78**	**3**	**45379**	**9**	**78**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Not applicable

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Three minutes to complete pre-service diagnostic and referral forms.
Three minutes to coordinate pre-surgery services with other qualified healthcare providers
Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available

Five minutes: 4-6 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non-facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Twenty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities:
Three minutes for a follow-up phone call to patient

CPT Code:45341, 45342
Specialty Society('s)ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)

Global Period: 000 Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Current Time data					Survey Code Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
45341	PEAC 2002	19	0	3	45341	19	0	3
45342	PEAC 2002	19	0	3	45342	19	0	3

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Not applicable

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
For all codes shown above:
- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
Not applicable

Post-Service Clinical Labor Activities:
For all codes shown above:
- Three minutes for a follow-up phone call to patient

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1			AMA Specialty Society Recommendation	**PEAC 2001**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43235, RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43239 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45330**		**43235**		**45330**		**45331**		**43239**		**45331**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing		EGD, diagnostic, with collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing		Sigmoidoscopy, flexible; with biopsy, single or multiple		EGD, with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**71.0**	**21.0**	**85.0**	**22.0**	**80.0**	**22.0**	**74.0**	**22.0**	**85.0**	**22.0**	**85.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**10.0**	**18.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**32.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**61.0**	**0.0**	**73.0**	**0.0**	**68.0**	**0.0**	**62.0**	**0.0**	**73.0**	**0.0**	**73.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**														
13	**Start: Following visit when decision for surgery or procedure made**														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**2**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**1**	**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*														
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**5**		**3**		**3**		**5**		**3**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**3**		**3**		**5**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			**5**		**5**				**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA	**3**						**3**					
31	Sedate/apply anesthesia	L051A	RN			**2**						2			
32	**Intra-service**														
33	Moderate sedation	L051A	RN			**15**						**15**			
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	**12**		**15**		**10**		**18**		**15**		**15**	
35	**Post-Service**														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN			**15**						**15**			
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA	**2**				**2**		**2**				**2**	
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**25**		**3**		**3**		**17**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA			**30**		**30**				**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	**2**						**2**					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			**3**		**3**		**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**						**n/a**					
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**						**n/a**					
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**						**n/a**					
47	**End: Patient leaves office**														

	A	B	C	AMA Specialty Society Recommendation D	E	F	G	H	I	J	K	L	M	N	O
1				**PEAC 2001**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43235, RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43239 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45330**		**43235**		**45330**		**45331**		**43239**		**45331**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing		EGD, diagnostic, with collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing		Sigmoidoscopy, flexible; with biopsy, single or multiple		EGD, with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**														
49	**Start: Patient leaves office/facility**														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**														
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
61	***SCRUB, DRESS, DRAPE***														
62	pack, minimum multi-specialty visit	SA048	pack			**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item	**1**											
64	gown, staff, impervious	SB027	item	**2**		**2**		**2**		**3**		**2**		**2**	
65	cap, surgical	SB001	item			**3**		**2**		**3**		**3**		**2**	
66	cover, thermometer probe	SB004	item	**1**											
67	mask, surgical	SB033	item	**2**											
68	mask, surgical, with face shield	SB034	item			**3**		**2**		**3**		**3**		**2**	
69	paper, exam table	SB036	foot	**7**											
70	pillow case	SB037	item	**1**											
71	shoe covers, surgical	SB039	pair			**3**		**2**		**3**		**3**		**2**	
72	scrub brush (impregnated)	SM023	item			**3**		**1**				**3**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item	**2**		**1**		**1**				**1**		**1**	
74	basin, emesis	SJ010	item	**1**		**1**				**1**		**1**			
75	denture cup	SJ016	item			**1**						**1**			
76	***MODERATE SEDATION***														
77	pack, moderate sedation	SA044	pack			**1**						**1**			
78	electrode, ECG (single)	SD053	item												
79	nasal cannula	SD100	item												
80	bite block	SD006	item			**1**						**1**			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				AMA Specialty Society Recommendation		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43235, RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43239 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			PEAC 2001											
				45330		43235		45330		45331		43239		45331	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing		EGD, diagnostic, with collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing		Sigmoidoscopy, flexible; with biopsy, single or multiple		EGD, with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
81	*PROCEDURE INSTRUMENTS / SUPPLIES*														
82	endoscope anti-fog solution	SM014	ml			1		1				1		1	
83	endoscopic cytology brush	SD067	item	1		1		1		1		1		1	
84	endoscopic biopsy forceps	SD066	item									1		1	
85	endoscopic polypectomy snare	SD068	item												
86	endoscopic hood (previous proxy, endosheath)	NEW	item												
87	endoscopic clip	NEW	item												
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item												
91	needle, micropigmentation (tattoo)	SC079	item												
92	skin marking ink (tattoo)	SK073	ml												
93	needle, variceal injection	SC044	item												
94	syringe 5-6ml	SC057	item												
95	cautery, patient ground pad with cord	SF021	item												
96	cautery, bipolar cord	SF012	item												
97	cautery, bipolar, probe, endoscopy	NEW	item												
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit												
99	canister, suction	SD009	item			2		1		1		2		1	
100	tubing, suction, non-latex (6ft uou)	SD132	item			1		1				1		1	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	1		1				1		1			
102	syringe 50-60ml	SC056	item	1		1		1		1		1		1	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1						1			
104	water, distilled	SK087	oz					5						5	
105	gauze, non-sterile 4in x 4in	SG051	item			1		1				1		1	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	1		1		1		1		1		1	
107	paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item	3						3					
109	alcohol isopropyl 70%	SJ001	ml	30											
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4		4		4	
111	gauze, non-sterile 2in x 2in	SG050	item							8					
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1											
113	iv tubing (extension)	SC019	item												
114	kit, needle - free injection system	SA021	item												
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml					5						5	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				**PEAC 2001**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43235, RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43239 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45330**		**43235**		**45330**		**45331**		**43239**		**45331**	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing		EGD, diagnostic, with collection of specimen(s) by brushing or washing, when		Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing		Sigmoidoscopy, flexible; with biopsy, single or multiple		EGD, with biopsy, single or multiple		Sigmoidoscopy, flexible; with biopsy, single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
116	***SCOPE CLEANING***														
117	pack, cleaning and disinfecting, endoscope	SA042	pack			**1**		**1**				**1**		**1**	
118	pack, cleaning, surgical instruments	SA043	pack												
119	gloves, non-sterile	SB022	pair	**5**											
120	basin, irrigation	SJ009	item												
121	cleaning brush, endoscope	SM010	item	**1**						**1**					
122	enzymatic detergent	SM015	oz	**1**						**1**					
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**6.4**						**6.4**					
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	**1**						**1**					
125	water, distilled	SK087	oz	**6**						**6**					
126	**EQUIPMENT**	**CODE**													
127	videoscope, gastroscopy	ES034				**59**						**59**			
128	videoscope, sigmoidoscopy	**NEW**						**42**						**42**	
129	fiberscope, flexible, sigmoidoscopy	ES021		**61**						**62**					
130	stretcher	EF018				**73**		**68**				**73**		**73**	
131	stretcher, endoscopy	EF020													
132	table, exam	EF023		**61**											
133	table, power	EF031				**29**		**12**		**62**		**29**		**12**	
134	video system, endoscopy (processor, digital capture, mor	ES031				**29**		**12**				**29**		**12**	
135	light source, xenon	EQ167		**61**											
136	light, surgical	EF014								**62**					
137	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011				**52**		**18**				**52**		**33**	
138	IV infusion pump	EQ032				**52**						**52**			
139	suction machine (Gomco)	EQ235				**29**		**12**		**62**		**29**		**12**	
140	table, instrument, mobile	EF027				**29**		**12**				**29**		**12**	
141	cart, endoscopy imaging equipment	ES003		**61**						**62**					
142	radiofrequency generator, endoscopy	**NEW**													
143	electrosurgical generator, gastrocautery	EQ113													
144	endoscope disinfector, rigid or fiberoptic, w-cart	ES005				**30**		**30**		**32**		**30**		**30**	

	A	B	C	AMA Specialty Society Recommendation											
1				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43247 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43250 RUC 10/12)	
2	*Please note: If a supply has a purchase price of			45332		43247		45332		45333		43250		45333	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with removal of foreign body		EGD, with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	43.0	0.0	47.0	0.0	37.0	0.0	44.0	0.0	37.0	0.0	32.0	0.0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	79.0	22.0	100.0	22.0	90.0	22.0	78.0	22.0	90.0	22.0	85.0	22.0
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	43.0	0.0	47.0	0.0	37.0	0.0	44.0	0.0	37.0	0.0	32.0	0.0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	67.0	0.0	88.0	0.0	78.0	0.0	66.0	0.0	78.0	0.0	73.0	0.0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
12	PRE-SERVICE														
13	Start: Following visit when decision for surgery or procedure made														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5	3	5	3	5	3	5	3	5	3	5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3		3		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5		5		5		5		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3	3	3
19	*Other Clinical Activity - *specify:*														
20	End: When patient enters office/facility for surgery/procedure														
21	SERVICE PERIOD														
22	Start: When patient enters office/facility for surgery/procedure:														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3		3		3	
24	Obtain vital signs	L037D	RN/LPN/MTA	3		5		5		3		5		5	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		3		3		3		3		3	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2		2		2		2	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			5		5				5		5	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2		2		2	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA	3						3					
31	Sedate/apply anesthesia	L051A	RN	2		2		2		2		2		2	
32	Intra-service														
33	Moderate sedation	L051A	RN	26		30		20		27		20		15	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	17		30		20		18		20		15	
35	Post-Service														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	15		15		15		15		15		15	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA												
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	25		3		3		25		3		3	
39	Clean Scope	L037D	RN/LPN/MTA			30		30				30		30	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	2		2		2		2		2		2	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	2						2					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3		3		3		3	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a						n/a		n/a		n/a	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a						n/a		n/a		n/a	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a						n/a		n/a		n/a	
47	End: Patient leaves office														

	A	B	C	AMA Specialty Society Recommendation											
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43247 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250 RUC 10/12)**	
2	***Please note: If a supply has a purchase price of**			**45332**		**43247**		**45332**		**45333**		**43250**		**45333**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with removal of foreign body		EGD, with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**														
49	**Start: Patient leaves office/facility**														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**														
60	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
61	***SCRUB, DRESS, DRAPE***														
62	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**	
63	gown, patient	SB026	item												
64	gown, staff, impervious	SB027	item	**3**		**2**		**2**		**3**		**2**		**2**	
65	cap, surgical	SB001	item	**3**		**3**		**3**		**3**		**3**		**3**	
66	cover, thermometer probe	SB004	item												
67	mask, surgical	SB033	item												
68	mask, surgical, with face shield	SB034	item	**3**		**3**		**3**		**3**		**3**		**3**	
69	paper, exam table	SB036	foot												
70	pillow case	SB037	item												
71	shoe covers, surgical	SB039	pair	**3**		**3**		**3**		**3**		**3**		**3**	
72	scrub brush (impregnated)	SM023	item			**3**		**1**				**3**		**1**	
73	drape, non-sterile, sheet 40in x 60in	SB006	item			**1**		**1**				**1**		**1**	
74	basin, emesis	SJ010	item	**1**		**1**				**1**		**1**			
75	denture cup	SJ016	item			**1**						**1**			
76	***MODERATE SEDATION***														
77	pack, moderate sedation	SA044	pack	**1**		**1**		**1**		**1**		**1**		**1**	
78	electrode, ECG (single)	SD053	item												
79	nasal cannula	SD100	item	**1**						**1**					
80	bite block	SD006	item			**1**						**1**			

	A	B	C	AMA Specialty Society Recommendation				T	U	V	W	X	Y	Z	AA
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43247 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250 RUC 10/12)**	
2	***Please note: If a supply has a purchase price of**			**45332**		**43247**		**45332**		**45333**		**43250**		**45333**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with removal of foreign body		EGD, with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
81	***PROCEDURE INSTRUMENTS / SUPPLIES***														
82	endoscope anti-fog solution	SM014	ml			1		1				1		1	
83	endoscopic cytology brush	SD067	item	1		1		1		1		1		1	
84	endoscopic biopsy forceps	SD066	item									1		1	
85	endoscopic polypectomy snare	SD068	item	1		1		1		1					
86	endoscopic hood (previous proxy, endosheath)	**NEW**	item			1									
87	endoscopic clip	**NEW**	item												
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item							1					
91	needle, micropigmentation (tattoo)	SC079	item												
92	skin marking ink (tattoo)	SK073	ml												
93	needle, variceal injection	SC044	item												
94	syringe 5-6ml	SC057	item												
95	cautery, patient ground pad with cord	SF021	item									1		1	
96	cautery, bipolar cord	SF012	item									1		1	
97	cautery, bipolar, probe, endoscopy	**NEW**	item												
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	**NEW**	kit												
99	canister, suction	SD009	item	1		2		1		1		2		1	
100	tubing, suction, non-latex (6ft uou)	SD132	item			1		1				1		1	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	1		1				1		1			
102	syringe 50-60ml	SC056	item	1		1		1		1		1		1	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1						1			
104	water, distilled	SK087	oz					5						5	
105	gauze, non-sterile 4in x 4in	SG051	item			1		1				1		1	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item	1		1		1		1		1		1	
107	paper, photo printing (8.5 x 11)	SK058	item			1		1				1		1	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item	3						3					
109	alcohol isopropyl 70%	SJ001	ml												
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item	4		4		4		4		4		4	
111	gauze, non-sterile 2in x 2in	SG050	item	8						8					
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item												
113	iv tubing (extension)	SC019	item	1						1					
114	kit, needle - free injection system	SA021	item												
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml												

	A	B	C	AMA Specialty Society Recommendation													
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43247 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43250 RUC 10/12)**	
2	***Please note: If a supply has a purchase price of**			**45332**		**43247**		**45332**		**45333**		**43250**		**45333**	
3	**Meeting Date: October 2013** **Tab: 6 - Flexible Sigmoidoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with removal of foreign body		EGD, with removal of foreign body		Sigmoidoscopy, flexible; with removal of foreign body		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or		EGD, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
116	***SCOPE CLEANING***														
117	pack, cleaning and disinfecting, endoscope	SA042	pack			**1**		**1**				**1**		**1**	
118	pack, cleaning, surgical instruments	SA043	pack												
119	gloves, non-sterile	SB022	pair	**3**						**3**					
120	basin, irrigation	SJ009	item												
121	cleaning brush, endoscope	SM010	item	**1**						**1**					
122	enzymatic detergent	SM015	oz	**1**						**1**					
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**6.4**						**6.4**					
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item	**1**						**1**					
125	water, distilled	SK087	oz	**6**						**6**					
126	**EQUIPMENT**	**CODE**													
127	videoscope, gastroscopy	ES034				**74**						**64**			
128	videoscope, sigmoidoscopy	**NEW**						**64**						**59**	
129	fiberscope, flexible, sigmoidoscopy	ES021		**35**						**36**					
130	stretcher	EF018				**88**		**78**				**78**		**73**	
131	stretcher, endoscopy	EF020		**60**						**60**					
132	table, exam	EF023													
133	table, power	EF031		**35**		**44**		**34**		**36**		**34**		**29**	
134	video system, endoscopy (processor, digital capture, mor	ES031				**44**		**34**				**34**		**29**	
135	light source, xenon	EQ167													
136	light, surgical	EF014		**35**						**36**					
137	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**88**		**67**		**57**		**89**		**57**		**52**	
138	IV infusion pump	EQ032		**88**		**67**		**57**		**89**		**57**		**52**	
139	suction machine (Gomco)	EQ235		**35**		**44**		**34**		**36**		**34**		**29**	
140	table, instrument, mobile	EF027		**88**		**44**		**34**		**89**		**34**		**29**	
141	cart, endoscopy imaging equipment	ES003		**35**						**36**					
142	radiofrequency generator, endoscopy	**NEW**													
143	electrosurgical generator, gastrocautery	EQ113		**35**						**36**		**34**		**29**	
144	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**40**		**30**		**30**		**40**		**30**		**30**	

	A	B	C	AMA Specialty Society Recommendation AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43255 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43256 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			45334		43255		45334		45335		43236		45335	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with control of bleeding, any method		EGD, with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		EGD, with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	0.0	0.0	47.0	0.0	37.0	0.0	40.0	0.0	37.0	0.0	32.0	0.0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	22.0	100.0	22.0	90.0	22.0	53.0	22.0	90.0	22.0	85.0	22.0
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0	9.0	19.0
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	0.0	0.0	47.0	0.0	37.0	0.0	40.0	0.0	37.0	0.0	32.0	0.0
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	0.0	88.0	0.0	78.0	0.0	41.0	0.0	78.0	0.0	73.0	0.0
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
12	PRE-SERVICE														
13	Start: Following visit when decision for surgery or procedure made														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		3	3	3	3	3	3	3	3	3	3	3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		5	3	5	3	5	3	5	3	5	3	5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3		3		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5		5		5		5		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3	3	3	3	3	3	3	3	3	3	3
19	*Other Clinical Activity - *specify:*														
20	End: When patient enters office/facility for surgery/procedure														
21	SERVICE PERIOD														
22	Start: When patient enters office/facility for surgery/procedure:														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			3		3		3		3		3	
24	Obtain vital signs	L037D	RN/LPN/MTA			5		5		3		5		5	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			3		3		3		3		3	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			2		2		2		2		2	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			5		5				5		5	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA			2		2		2		2		2	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA							3					
31	Sedate/apply anesthesia	L051A	RN			2		2		2		2		2	
32	Intra-service														
33	Moderate sedation	L051A	RN			30		20		23		20		15	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			30		20		10		20		15	
35	Post-Service														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN			15		15		15		15		15	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA												
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			3		3		8		3		3	
39	Clean Scope	L037D	RN/LPN/MTA			30		30				30		30	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA			2		2		2		2		2	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA							2					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA			3		3		3		3		3	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a						n/a					
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a						n/a					
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a						n/a					
47	End: Patient leaves office														

	A	B	C	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1	AMA Specialty Society Recommendation			PEAC 2002			Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43255 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43256 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			45334			43255		45334		45335		43236		45335	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with control of bleeding, any method			EGD, with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		EGD, with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
4	LOCATION			Non Fac	Facility		Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000		000	000	000	000	000	000	000	000	000	000
48	POST-SERVICE Period															
49	Start: Patient leaves office/facility															
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		3		3	3	3	3	3	3	3	3	3	3
59	End: with last office visit before end of global period															
60	MEDICAL SUPPLIES**	CODE	UNIT													
61	*SCRUB, DRESS, DRAPE*															
62	pack, minimum multi-specialty visit	SA048	pack				1		1		1		1		1	
63	gown, patient	SB026	item													
64	gown, staff, impervious	SB027	item				2		2				2		2	
65	cap, surgical	SB001	item				3		3		3		3		3	
66	cover, thermometer probe	SB004	item													
67	mask, surgical	SB033	item													
68	mask, surgical, with face shield	SB034	item				3		3		3		3		3	
69	paper, exam table	SB036	foot													
70	pillow case	SB037	item													
71	shoe covers, surgical	SB039	pair				3		3		3		3		3	
72	scrub brush (impregnated)	SM023	item				3		1		3		3		1	
73	drape, non-sterile, sheet 40in x 60in	SB006	item				1		1				1		1	
74	basin, emesis	SJ010	item				1				1		1			
75	denture cup	SJ016	item				1						1			
76	*MODERATE SEDATION*															
77	pack, moderate sedation	SA044	pack				1		1		1		1		1	
78	electrode, ECG (single)	SD053	item								1					
79	nasal cannula	SD100	item								1					
80	bite block	SD006	item				1				1		1			

	A	B	C	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				AMA Specialty Society Recommendation												
				PEAC 2002			Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43255 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43256 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			45334			43255		45334		45335		43236		45335	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with control of bleeding, any method			EGD, with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		EGD, with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
4	LOCATION			Non Fac	Facility		Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000		000	000	000	000	000	000	000	000	000	000
81	***PROCEDURE INSTRUMENTS / SUPPLIES***															
82	endoscope anti-fog solution	SM014	ml				1		1				1		1	
83	endoscopic cytology brush	SD067	item				1		1							
84	endoscopic biopsy forceps	SD066	item													
85	endoscopic polypectomy snare	SD068	item													
86	endoscopic hood (previous proxy, endosheath)	NEW	item													
87	endoscopic clip	NEW	item				1		1							
88	guidewire, STIFF	SD090	item													
89	endoscopic balloon, dilation	SD019	item													
90	cautery, monopolar, blade, extended shaft	SF015	item													
91	needle, micropigmentation (tattoo)	SC079	item										1		1	
92	skin marking ink (tattoo)	SK073	ml										2		2	
93	needle, variceal injection	SC044	item								1		1		1	
94	syringe 5-6ml	SC057	item								3		3		3	
95	cautery, patient ground pad with cord	SF021	item				1		1							
96	cautery, bipolar cord	SF012	item				1		1							
97	cautery, bipolar, probe, endoscopy	NEW	item				1		1							
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit													
99	canister, suction	SD009	item				2		1		1		2		1	
100	tubing, suction, non-latex (6ft uou)	SD132	item				1		1				1		1	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item				1						1			
102	syringe 50-60ml	SC056	item				1		1				1		1	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item				1						1			
104	water, distilled	SK087	oz						5						5	
105	gauze, non-sterile 4in x 4in	SG051	item				1		1				1		1	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item				1		1				1			
107	paper, photo printing (8.5 x 11)	SK058	item				1		1				1		1	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item													
109	alcohol isopropyl 70%	SJ001	ml													
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item				4		4		2		4		4	
111	gauze, non-sterile 2in x 2in	SG050	item													
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item													
113	iv tubing (extension)	SC019	item													
114	kit, needle - free injection system	SA021	item								1					
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml													

	A	B	C	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1				AMA Specialty Society Recommendation												
				PEAC 2002			Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43255 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43256 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			45334			43255		45334		45335		43236		45335	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with control of bleeding, any method			EGD, with control of bleeding, any method		Sigmoidoscopy, flexible; with control of bleeding, any method		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance		EGD, with directed submucosal injection(s), any substance		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
4	LOCATION			Non Fac	Facility		Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000		000	000	000	000	000	000	000	000	000	000
116	*SCOPE CLEANING*															
117	pack, cleaning and disinfecting, endoscope	SA042	pack				1		1				1		1	
118	pack, cleaning, surgical instruments	SA043	pack													
119	gloves, non-sterile	SB022	pair								1					
120	basin, irrigation	SJ009	item								1					
121	cleaning brush, endoscope	SM010	item								1					
122	enzymatic detergent	SM015	oz													
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz													
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item													
125	water, distilled	SK087	oz													
126	EQUIPMENT	CODE														
127	videoscope, gastroscopy	ES034					74				28		64			
128	videoscope, sigmoidoscopy	NEW							64						59	
129	fiberscope, flexible, sigmoidoscopy	ES021									28					
130	stretcher	EF018					88		78				78		73	
131	stretcher, endoscopy	EF020									60					
132	table, exam	EF023														
133	table, power	EF031					44		34		28		34		29	
134	video system, endoscopy (processor, digital capture, mor	ES031					44		34		28		34		29	
135	light source, xenon	EQ167														
136	light, surgical	EF014									28					
137	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011					67		57		85		57		52	
138	IV infusion pump	EQ032					67		57		85		57		52	
139	suction machine (Gomco)	EQ235					44		34				34		29	
140	table, instrument, mobile	EF027					44		34		85		34		29	
141	cart, endoscopy imaging equipment	ES003									28					
142	radiofrequency generator, endoscopy	NEW														
143	electrosurgical generator, gastrocautery	EQ113					44		34							
144	endoscope disinfector, rigid or fiberoptic, w-cart	ES005					30		30				30		30	

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43244 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45337**		**43244**		**45337**		**45338**		**43251**		**45338**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with decompression of volvulus, any method		EGD, with band ligation of esophageal / gastric varices		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare		EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**36.0**	**0.0**	**37.0**	**0.0**	**32.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**6.0**	**78.0**	**22.0**	**90.0**	**22.0**	**85.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**6.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**36.0**	**0.0**	**37.0**	**0.0**	**32.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**66.0**	**0.0**	**78.0**	**0.0**	**73.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**														
13	**Start: Following visit when decision for surgery or procedure made**														
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**		**0**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**3**	**3**	**5**	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**0**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**0**	**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*														
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA							**3**		**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA							**5**		**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA							**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA							**2**		**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA									**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA							**2**		**2**		**2**	
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA												
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA							**6**					
31	Sedate/apply anesthesia	L051A	RN							**2**		2		2	
32	**Intra-service**														
33	Moderate sedation	L051A	RN							**19**		**20**		**15**	
34	Assist physician in performing procedure	L037D	RN/LPN/MTA							**10**		**20**		**15**	
35	**Post-Service**														
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN							**15**		**15**		**15**	
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA							**15**					
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA							**13**		**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA									**30**		**30**	
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA												
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA							**2**		**2**		**2**	
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA							**2**					
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA							**3**		**3**		**3**	
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**														

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
1				PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43244 RUC 01/13)		PEAC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43251 RUC 01/13)	
2	*Please note: If a supply has a purchase price of			45337		43244		45337		45338		43251		45338	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with decompression of volvulus, any method		EGD, with band ligation of esophageal / gastric varices		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare		EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000
48	POST-SERVICE Period														
49	Start: Patient leaves office/facility														
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		3		3			3	3	3	3	3	3
59	End: with last office visit before end of global period														
60	MEDICAL SUPPLIES**	CODE	UNIT												
61	*SCRUB, DRESS, DRAPE*														
62	pack, minimum multi-specialty visit	SA048	pack							1		1		1	
63	gown, patient	SB026	item												
64	gown, staff, impervious	SB027	item							3		2		2	
65	cap, surgical	SB001	item							3		3		3	
66	cover, thermometer probe	SB004	item												
67	mask, surgical	SB033	item												
68	mask, surgical, with face shield	SB034	item							3		3		3	
69	paper, exam table	SB036	foot												
70	pillow case	SB037	item												
71	shoe covers, surgical	SB039	pair							3		3		3	
72	scrub brush (impregnated)	SM023	item									3		1	
73	drape, non-sterile, sheet 40in x 60in	SB006	item									1		1	
74	basin, emesis	SJ010	item							1		1			
75	denture cup	SJ016	item									1			
76	*MODERATE SEDATION*														
77	pack, moderate sedation	SA044	pack							1		1		1	
78	electrode, ECG (single)	SD053	item												
79	nasal cannula	SD100	item							1					
80	bite block	SD006	item									1			

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43244 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45337**		**43244**		**45337**		**45338**		**43251**		**45338**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with decompression of volvulus, any method		EGD, with band ligation of esophageal / gastric varices		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare		EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
81	***PROCEDURE INSTRUMENTS / SUPPLIES***														
82	endoscope anti-fog solution	SM014	ml									**1**		**1**	
83	endoscopic cytology brush	SD067	item							**1**		**1**		**1**	
84	endoscopic biopsy forceps	SD066	item												
85	endoscopic polypectomy snare	SD068	item							**1**		**1**		**1**	
86	endoscopic hood (previous proxy, endosheath)	**NEW**	item												
87	endoscopic clip	**NEW**	item												
88	guidewire, STIFF	SD090	item												
89	endoscopic balloon, dilation	SD019	item												
90	cautery, monopolar, blade, extended shaft	SF015	item							**1**					
91	needle, micropigmentation (tattoo)	SC079	item												
92	skin marking ink (tattoo)	SK073	ml												
93	needle, variceal injection	SC044	item												
94	syringe 5-6ml	SC057	item												
95	cautery, patient ground pad with cord	SF021	item									**1**		**1**	
96	cautery, bipolar cord	SF012	item												
97	cautery, bipolar, probe, endoscopy	**NEW**	item												
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	**NEW**	kit												
99	canister, suction	SD009	item							**1**		**2**		**1**	
100	tubing, suction, non-latex (6ft uou)	SD132	item									**1**		**1**	
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item							**1**		**1**			
102	syringe 50-60ml	SC056	item							**1**		**1**		**1**	
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item									**1**			
104	water, distilled	SK087	oz											**5**	
105	gauze, non-sterile 4in x 4in	SG051	item									**1**		**1**	
106	cup, biopsy-specimen non-sterile 4oz	SL035	item							**1**		**1**		**1**	
107	paper, photo printing (8.5 x 11)	SK058	item									**1**		**1**	
108	applicator, cotton-tipped, non-sterile 6in	SG008	item							**3**					
109	alcohol isopropyl 70%	SJ001	ml												
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item							**4**		**4**		**4**	
111	gauze, non-sterile 2in x 2in	SG050	item							**8**					
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item												
113	iv tubing (extension)	SC019	item							**1**					
114	kit, needle - free injection system	SA021	item												
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml												

	A	B	C	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY
1				**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43244 RUC 01/13)**		**PEAC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43251 RUC 01/13)**	
2	***Please note: If a supply has a purchase price of**			**45337**		**43244**		**45337**		**45338**		**43251**		**45338**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with decompression of volvulus, any method		EGD, with band ligation of esophageal / gastric varices		Sigmoidoscopy, flexible; with decompression of volvulus, any method		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare		EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
116	***SCOPE CLEANING***														
117	pack, cleaning and disinfecting, endoscope	SA042	pack									**1**		**1**	
118	pack, cleaning, surgical instruments	SA043	pack												
119	gloves, non-sterile	SB022	pair							**3**					
120	basin, irrigation	SJ009	item												
121	cleaning brush, endoscope	SM010	item							**1**					
122	enzymatic detergent	SM015	oz							**1**					
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz							**6.4**					
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item							**1**					
125	water, distilled	SK087	oz							**6**					
126	**EQUIPMENT**	**CODE**													
127	videoscope, gastroscopy	ES034										**64**			
128	videoscope, sigmoidoscopy	**NEW**												**59**	
129	fiberscope, flexible, sigmoidoscopy	ES021								**28**					
130	stretcher	EF018										**78**		**73**	
131	stretcher, endoscopy	EF020								**60**					
132	table, exam	EF023													
133	table, power	EF031								**28**		**34**		**29**	
134	video system, endoscopy (processor, digital capture, mor	ES031										**34**		**29**	
135	light source, xenon	EQ167													
136	light, surgical	EF014								**28**					
137	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011								**81**		**57**		**52**	
138	IV infusion pump	EQ032								**81**		**57**		**52**	
139	suction machine (Gomco)	EQ235								**28**		**34**		**29**	
140	table, instrument, mobile	EF027								**81**		**34**		**29**	
141	cart, endoscopy imaging equipment	ES003								**28**					
142	radiofrequency generator, endoscopy	**NEW**													
143	electrosurgical generator, gastrocautery	EQ113								**28**		**34**		**29**	
144	endoscope disinfector, rigid or fiberoptic, w-cart	ES005								**40**		**30**		**30**	

	A	B	C	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM
				AMA Specialty Society Recommendation													
1				**RUC 2002**		**Crosswalk Code from RUC 01/2013**		**Recommendation (x-walk 43245 RUC 01/13)**		**Crosswalk Code**		**Recommendation NEW CODE from 43270**		**RUC 2002**		**Recommendation NEW CODE from 45345**	
2	***Please note: If a supply has a purchase price of**			**45340**		**43245**		**45340**		**43270**		**45346**		**45345**		**45347**	
3	**Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with dilation of gastric /duodenal stricture(s) (eg, balloon, bougie)		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s)		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**42.0**	**0.0**	**40.0**	**0.0**	**37.0**	**0.0**	**62.0**	**0.0**	**37.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**55.0**	**22.0**	**93.0**	**22.0**	**90.0**	**22.0**	**115.0**	**22.0**	**90.0**	**22.0**	**0.0**	**22.0**	**0.0**	**19.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**9.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**42.0**	**0.0**	**40.0**	**0.0**	**37.0**	**0.0**	**62.0**	**0.0**	**37.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**43.0**	**0.0**	**81.0**	**0.0**	**78.0**	**0.0**	**103.0**	**0.0**	**78.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**
12	**PRE-SERVICE**																
13	**Start: Following visit when decision for surgery or procedure made**																
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**	**3**	**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*																
20	**End: When patient enters office/facility for surgery/procedure**																
21	**SERVICE PERIOD**																
22	**Start: When patient enters office/facility for surgery/procedure:**																
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**					
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**					
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**					
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**					
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			**5**		**5**		**5**		**5**					
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**					
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA														
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA														
31	Sedate/apply anesthesia	L051A	RN	**2**		2		2		2		2					
32	**Intra-service**																
33	Moderate sedation	L051A	RN	**25**		**23**		**20**		**45**		**20**					
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			**23**		**20**		**45**		**20**					
35	**Post-Service**																
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	**15**		**15**		**15**		**15**		**15**					
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA														
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**21**		**3**		**3**		**3**		**3**					
39	Clean Scope	L037D	RN/LPN/MTA			**30**		**30**		**30**		**30**					
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA														
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**					
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA	**2**													
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**					
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**										**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**										**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**										**n/a**		**n/a**	
47	**End: Patient leaves office**																

	A	B	C	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM
1				RUC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43245 RUC 01/13)		Crosswalk Code		Recommendation NEW CODE from 43270		RUC 2002		Recommendation NEW CODE from 45345	
2	*Please note: If a supply has a purchase price of			45340		43245		45340		43270		45346		45345		45347	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with dilation of gastric /duodenal stricture(s) (eg, balloon, bougie)		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s)		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000
48	POST-SERVICE Period																
49	Start: Patient leaves office/facility																
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3	3	3		3		
59	End: with last office visit before end of global period																
60	MEDICAL SUPPLIES**	CODE	UNIT														
61	*SCRUB, DRESS, DRAPE*																
62	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1					
63	gown, patient	SB026	item														
64	gown, staff, impervious	SB027	item			2		2		2		2					
65	cap, surgical	SB001	item	3		3		3		3		3					
66	cover, thermometer probe	SB004	item														
67	mask, surgical	SB033	item														
68	mask, surgical, with face shield	SB034	item	3		3		3		3		3					
69	paper, exam table	SB036	foot														
70	pillow case	SB037	item														
71	shoe covers, surgical	SB039	pair	3		3		3		3		3					
72	scrub brush (impregnated)	SM023	item	3		3		1		3		1					
73	drape, non-sterile, sheet 40in x 60in	SB006	item			1		1		1		1					
74	basin, emesis	SJ010	item	1		1				1							
75	denture cup	SJ016	item			1				1							
76	*MODERATE SEDATION*																
77	pack, moderate sedation	SA044	pack	1		1		1		1		1					
78	electrode, ECG (single)	SD053	item	1													
79	nasal cannula	SD100	item	1													
80	bite block	SD006	item	1		1				1							

	A	B	C	AZ	AMA Specialty Society Recommendation	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM
1				RUC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43245 RUC 01/13)		Crosswalk Code		Recommendation NEW CODE from 43270		RUC 2002		Recommendation NEW CODE from 45345	
2	*Please note: If a supply has a purchase price of			45340		43245		45340		43270		45346		45345		45347	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with dilation of gastric /duodenal stricture(s) (eg, balloon, bougie)		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s)		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000
81	***PROCEDURE INSTRUMENTS / SUPPLIES***																
82	endoscope anti-fog solution	SM014	ml			1		1		1		1					
83	endoscopic cytology brush	SD067	item			1		1		1		1					
84	endoscopic biopsy forceps	SD066	item														
85	endoscopic polypectomy snare	SD068	item														
86	endoscopic hood (previous proxy, endosheath)	NEW	item														
87	endoscopic clip	NEW	item														
88	guidewire, STIFF	SD090	item							1		1					
89	endoscopic balloon, dilation	SD019	item	1		1		1		1		1					
90	cautery, monopolar, blade, extended shaft	SF015	item														
91	needle, micropigmentation (tattoo)	SC079	item														
92	skin marking ink (tattoo)	SK073	ml														
93	needle, variceal injection	SC044	item														
94	syringe 5-6ml	SC057	item	2													
95	cautery, patient ground pad with cord	SF021	item														
96	cautery, bipolar cord	SF012	item														
97	cautery, bipolar, probe, endoscopy	NEW	item														
98	catheter, RF ablation, endoscopic (previous proxy, kit, probe, radiofrequency, Xli-enhanced RF probe)	NEW	kit							1		1					
99	canister, suction	SD009	item	1		2		1		2		1					
100	tubing, suction, non-latex (6ft uou)	SD132	item			1		1		1		1					
101	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item			1				1							
102	syringe 50-60ml	SC056	item			1		1		1		1					
103	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1				1							
104	water, distilled	SK087	oz					5				5					
105	gauze, non-sterile 4in x 4in	SG051	item			1		1		1		1					
106	cup, biopsy-specimen non-sterile 4oz	SL035	item			1		1		1		1					
107	paper, photo printing (8.5 x 11)	SK058	item			1		1		1		1					
108	applicator, cotton-tipped, non-sterile 6in	SG008	item														
109	alcohol isopropyl 70%	SJ001	ml														
110	lubricating jelly (K-Y) (5gm uou)	SJ032	item	2		4		4		4		4					
111	gauze, non-sterile 2in x 2in	SG050	item														
112	gauze, sterile 4in x 4in (10 pack uou)	SG056	item														
113	iv tubing (extension)	SC019	item														
114	kit, needle - free injection system	SA021	item	1													
115	lidocaine 2% jelly, topical (Xylocaine)	SH048	ml														

	A	B	C	AZ	AMA Specialty Society Recommendation BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM
1				RUC 2002		Crosswalk Code from RUC 01/2013		Recommendation (x-walk 43245 RUC 01/13)		Crosswalk Code		Recommendation NEW CODE from 43270		RUC 2002		Recommendation NEW CODE from 45345	
2	*Please note: If a supply has a purchase price of			45340		43245		45340		43270		45346		45345		45347	
3	Meeting Date: October 2013 Tab: 6 - Flexible Sigmoidoscopy Specialty: GI	CMS Code	Staff Type	Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with dilation of gastric /duodenal stricture(s) (eg, balloon, bougie)		Sigmoidoscopy, flexible; with transendoscopic balloon dilation		EGD, with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and		Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s)		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000	000	000	000	000	000
116	*SCOPE CLEANING*																
117	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1		1		1					
118	pack, cleaning, surgical instruments	SA043	pack														
119	gloves, non-sterile	SB022	pair	1													
120	basin, irrigation	SJ009	item	1													
121	cleaning brush, endoscope	SM010	item	1													
122	enzymatic detergent	SM015	oz														
123	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz														
124	glutaraldehyde test strips (Cidex, Metrex)	SM019	item														
125	water, distilled	SK087	oz														
126	EQUIPMENT	CODE															
127	videoscope, gastroscopy	ES034		30		67				89							
128	videoscope, sigmoidoscopy	NEW						64				64					
129	fiberscope, flexible, sigmoidoscopy	ES021		30													
130	stretcher	EF018				81		78		103		78					
131	stretcher, endoscopy	EF020		60													
132	table, exam	EF023															
133	table, power	EF031		30		37		34		59		34					
134	video system, endoscopy (processor, digital capture, mor	ES031		30		37		34		59		34					
135	light source, xenon	EQ167															
136	light, surgical	EF014		30													
137	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		90		60		57		82		57					
138	IV infusion pump	EQ032		90		60		57		82		57					
139	suction machine (Gomco)	EQ235				37		34		59		34					
140	table, instrument, mobile	EF027		90		37		34		59		34					
141	cart, endoscopy imaging equipment	ES003		30													
142	radiofrequency generator, endoscopy	NEW								59		34					
143	electrosurgical generator, gastrocautery	EQ113								59		34					
144	endoscope disinfector, rigid or fiberoptic, w-cart	ES005				30		30		30		30					

	A	B	C	D	E	F	G	H	I
1				**PEAC 2002**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45341**		**43237**		**45341**	
3	**Meeting Date: January 2014** **Tab: 9 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with endoscopic ultrasound examination		EGD; EUS exam limited to the esophagus		Flex sig; EUS exam	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**								
13	**Start: Following visit when decision for surgery or procedure made**								
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*								
20	**End: When patient enters office/facility for surgery/procedure**								
21	**SERVICE PERIOD**								
22	**Start: When patient enters office/facility for surgery/procedure:**								
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA						
24	Obtain vital signs	L037D	RN/LPN/MTA						
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA						
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA						
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA						
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA						
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA						
31	Sedate/apply anesthesia	L051A	RN						
32	**Intra-service**								
33	Assist physician in performing procedure	L037D	RN/LPN/MTA						
34	Assist physician/moderate sedation (% of physician time)	L051A	RN						
35	**Post-Service**								
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN						
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA						
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA						
39	Clean Scope	L037D	RN/LPN/MTA						
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA						
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA						
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA						
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA						

	A	B	C	D	E	F	G	H	I
1				**PEAC 2002**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45341**		**43237**		**45341**	
3	**Meeting Date: January 2014** **Tab: 9 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with endoscopic ultrasound examination		EGD; EUS exam limited to the esophagus		Flex sig; EUS exam	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**				**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**				**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**				**n/a**	
47	**End: Patient leaves office**								
48	**POST-SERVICE Period**								
49	**Start: Patient leaves office/facility**								
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**
59	**End: with last office visit before end of global period**								

	A	B	C	J	K	L	M	N	O
1				**PEAC 2002**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45342**		**43238**		**45342**	
3	**Meeting Date: January 2014** **Tab: 9 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine		EGD; EUS exam limited to the esophagus with FNA		Flex sig; EUS exam with FNA	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**								
13	**Start: Following visit when decision for surgery or procedure made**								
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**
19	*Other Clinical Activity - *specify:*								
20	**End: When patient enters office/facility for surgery/procedure**								
21	**SERVICE PERIOD**								
22	**Start: When patient enters office/facility for surgery/procedure:**								
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA						
24	Obtain vital signs	L037D	RN/LPN/MTA						
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA						
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA						
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA						
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA						
30	*Other Clinical Activity - specify: Review History, systems and medications	L037D	RN/LPN/MTA						
31	Sedate/apply anesthesia	L051A	RN						
32	**Intra-service**								
33	Assist physician in performing procedure	L037D	RN/LPN/MTA						
34	Assist physician/moderate sedation (% of physician time)	L051A	RN						
35	**Post-Service**								
36	Monitor pt. following service/check tubes, monitors, drains	L051A	RN						
37	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPN/MTA						
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA						
39	Clean Scope	L037D	RN/LPN/MTA						
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA						
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA						
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA						
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA						

	A	B	C	J	K	L	M	N	O
1				**PEAC 2002**		**Crosswalk Code from RUC 04/2013**		**Recommendation (FACILITY ONLY)**	
2	***Please note: If a supply has a purchase price of**			**45342**		**43238**		**45342**	
3	**Meeting Date: January 2014** **Tab: 9 - Colonoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine		EGD; EUS exam limited to the esophagus with FNA		Flex sig; EUS exam with FNA	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**				**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**				**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**				**n/a**	
47	**End: Patient leaves office**								
48	**POST-SERVICE Period**								
49	**Start: Patient leaves office/facility**								
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**
59	**End: with last office visit before end of global period**								

	A	B	C	D	E	F	G
1				**Reference**		**Recommendation**	
2	**more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that**			**45390 FACILITY ONLY**		**45349 FACILITY ONLY**	
3	**Meeting Date: April 2014 Tab: 13 Specialty: Gastroenterology**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with EMR		Flex sig; with EMR	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**22.0**	**0.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**19.0**	**0.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**						
13	**Start: Following visit when decision for surgery or procedure made**						
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**		**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**		**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**
19	*Other Clinical Activity - *specify:*						
20	**End: When patient enters office/facility for surgery/procedure**						
21	**SERVICE PERIOD**						
22	**Start: When patient enters office/facility for surgery/procedure:**						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA				
24	Obtain vital signs	L037D	RN/LPN/MTA				
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA				
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA				
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA				
29	Sedate/apply anesthesia						
30	*Other Clinical Activity - specify:						
31	Sedate/apply anesthesia	L051A	RN				
32	**Intra-service**						
33	Assist physician in performing procedure	L037D	RN/LPN/MTA				
34	Assist physician/moderate sedation (% of physician time)	L051A	RN				
35	**Post-Service**						
36	Monitor pt. following moderate sedation						
37	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN				
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA				
39	Clean Scope	L037D	RN/LPN/MTA				
40	Clean Surgical Instrument Package						
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA				
42	Review/read X-ray, lab, and pathology reports						
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA				
44	*Other Clinical Activity - *specify:*						
45	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					**n/a**	

	A	B	C	D	E	F	G
1				**Reference**		**Recommendation**	
2	**more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that**			**45390 FACILITY ONLY**		**45349 FACILITY ONLY**	
3	**Meeting Date: April 2014 Tab: 13 Specialty: Gastroenterology**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with EMR		Flex sig; with EMR	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
46	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**	
47	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**	
48	**End: Patient leaves office**						
49	**POST-SERVICE Period**						
50	**Start: Patient leaves office/facility**						
51	Conduct phone calls/call in prescriptions				**3**		**3**
58	**Total Office Visit Time**					**0.0**	**0.0**
59	*Other Clinical Activity - *specify:*						
60	**End: with last office visit before end of global period**						
61	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
62	***SCRUB, DRESS, DRAPE***						
63	pack, minimum multi-specialty visit	SA048	pack				
64	gown, staff, impervious	SB027	item				
65	cap, surgical	SB001	item				
66	mask, surgical, with face shield	SB034	item				
67	shoe covers, surgical	SB039	pair				
68	scrub brush (impregnated)	SM023	item				
69	drape, non-sterile, sheet 40in x 60in	SB006	item				
70	***MODERATE SEDATION***						
71	pack, moderate sedation	SA044	pack				
72	***PROCEDURE INSTRUMENTS / SUPPLIES***						
73	endoscope anti-fog solution	SM014	ml				
74	endoscopic cytology brush	SD067	item				
75	canister, suction	SD009	item				
76	tubing, suction, non-latex (6ft uou)	SD132	item				
77	syringe 50-60ml	SC056	item				
78	water, sterile for irrigation (250-1000ml uou)	SH074	item				
79	water, distilled	SK087	oz				
80	gauze, non-sterile 4in x 4in	SG051	item				
81	cup, biopsy-specimen non-sterile 4oz	SL035	item				
82	paper, photo printing (8.5 x 11)	SK058	item				
83	lubricating jelly (K-Y) (5gm uou)	SJ032	item				
84	***SCOPE CLEANING***						
85	pack, cleaning and disinfecting, endoscope	SA042	pack				
86	**hemorrhoidal banding system**	**NEW**					
87	**EQUIPMENT**	**CODE**					
88	videoscope, sigmoidoscopy	**NEW**					
89	videoscope, colonoscopy	ES033					
90	stretcher	EF018					
91	table, power	EF031					
92	video system, endoscopy (processor, digital capture, monitor, p	ES031					
93	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011					
94	IV infusion pump	EQ032					
95	suction machine (Gomco)	EQ235					
96	table, instrument, mobile	EF027					
97	endoscope disinfector, rigid or fiberoptic, w-cart	ES005					

	A	B	C	H	I	J	K
1				**Reference**		**Recommendation**	
2	**more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that**			**45398**		**45350**	
3	**Meeting Date: April 2014 Tab: 13 Specialty: Gastroenterology**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with banding, (eg, hemorrhoids)		Flex sig; with banding (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**37.0**	**0.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**90.0**	**22.0**	**90.0**	**22.0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**9.0**	**19.0**	**9.0**	**19.0**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	**L051A**	**RN**	**37.0**	**0.0**	**37.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**78.0**	**0.0**	**78.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**						
13	**Start: Following visit when decision for surgery or procedure made**						
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*						
20	**End: When patient enters office/facility for surgery/procedure**						
21	**SERVICE PERIOD**						
22	**Start: When patient enters office/facility for surgery/procedure:**						
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**	
24	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**	
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**	
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**	
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	**5**		**5**	
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**	
29	Sedate/apply anesthesia						
30	*Other Clinical Activity - specify:						
31	Sedate/apply anesthesia	L051A	RN	**2**		**2**	
32	**Intra-service**						
33	Assist physician in performing procedure	L037D	RN/LPN/MTA	**20**		**20**	
34	Assist physician/moderate sedation (% of physician time)	L051A	RN	**20**		**20**	
35	**Post-Service**						
36	Monitor pt. following moderate sedation						
37	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	**15**		**15**	
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**	
39	Clean Scope	L037D	RN/LPN/MTA	**30**		**30**	
40	Clean Surgical Instrument Package						
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**2**	
42	Review/read X-ray, lab, and pathology reports						
43	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**	
44	*Other Clinical Activity - *specify:*						
45	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)				**n/a**		

	A	B	C	H	I	J	K
1				**Reference**		**Recommendation**	
2	**more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that**			**45398**		**45350**	
3	**Meeting Date: April 2014 Tab: 13 Specialty: Gastroenterology**	**CMS Code**	**Staff Type**	Colonoscopy, flexible; with banding, (eg, hemorrhoids)		Flex sig; with banding (eg, hemorrhoids)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
46	Dischrg mgmt (1.0 x 99238) (enter 12 min)				**n/a**		
47	Dischrg mgmt (1.0 x 99239) (enter 15 min)				**n/a**		
48	**End: Patient leaves office**						
49	**POST-SERVICE Period**						
50	**Start: Patient leaves office/facility**						
51	Conduct phone calls/call in prescriptions			**3**	**3**	**3**	**3**
58	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
59	*Other Clinical Activity - *specify:*						
60	**End: with last office visit before end of global period**						
61	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
62	***SCRUB, DRESS, DRAPE***						
63	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**	
64	gown, staff, impervious	SB027	item	**2**		**2**	
65	cap, surgical	SB001	item	**3**		**3**	
66	mask, surgical, with face shield	SB034	item	**3**		**3**	
67	shoe covers, surgical	SB039	pair	**3**		**3**	
68	scrub brush (impregnated)	SM023	item	**1**		**1**	
69	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**	
70	***MODERATE SEDATION***						
71	pack, moderate sedation	SA044	pack	**1**		**1**	
72	***PROCEDURE INSTRUMENTS / SUPPLIES***						
73	endoscope anti-fog solution	SM014	ml	**1**		**1**	
74	endoscopic cytology brush	SD067	item	**1**		**1**	
75	canister, suction	SD009	item	**1**		**1**	
76	tubing, suction, non-latex (6ft uou)	SD132	item	**1**		**1**	
77	syringe 50-60ml	SC056	item	**1**		**1**	
78	water, sterile for irrigation (250-1000ml uou)	SH074	item			**1**	
79	water, distilled	SK087	oz	**5**		**0**	
80	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**	
81	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**		**1**	
82	paper, photo printing (8.5 x 11)	SK058	item	**1**		**1**	
83	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**4**		**4**	
84	***SCOPE CLEANING***						
85	pack, cleaning and disinfecting, endoscope	SA042	pack	**1**		**1**	
86	**hemorrhoidal banding system**	**NEW**		**1**		**1**	
87	**EQUIPMENT**	**CODE**					
88	videoscope, sigmoidoscopy	**NEW**				**64**	
89	videoscope, colonoscopy	ES033		**64**		**0**	
90	stretcher	EF018		**78**		**104**	
91	table, power	EF031		**34**		**34**	
92	video system, endoscopy (processor, digital capture, monitor, p	ES031		**34**		**34**	
93	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**52**		**94**	
94	IV infusion pump	EQ032		**52**		**94**	
95	suction machine (Gomco)	EQ235		**62**		**34**	
96	table, instrument, mobile	EF027		**52**		**94**	
97	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**30**		**30**	

AMA/Specialty Society RVS Update RUC Summary of Recommendations
MPC List Screen

October 2013

Ileoscopy

Several specific codes identified by CMS through the MPC List screen were scheduled for review at the September 2011 RUC meeting. The RUC review of the codes led to significant concerns with the survey data, and in some cases, coding and payment policy for the individual codes. The specialty societies representing gastroenterology indicated that appropriate surveys could not be conducted until after the specialty societies had an opportunity to clarify and update CPT code descriptions. The specialty societies worked with the CPT Editorial Panel and CMS to resolve this coding and payment policy question as it relates to over 100 GI endoscopy services.

In the CPT 2014 cycle, the RUC reviewed all the esophagoscopy, EGD and ERCP families of codes. For the CPT 2015 cycle, the RUC reviewed the illeoscopy, pouchoscopy and flexible sigmoidoscopy services in October 2013 and reviewed colonoscopy and colonoscopy through the stoma procedures in January 2014. Given that this process will require the RUC and specialty societies to survey and review the entire family of endoscopy procedures, the RUC has consistently maintained that relativity within both the immediate and larger family is of paramount importance. As was done in the previous set of codes, the RUC used an incremental methodology to value the additional physician work above the base diagnostic procedure. The RUC noted that this methodology was necessary for three reasons. First, given that an entire genre of services is being reviewed, relativity amongst the family is critical. The potential for rank order anomalies is high considering the large amount of codes reviewed in succession. Second, CMS (then HCFA) used the incremental approach in their initial valuation of these services in 1992 and 1993. According to CMS commentary in the Federal Register for those years, the agency established a hierarchy of work from the least to the most difficult endoscopic procedure. Following this, fixed increments were added to the base procedure. Therefore, the RUC determined that these new codes should continue to be valued the same way endoscopic services were initially valued at the creation of the RBRVS. Finally, the RUC has established valuation of physician work through incremental intra-service work as an approved, viable alternate methodology. In fact, endoscopy is listed as an example of this methodology in the RUC's instructions for specialty societies developing work value recommendations.

44380 Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed
The RUC reviewed the survey results of 76 gastroenterologists and gastrointestinal and endoscopic surgeons and recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 15 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient under sedation was appropriate.

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The RUC reviewed the estimated work values and agreed with the specialty societies that 44380 is currently overvalued, with a work RVU of 1.05. However, the survey respondents overestimated the physician work involved in this service at the 25th percentile. Therefore, the RUC reviewed CPT code 91040 *Esophageal balloon distension provocation study* (work RVU= 0.97) and noted that both services have identical intra-service time of 15 minutes and similar total time, 45 minutes and 50 minutes, respectively. The RUC agreed with the specialty societies that code 44380 should be value at 0.97 work RVUs, identical to the reference code.

To justify a work RVU of 0.97, the RUC compared the surveyed code to CPT code 49460 *Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report* (work RVU= 0.96) and agreed that with identical intra-service time, 15 minutes, both codes should be valued nearly identical. The RUC also reviewed MPC code 11100 *Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion* (work RVU= 0.81) and noted that this code has significantly less total time compared to 44380, 22 minutes and 50 minutes, respectively and is appropriately valued less than 44380. Finally, to ensure relativity within the endoscopic family, the RUC noted that the recommended RVU of 0.97 places diagnostic ileoscopy appropriately between diagnostic flexible sigmoidoscopy (RUC recommended work RVU= 0.84) and diagnostic esophagoscopy (RUC recommended work RVU= 1.59) in terms of comparative physician work. **The RUC recommends a work RVU of 0.97 for CPT code 44380.**

44382 Ileoscopy, through stoma; with biopsy, single or multiple
The RUC reviewed the survey results of 66 gastroenterologists and gastrointestinal and endoscopic surgeons and recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 20 minutes and post-service time of 12 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient under sedation was appropriate.

The RUC reviewed the estimated work values and agreed with the specialties that the survey respondents overestimated the work value for this procedure. Therefore, consistent with the incremental methodology established by the RUC to value the entire endoscopic family of services, the RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy biopsy code, 43202 (RUC recommended work RVU= 1.89) should be maintained for this ileoscopy biopsy code. The established increment for the physician work related to the biopsy, 0.30 work RVUs, was added to the base ileoscopy diagnostic code, 44380 (RUC recommended work RVU= 0.97), for a recommended work RVU of 1.27 for CPT code 44382. The RUC agreed with the specialty that the physician work related solely to biopsy is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate. The RUC also noted that applying this methodology derives the current work RVU of 1.27 for this service.

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To justify a work RVU of 1.27, the RUC compared the surveyed code to CPT codes 36597 *Repositioning of previously placed central venous catheter under fluoroscopic guidance* (work RVU= 1.21) and 91010 *Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report* (work RVU= 1.28) and noted that these comparator codes have identical intra-service times compared to 44382, 20 minutes and comparable physician work. Given these similarities, the RUC agreed that a recommended work value of 1.27 appropriately sets 44382 relative to these two reference codes. The RUC also reviewed MPC code 12013 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm* (work RVU= 1.22) and noted that while the reference code has 5 minutes less intra-service time compared to the surveyed code, the reference code is a more intense service and should be valued similarly. Finally, to ensure relativity within the endoscopic family, the RUC noted that the recommended RVU of 1.27 places ileoscopy with biospy appropriately between flexible sigmoidoscopy with biopsy (45331, RUC recommended work RVU= 1.14) and esophagoscopy with biopsy (43202, RUC recommended work RVU= 1.89) in terms of comparative physician work. **The RUC recommends a work RVU of 1.27 for CPT code 44382.**

44381 Ileoscopy, through stoma; with transendoscopic balloon dilation
The RUC reviewed the survey results of 48 gastroenterologists and gastrointestinal and endoscopic surgeons and recommends the following physician time components: pre-service time of 32 minutes, intra-service time of 25 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient, straight forward procedure under sedation was appropriate. The RUC agreed that this is a difficult patient because the reason for dilatation is that the patient has an intermittent small bowel obstruction typically resulting from a neoplasm, ischemia or Crohn's disease.

The RUC reviewed the estimated work values and agreed with the specialties that the survey respondents overestimated the work value for this procedure. Therefore, consistent with the incremental methodology established by the RUC to value the entire endoscopic family of services, the RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy balloon dilation code, 43220 (RUC recommended work RVU= 2.10) should be maintained for this ileoscopy dilation code. The established increment for the physician work related to the balloon dilation, 0.51 work RVUs, was added to the base ileoscopy diagnostic code, 44380 (RUC recommended work RVU= 0.97), for a recommended work RVU of 1.48 for CPT code 44381. The RUC agreed with the specialty that the physician work related solely to balloon dilation is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 1.48, the RUC compared the surveyed code to MPC code 90935 *Hemodialysis procedure with single evaluation by a physician or other qualified health care professional* (work RVU= 1.48) and noted that both services have identical intra-service time, 25 minutes, and should be valued identically. In addition, the RUC reviewed CPT code 60100 *Biopsy thyroid, percutaneous core needle* (work RVU= 1.56) and agreed that with identical intra-service time, this reference code should be valued similarly to code 44381. Finally, to ensure relativity within the endoscopic family, the RUC noted that the recommended RVU of 1.48 places ileoscopy with trans-endoscopic balloon dilation appropriately between flexible sigmoidoscopy (45340, RUC recommended work RVU= 1.35) and esophagoscopy with trans-endoscopic balloon dilation

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(43220, RUC recommended work RVU= 2.10) in terms of comparative physician work. **The RUC recommends a work RVU of 1.48 for CPT code 44381.**

44384 Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

The RUC reviewed the survey results of gastroenterologists and gastrointestinal and endoscopic surgeons and noted that the combined survey sample of 43 survey respondents indicated a median performance rate of zero. Therefore, the RUC reviewed the survey results from the 21 physicians who perform the service and agreed with the specialty societies that the median intra-service time of 40 minutes was an accurate estimate of the time to perform this service. Additionally, 15 minutes is warranted over the balloon dilation code, 44381, due to the additional work of performing the pre and post dilation and guide wire passage that is included in 44384. The RUC recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 40 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that pre-service package 2B Facility difficult patient, straight forward procedure under sedation was appropriate. The RUC agreed that this is a difficult patient because the reason for placement of a stent is that the patient has a narrowing or obstruction of the lumen of the bowel resulting from a neoplasm.

The RUC reviewed the estimated work values and agreed with the specialties that the survey respondents overestimated the work value for this procedure. Therefore, consistent with the incremental methodology established by the RUC to value the entire endoscopic family of services, the RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy stent placement code, 43212 (RUC recommended work RVU= 3.73) should be maintained for this ileoscopy stent placement code. The established increment for the physician work related to placing the stent, 2.14 work RVUs, was added to the base ileoscopy diagnostic code, 44380 (RUC recommended work RVU= 0.97), for a recommended work RVU of 3.11 for CPT code 44384. The RUC agreed with the specialty that the physician work related solely to placing the stent is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

To justify a work RVU of 3.11, the RUC compared the surveyed code to CPT codes 52310 *Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple* (work RVU= 2.81) and 49446 *Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report* (work RVU= 3.31) and agreed that since these code all have identical intra-service time, 40 minutes, and comparable physician work, the recommended RVU for 44384 is valued appropriately between these two reference codes. The RUC also reviewed MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80) and agreed that while both codes have identical intra-service times, the MPC code is appropriately valued higher than the surveyed code due to increased intensity. Finally, to ensure relativity within the endoscopic family, the RUC noted that the recommended RVU of 3.11 places ileoscopy with stent placement appropriately between flexible sigmoidoscopy (45347, RUC recommended work RVU= 2.98) and esophagoscopy with stent placement

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(43212, RUC recommended work RVU= 3.73) in terms of comparative physician work. **The RUC recommends a work RVU of 3.11 for CPT code 44384.**

Practice Expense:
The Practice Expense Subcommittee reviewed the direct practice expense inputs for the ileoscopy services and noted that these services mostly crosswalk from the esophagoscopy codes approved last year. The PE Subcommittee approved non-facility direct PE inputs for two codes (44380 and 44382) which were only priced in the facility. For the new codes, 44381 was crosswalked to 44382 and 44384 was only priced in the facility.

The RUC approved the revised PE spreadsheet as modified by the PE Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Do Not Use to Validate:
The specialties requested, and the RUC agreed, that this family of codes should have a note in the RUC database that states codes 44380, 44382, 44381 and 44384 should not be used to validate for physician work. The specialties stated that the IWPUTs for these services are artificially low in comparison to other endoscopic procedures.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation

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Category I
Surgery
Digestive System
Intestines (Except Rectum)
Endoscopy, Stomal

~~For endoscopic procedures, code appropriate endoscopy of each anatomic site examined.~~
Definitions

Proctosigmoidoscopy is the examination of the rectum and may include examination of a portion of the sigmoid colon.

Sigmoidoscopy is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.

Colonoscopy is the examination of the entire colon, from the rectum to the cecum, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

Colonoscopy through stoma is the examination of the colon, from the colostomy stoma to the cecum or colon-small intestine anastomosis, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.

When performing a diagnostic or screening endoscopic procedure on a patient who is scheduled and prepared for a total colonoscopy, if the physician is unable to advance the colonoscope to the cecum or colon-small intestine anastomosis due to unforeseen circumstances, report 45378 (colonoscopy) or 44388 (colonoscopy through stoma) with modifier 53 and provide appropriate documentation.

If a therapeutic colonoscopy (45379, 45380, 45381, 45382, 45388, 45384, 45339., 44389-44407) is performed and does not reach the cecum or colon-small intestine anastomosis, report the appropriate therapeutic colonoscopy code with modifier 52 and provide appropriate documentation.

Report ileoscopy through stoma (44380, 44382, 44381, 44384) for endoscopic examination of a patient who has an ileostomy.

Report colonoscopy through stoma (44388-44408) for endoscopic examination of a patient who has undergone segmental resection of the colon (eg, hemicolectomy, sigmoid colectomy, low anterior resection) and has a colostomy.

For definitions of Proctosigmoidoscopy, Sigmoidoscopy, Colonoscopy and guidelines for colonoscopies that do not reach the cecum or colon-small intestine anastomosis, see Colon and Rectum/Endoscopy.

For colonoscopy per rectum, see 45378, 45392, 45390, 45393, 45398.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Report proctosigmoidoscopy (45300-45327), flexible sigmoidoscopy (45330-45347), or anoscopy (46600, 46604, 46606, 46608, 46610, 46611, 46612, 46614, 46615), as appropriate for endoscopic examination of the defunctionalized rectum or distal colon in a patient who has undergone colectomy, in addition to colonoscopy through stoma (44388-44408) or ileoscopy through stoma (44380, 44382, 44381, 44384) if appropriate. When bleeding occurs as the result of an endoscopic procedure, control of bleeding is not reported separately during the same operative session. ~~Surgical endoscopy always includes diagnostic endoscopy.~~ For computed tomographic colonography, see 74261, 74262, 74263.			
▲⊙44380	Ileoscopy, through stoma; diagnostic, ~~with or without~~ including collection of specimen(s) by brushing or washing, when performed (separate procedure) (Do not report 44380 in conjunction with 44381, 44382, 44384)	000	0.97
⊙44382	with biopsy, single or multiple (Do not report 44382 in conjunction with 44380)	000	1.27 (No Change)
D⊙44383	~~with transendoscopic stent placement (includes predilation)~~ (44383 has been deleted. To report, use 44384)	000	N/A
#⊙●44381	with transendoscopic balloon dilation (Do not report 44381 in conjunction with 44380, 44384) (If fluoroscopic guidance is performed, use 74360) (For transendoscopic balloon dilation of multiple strictures during the same session, report 44381 with modifier 59 for each additional stricture dilated)	000	1.48
⊙●44384	with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) (Do not report 44384 in conjunction with 44380, 44381) (If imaging guidance is performed, use 74360)	000	3.11

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44380 Tracking Number D1 Original Specialty Recommended RVU: **0.97**
Presented Recommended RVU: **0.97**
Global Period: 000 RUC Recommended RVU: **0.97**

CPT Descriptor: Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65 year old patient with previous proctocolectomy, ileostomy for inflammatory bowel disease presents with diarrhea. Diagnostic ileoscopy and collection of specimens by brushings is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 84%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 53%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the ileal stomal area is performed. A standard endoscope is lubricated, inserted into the stoma, and advanced to the extent feasible. The endoscope is slowly withdrawn to allow circumferential examination of the ileal mucosa. When indicated, brushings or washings are obtained of suspicious abnormalities. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. Supervision of the level of sedation and vital signs is performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway, and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient’s condition, including post-procedure vital signs, is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed if pertinent; post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	ACG, AGA, ASGE				
CPT Code:	44380				
Sample Size:	1984	**Resp N:**	76	**Response:** 3.8 %	
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**6.00**	10.00	90.00
Survey RVW:	0.80	1.30	**2.49**	3.36	4.88
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	12.00	**15.00**	20.00	35.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44380	**Recommended Physician Work RVU: 0.97**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45305	000	1.25	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with biopsy, single or multiple

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11100	000	0.81	**RUC Time**	2,812,102

CPT Descriptor 1 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	143,091

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 30.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 44380**	**Key Reference CPT Code:** 45305	**Source of Time** **RUC Time**
Median Pre-Service Time	25.00	25.00	
Median Intra-Service Time	15.00	10.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**50.00**	**45.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.26	2.78
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.30	2.52
Urgency of medical decision making	3.04	2.52
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.26	2.61
Physical effort required	2.83	2.52
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.04	2.57
Outcome depends on the skill and judgment of physician	3.35	2.83
Estimated risk of malpractice suit with poor outcome	3.30	2.87

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.91	2.39
Intra-Service intensity/complexity	3.13	2.61
Post-Service intensity/complexity	2.74	2.39

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The ileoscopy codes (44380-44382) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the ileoscopy code set.

Discussion and Recommendation

44380 *Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed*

Code 44380 is a Harvard-valued code and has never been surveyed by the RUC. The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of ileoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. The consensus panel determined that ileoscopy through stoma is less complex than esophagoscopy, EGD and ERCP, but more complex than flexible sigmoidoscopy and proctoscopy. As such, the RVW for the ileoscopy base code (44380) should fall between esophagoscopy (43200 = 1.59 RVW) and proctoscopy (45300 = 0.80 RVW) / flexible sigmoidoscopy (current 45330 = 0.96, proposed = 0.80 recommended RVW).

We recommend crosswalking 44380 to 91040 at 0.97 RVW, which is less than the current and the 25th percentile RVW. The work of performing ileoscopy is similar to that of esophageal balloon distension provocation study (91040, 0.97 RVW, 15/15/15). The recommended RVW of 0.97 places ileoscopy appropriately between flexible sigmoidoscopy and esophagoscopy in terms of comparative physician work; however, the resulting IWPUT of 0.014 is artificially low for comparable services. The specialty consensus panel, therefore, recommends that 44380 should not be used for comparison purposes.

Pre-time Package 1b is appropriate.

Comparison to Key Ref 45305

Key Reference code 45305, *Proctosigmoidoscopy, rigid; with biopsy, single or multiple,* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The additional work of performing biopsies is reflected in the higher RVW for 45305 compared with the recommendation for 44380.

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2005	**57160**	Fitting and insertion of pessary or other intravaginal support device	0.89	0.0268	40	20	15	5
2012	**11301**	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	0.90	0.0480	26	6	15	5
2007	**49460**	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation an	0.96	0.0090	55	30	15	10
Survey	**44380**	Ileoscopy, diagnostic	0.97	0.0142	52	27	15	10
2004	**91040**	Esophageal balloon distension provocation study	0.97	0.0227	45	15	15	15
2012	**23350**	Injection procedure for shoulder	1.00	0.0490	28	8	15	5

		arthrography or enhanced CT/MRI shoulder arthrography						
2010	**11042**	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	1.01	0.0369	36	11	15	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44380

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterolog How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6300
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2,097 in 2011. (2,097*3 = ~ 6,300)

Specialty Gastroenterology Frequency 3900 Percentage 61.90 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,166
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database in 2012

Specialty Gastroenterology Frequency 1300 Percentage 61.99 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44380

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44382 Tracking Number D2 Original Specialty Recommended RVU: **1.27**
Presented Recommended RVU: **1.27**
Global Period: 000 RUC Recommended RVU: **1.27**

CPT Descriptor: Ileoscopy, through stoma; with biopsy, single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60 year old patient with previous proctocolectomy, ileostomy for diffuse colitis presents with diarrhea and abdominal discomfort. Ileoscopy is performed to evaluate the ileum, and multiple biopsies are taken of abnormal tissue.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 83%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard endoscope is lubricated, inserted into the stoma, and advanced to the extent feasible. The endoscope is slowly withdrawn to allow circumferential examination of the ileal mucosa. Ileal inflammatory changes are identified and assessed. Endoscopically directed biopsies are taken of abnormal tissue. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. Supervision of the level of sedation and vital signs is performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway, and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient's condition, including post-procedure vital signs, is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed; post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	ACG, AGA, ASGE				
CPT Code:	44382				
Sample Size:	1994	**Resp N:**	66	**Response:** 3.3 %	
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**7.00**	12.00	50.00
Survey RVW:	1.00	1.50	**2.39**	3.42	4.90
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	8.00	15.00	**20.00**	25.00	45.00

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44382	**Recommended Physician Work RVU: 1.27**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45305	000	1.25	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with biopsy, single or multiple

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	50,258

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	21,528

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 40.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 44382**	**Key Reference CPT Code:** 45305	**Source of Time** **RUC Time**
Median Pre-Service Time	25.00	25.00	
Median Intra-Service Time	20.00	10.00	
Median Immediate Post-service Time	12.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**57.00**	**45.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.59	2.85
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.44	2.89
Urgency of medical decision making	3.15	2.70
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.52	2.93
Physical effort required	2.96	2.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.19	2.59
Outcome depends on the skill and judgment of physician	3.52	3.00
Estimated risk of malpractice suit with poor outcome	3.30	2.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.11	2.70
Intra-Service intensity/complexity	3.56	3.07
Post-Service intensity/complexity	3.37	2.85

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The ileoscopy codes (44380-44382) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the ileoscopy code set.

Discussion and Recommendation

44382 *Ileoscopy, through stoma; with biopsy, single or multiple*

We recommend an RVW of 1.27. This value is equal to the current value of 44382 and is less than the 25th percentile RVW. It is equal to the recommendation for the ileoscopy base procedure 44380 (0.97) plus an established increment of 0.30 (43201-43200) approved by the RUC in October 2012 for endoscopic biopsies for esophagoscopy (and also for EGD and ERCP) procedures. The recommended 1.27 RVW places ileoscopy with biopsy appropriately between flexible sigmoidoscopy and esophagoscopy with biopsy in terms of comparative physician work; however, the resulting IWPUT of 0.023 is artificially low for comparable services. The specialty consensus panel, therefore, recommends that 44382 should not be used for comparison purposes.

Pre-time Package 1b is appropriate.

Comparison to Key Ref 45305

Key Reference code 45305, *Proctosigmoidoscopy, rigid; with biopsy, single or multiple,* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The work between the key reference and 44382 is similar, as are the RVWs.

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
1995	**51610**	Injection procedure for retrograde urethrocystography	1.05	0.013	55	20	20	15
2012	**11302**	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	1.05	0.044	31	6	20	5
2003	**36597**	Repositioning of previously placed central venous catheter under fluoroscopic guidance	1.21	0.033	45	15	20	10
survey	**44382**	Ileoscopy with biopsy	1.27	0.023	59	27	20	12
2010	**91010**	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	1.28	0.030	50	15	20	15
2005	**62270**	Spinal puncture, lumbar, diagnostic	1.37	0.050	40	10	20	10
2007	**46615**	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	1.50	0.036	58	25	20	13

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44382

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,475 in 2011. (1,475*3 = ~ 4,400)

Specialty Gastroenterology Frequency 3200 Percentage 72.72 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,333
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2012.

Specialty Gastroenterology Frequency 1062 Percentage 72.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44382

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44381 Tracking Number D3 Original Specialty Recommended RVU: **1.48**
Presented Recommended RVU: **1.48**
Global Period: 000 RUC Recommended RVU: **1.48**

CPT Descriptor: Ileoscopy, through stoma; with trans-endoscopic balloon dilation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient with previous colectomy with ileostomy for colorectal cancer develops obstipation and abdominal discomfort. The patient is found to have a stricture in the ileum. The patient is referred for ileoscopy for evaluation of the ileum and trans-endoscopic balloon dilation.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 87%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 75%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic and imaging equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic, imaging and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the ileal stomal area is performed. A standard endoscope is lubricated, inserted into the stoma, and advanced to the lesion to be dilated. The lesion to be dilated is identified and assessed. The dilating balloon is advanced and positioned at the lesion using endoscopic guidance. The balloon is inflated to its recommended pressure and held for approximately sixty seconds. Repeated incremental dilations are performed until the lesion is satisfactorily dilated. The area is observed for bleeding. The endoscope is then advanced to the extent feasible. The endoscope is slowly withdrawn to allow circumferential examination of the ileal mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. Supervision of the level of sedation and vital signs is

performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway, and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Post procedure verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for complications and suitability to discharge from the recovery suite relative to established discharge criteria. Discharge orders are written from recovery room and transfer to medical/surgical floor when the patient has reached a suitable level of consciousness and is stable. Orders are written and ongoing care is discussed with floor nurses, including labs, films, medications, diet, and patient activity

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	ACG, AGA, ASGE				
CPT Code:	44381				
Sample Size:	1995	**Resp N:**	48	**Response:** 2.4 %	
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	4.00	25.00
Survey RVW:	1.50	3.19	**4.00**	5.00	6.00
Pre-Service Evaluation Time:			**26.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	13.00	20.00	**25.00**	30.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44381	**Recommended Physician Work RVU: 1.48**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90935	000	1.48	**RUC Time**	13,432

CPT Descriptor 1 Hemodialysis procedure with single evaluation by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90945	000	1.56	**RUC Time**	141,836

CPT Descriptor 2 Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 44381**	**Key Reference CPT Code:** 31638	**Source of Time** **RUC Time**
Median Pre-Service Time	31.00	50.00	
Median Intra-Service Time	25.00	60.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**71.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.33	4.22
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.33	4.22
Urgency of medical decision making	4.33	4.22
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.78	4.44
Physical effort required	4.22	4.22
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.67	4.44
Outcome depends on the skill and judgment of physician	4.67	4.44
Estimated risk of malpractice suit with poor outcome	4.78	4.56

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.11	4.22
Intra-Service intensity/complexity	4.56	4.33
Post-Service intensity/complexity	4.00	4.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The ileoscopy codes (44380-44382) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the ileoscopy code set.

Discussion and Recommendation

44381 *Ileoscopy, through stoma; with trans-endoscopic balloon dilation*

We recommend an RVW of 1.48. This value is less than the 25th percentile RVW. It is equal to the recommendation for the ileoscopy base 44380 plus an established increment of 0.51 (43220-43200) approved by the RUC in October 2012 for trans-endoscopic balloon dilation. The recommended 1.48 RVW places ileoscopy with trans-endoscopic balloon dilation appropriately between flexible sigmoidoscopy and esophagoscopy with trans-endoscopic balloon dilation in terms of comparative physician work; however, the resulting IWPUT of 0.019 is artificially low for comparable services. The specialty consensus panel, therefore, recommends that 44381 should not be used for comparison purposes.

Pre-time Package 2b is appropriate.

Comparison to Key Ref 31638

Key Reference code 31638, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages. This code was chosen more than any other code in the reference list, but was only chosen by 18% of the respondents. The significant difference in both time and work between 31638 and 44381 make this reference code difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with 25 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2011	**98928**	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	1.21	0.0450	29	2	25	2
1993	**11755**	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	1.31	0.0255	55	15	25	15
2009	**90935**	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	1.48	0.0410	45	10	25	10
survey	**44381**	Ileoscopy with balloon dilation	1.48	0.0191	73	33	25	15
1995	**51725**	Simple cystometrogram (CMG) (eg, spinal manometer)	1.51	0.0290	60	20	25	15
2000	**60100**	Biopsy thyroid, percutaneous core needle	1.56	0.0400	50	15	25	10

2010	**12005**	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	1.97	0.0650	41	11	25	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4100
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2011 volume for 44799 = 1,368. National volume estimated at 1,368*3 = ~ 4,100. GI volume is 61% (~2,500). An estimated 2% of GI volume will now be coded using 44381 = ~50.

Specialty Gastroenterology Frequency 50 Percentage 1.21 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,360
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2012 volume for 44799 = 1,360. GI volume is 61% (~834). An estimated 2% of GI volume will now be coded using 44381 = ~17.

Specialty Gastroenterolog Frequency 17 Percentage 1.24 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45340

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44384 Tracking Number D4 Original Specialty Recommended RVU: **3.11**
Presented Recommended RVU: **3.11**
Global Period: 000 RUC Recommended RVU: **3.11**

CPT Descriptor: Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient with previous colectomy with ileostomy for colorectal cancer develops obstipation and abdominal discomfort. Imaging studies are consistent with a stricture in the ileum due to a mass lesion. The patient is not a candidate for surgical intervention. The patient is referred for a therapeutic ileoscopy with evaluation of the ileum and placement of a stent in the ileum for palliation.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 81%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 67%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic and imaging equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic, imaging and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the ileal stomal area is performed. A standard endoscope is lubricated, inserted into the stoma, and advanced to the site of narrowing. The lesion to be stented is identified and assessed. A balloon dilating catheter is inserted through the endoscope, positioned through the tumor under endoscopic guidance, and inflated to allow passage of the endoscope through the tumor, confirming its extent. The endoscope is withdrawn, allowing measurement of the tumor and marking the distal and proximal margins for stent placement. A guidewire is inserted

through the endoscope. Using fluoroscopic and endoscopic guidance, the expandable wire stent is advanced over the guidewire and positioned across the tumor. If necessary, contrast is inserted under fluoroscopic guidance to confirm positioning of the stent. Fluoroscopic imaging is obtained and spot digital images are taken. The stent is slowly deployed across the tumor under fluoroscopic guidance, with repositioning if necessary. Once the stent is placed, the guidewire and introducing device are withdrawn. Contrast is injected through the endoscope to assess placement and patency. As needed, deployment of balloon dilating catheter is utilized to expand the stent to sufficient lumen size. The area is observed to confirm absence of active bleeding. The endoscope is then advanced to the extent feasible. The endoscope is slowly withdrawn to allow circumferential examination of the ileal mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. Supervision of the level of sedation and vital signs is performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway, and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Post procedure documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. Radiographic images are reviewed. The patient is assessed for complications of the procedure and suitability to discharge from the recovery suite relative to established discharge criteria. Discharge orders are written from recovery room and transfer to medical/surgical floor when the patient has reached a suitable level of consciousness and is stable. Orders are written and ongoing care is discussed with floor nurses, including labs, films, medications, diet, and patient activity.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	44384		
Sample Size:	1995	**Resp N:** 21	**Response:** 1.0 %
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	1.00	**2.00**	3.00	10.00
Survey RVW:	3.35	4.60	**4.90**	5.40	7.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	30.00	**40.00**	45.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44384	**Recommended Physician Work RVU: 3.11**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.78	**RUC Time**	78,830

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	38,792

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 44384**	**Key Reference CPT Code:** 31638	**Source of Time**
			RUC Time
Median Pre-Service Time	39.00	50.00	
Median Intra-Service Time	40.00	60.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**94.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.29	4.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.43	4.29
Urgency of medical decision making	4.43	4.43
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	5.00
Physical effort required	4.57	4.43
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	5.00	4.86
Outcome depends on the skill and judgment of physician	4.86	4.71
Estimated risk of malpractice suit with poor outcome	4.43	4.57

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.57	4.57
Intra-Service intensity/complexity	4.71	4.71
Post-Service intensity/complexity	4.29	4.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The ileoscopy codes (44380-44382) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the ileoscopy code set.

Discussion and Recommendation

44384 *Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 3.11. This value is less than the 25th percentile RVW. It is equal to the recommendation for the ileoscopy base 44380 plus an established increment of 2.14 (4326X8-43235) approved by the RUC in January 2013 for endoscopic stent placement, including pre- and post-dilation and guide wire passage, when performed.

Pre-time Package 2b is appropriate.

Comparison to Key Ref 31638

Key Reference code 31638, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages. Stent placement through a stoma (44384 is technically more challenging than stent repositioning using a bronchoscope (31638).

Comparison To Other RUC-Reviewed Codes with 30 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2005	**31622**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.78	0.069	65	20	30	15
2003	**31623**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.88	0.066	70	20	30	20
2008	**62267**	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	3.00	0.068	79	34	30	15
survey	**44384**	Ileoscopy with stent placement	3.11	0.070	78	33	30	15
2012	**32557**	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	0.079	67	22	30	15

2010	**31296**	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	0.071	88	43	30	15
2007	**50386**	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	3.30	0.070	90	45	30	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44383

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 660
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare database 221 in 2011. (221*3 = ~ 660)

Specialty Gastroenterology Frequency 570 Percentage 86.36 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 221
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 221 in 2011.

Specialty Gastroenterology Frequency 190 Percentage 85.97 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44383

ISSUE: Ileoscopy

TAB: 4

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENC MIN	SURVEY 25th	SURVEY MED	SURVEY 75th	SURVEY MAX	IS CHG	% CHG	RVW CHG
REF	45305	Proctosigmoidoscopy, ri	23	0.054			1.25			45		15	5	5			10			10								
HARVARD	44380	Ileoscopy, through stoma; dia		0.014			1.05			71		11		25			22			13								
	44380	10 min CS movement		0.007			1.05			71		21		25			12			13								
SVY	44380	Ileoscopy, through stom	76	0.111	0.80	1.30	2.49	3.36	4.88	55		20	5	5	5	12	15	20	35	10	0	4	6	10	90			
REC	44380	Ileoscopy, diagnostic		0.017			0.97			50	1b	19	1	5			15			10						3	25%	-0.08
Rationale		Crosswalk to 91040 (0.97 RVW, 15/15/15)																										
REF	45305	Proctosigmoidoscopy, ri	27	0.054			1.25			45		15	5	5			10			10								
HARVARD	44382	Ileoscopy, through stoma; wit		0.018			1.27			77		13		25			22			17								
	44382	10 min CS movement		0.014			1.27			77		23		25			12			17								
SVY	44382	Ileoscopy, through stom	66	0.070	1.00	1.50	2.39	3.42	4.90	67		25	5	5	8	15	20	25	45	12	0	3	7	12	50			
REC	44382	biopsy		0.026			1.27			57	1b	19	1	5			20			12						8	67%	0.00
Rationale		established increment (0.30)																										
REF	31638	Bronchoscopy, rigid or f	9	0.055			4.88			140		20	15	15			60			30								
				#DIV/0!						0																		
SVY	44381	Ileoscopy, through stom	48	0.117	1.50	3.19	4.00	5.00	6.00	76		26	5	5	13	20	25	30	90	15	0	0	2	4	25			
REC	44381	balloon dilation		0.020			1.48			72	2b	26	1	5			25			15						NA	NA	NA
Rationale		established increment (0.51)																										
REF	31638	Bronchoscopy, rigid or f	14	0.055			4.88			140		20	15	15			60			30								
				#DIV/0!						0																		
SVY	44384	Ileoscopy, through stom	47	0.121	1.70	4.13	4.90	5.85	8.00	90		35	5	5	15	28	30	45	90	15	0	0	0	2	10			
REC	44384	stent placement with pre- and po		0.049			3.11			94	2b	33	1	5			40			15						NA	NA	NA
Rationale		established increment (2.14). Recommended intra-service time is performers' median.																										

Code	Description	Current RVW	Proposed RVW	Pre Svc Pkg	Pre	Intra	Post	Total	IWPUT	Increment over base	Rationale
Tab 4 - Ileoscopy - sorted by RVW, ascending order											
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1.05	0.97	1b	25	15	10	52	0.017	NA	Crosswalk to 91040 (0.97 RVW, 15/15/15)
44382	Ileoscopy, through stoma; with biopsy, single or multiple	1.27	1.27	1b	25	20	12	59	0.026	0.30	44380 (0.97) + increment of 43202-43200 (0.30)
4438X1	Ileoscopy, through stoma; with trans-endoscopic balloon dilation		1.48	2b	32	25	15	73	0.020	0.51	44380 (0.97) + increment of 43220-43200 (0.51)
4438X4	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		3.11	2b	39	40	15	78	0.049	2.14	44380 (0.97) + increment of 43266-43235 (2.14)
Tab 5 - Pouchoscopy - sorted by RVW, ascending order											
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1.82	1.30	1b	27	15	10	52	0.036	NA	25th percentile
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	2.12	1.60	1b	27	17	10	54	0.050	0.30	44385 (1.30) + increment of 43202-43200 (0.30)
Tab 6 - Flexible sigmoidoscopy - sorted by RVW, ascending order											
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	0.96	0.84	1a	21	10	10	41	0.022	NA	Crosswalk to 12001 (0.84 RVW, 7/10/5)
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1.15	1.14	1a	21	15	10	46	0.034	0.30	45330 (0.84) + increment of 43202-43200 (0.30)
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1.46	1.15	1b	27	15	10	52	0.026	0.31	45330 (0.84) + increment of 43201-43200 (0.31)
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1.79	1.65	1b	27	15	10	52	0.060	0.81	45330 (0.84) + increment of 43216-43200 (0.81)
45332	Sigmoidoscopy, flexible; with removal of foreign body	1.79	1.85	2b	33	20	10	63	0.048	1.01	45330 (0.84) + increment of 43215-43200 (1.01)
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	1.89	1.35	2b	33	20	15	68	0.017	1.09	45330 (0.84) + increment of 43220-43200 (0.51)
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2.73	2.10	2b	33	20	10	63	0.060	1.30	25th percentile. There is no established increment for control of bleeding across families due to differing amounts of physician work involved in each procedure.
45338*	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.34	2.15	2b	33	15	10	58	0.084	1.31	45330 (0.84) + increment of 43217-43200 (1.31)
45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2.36	2.20	2b	38	25	15	73	0.043	1.40	25th percentile.
4534X6	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		2.97	2b	33	20	10	63	0.104	2.13	45330 (0.84) + increment of 43270-43200 (2.13)
4534X7	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		2.98	2b	41	35	15	83	0.051	2.14	45330 (0.84) + increment of 43266-43235 (2.14)

Established increments by family

Tab 4 - Ileoscopy Proposed Increments				
Ileoscopy Code	**Description**	**Proposed RUC RVU**	**Increment above base ileoscopy Code (44380)**	**Ileoscopy Code Rationale**
44382	biopsy	1.27	0.30	44380 (0.97) + increment of 43202-43200 (0.30)
44381	balloon dilation	1.48	0.51	44380 (0.97) + increment of 43220-43200 (0.51)
44384	endoscopic stent (includes pre- and post-dilation)	3.11	2.14	44380 (0.97) + increment of 43266-43235 (2.14)
Tab 5 - Pouchoscopy Proposed Increments				
Pouchoscopy Code	**Description**	**Proposed RUC RVU**	**Increment above base pouchoscopy Code (44385)**	**Pouchoscopy Code Rationale**
44386	biopsy	1.60	0.30	44385 (1.30) + increment of 43202-43200 (0.30)
Tab 6 - Flexible Sigmoidoscopy Proposed Increments				
Flex Sig Code	**Description**	**Proposed RUC RVU**	**Increment above base flex sig Code (45330)**	**Pouchoscopy Code Rationale**
45331	biopsy	1.14	0.30	45330 (0.84) + increment of 43202-43200 (0.30)
45332	foreign body removal	1.85	1.01	45330 (0.84) + increment of 43215-43200 (1.01)
45333	hot biopsy	1.65	0.81	45330 (0.84) + increment of 43216-43200 (0.81)
45334*	control of bleeding	2.10	1.30	25th percentile
45335	submucosal injection	1.15	0.31	45330 (0.84) + increment of 43201-43200 (0.31)
45337	decompression on volvulus	2.2	1.4	25th percentile
45338	snare polypectomy	2.15	1.31	45330 (0.84) + increment of 43217-43200 (1.31)
45340	balloon dilation	1.89	1.09	25th percentile
45346	ablation (includes pre- and post-dilation and guide wire passage)	2.97	2.13	45330 (0.84) + increment of 43212-43200 (2.13)
45347	endoscopic stent (includes pre- and post-dilation)	2.98	2.14	45330 (0.84) + increment of 43266-43235 (2.14)
ERCP RUC-Approved Increments				
ERCP Code	**Description**	**RUC RVU**	**Increment above base EGD Code (43260)**	**ERCP Code Rationale**
43261	biopsy	6.25	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43275	foreign body removal	6.96	1.01	43260 (5.95) + increment of 43215-43200 (1.01)
43278	ablation (includes pre- and post-dilation and guide wire passage)	8.08	2.13	43260 (5.95) + increment of 43212-43200 (2.13)
EGD RUC-Approved Increments				
EGD Code	**Description**	**RUC RVU**	**Increment above base EGD Code (43235)**	**EGD Code Rationale**
43239	biopsy	2.56	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43236	submucosal injection	2.57	0.31	43235 (2.26) + increment of 43201-43200 (0.31)
43249	esophageal balloon dilation < 30mm	2.77	0.51	43235 (2.26) + increment of 43220-43200 (0.51)
43245	gastric/duodenal balloon dilation < 30 mm	3.18	0.92	current value
43248	guide wire insertion	3.01	0.75	43235 (2.26) + increment of 43226-43200 (0.75)
43252	optical endomicroscopy	3.06	0.80	43235 (2.26) + increment of 43206-43200 (0.80)
43250	hot biopsy	3.07	0.81	43235 (2.26) + increment of 43216-43200 (0.81)
43247	foreign body removal	3.27	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43251	snare	3.57	1.31	43235 (2.26) + increment of 43217-43200 (1.31)
43237	EUS, limited to esophagus	3.85	1.59	25th percentile
43255*	control of bleeding	4.20	1.94	25th percentile
43243*	sclerosis injection	4.37	2.11	25th percentile
43270	ablation (includes pre- and post-dilation and guidewire passage)	4.39	2.13	43235 (2.26) + increment of 43212-43200 (2.13)
43266	endoscopic stent (includes pre- and post-dilation and guide wire passage)	4.40	2.14	25th percentile
43233	balloon dilation > 30mm	4.45	2.19	43235 (2.26) + increment of 43214-43200 (2.19)
43238	EUS FNA, limited to esophagus	4.50	2.24	25th percentile
43244*	band ligation	4.50	2.24	25th percentile
43259	EUS, esoph, stomach, duodenum	4.74	2.48	25th percentile
43254	endoscopic mucosal resection	5.25	2.99	25th percentile
43242	EUS FNA, esoph, stomach, duodenum	5.39	3.13	43259 (4.74) + increment of FNA 43237-43238 (0.65)

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

Esophagoscopy RUC-Approved Increments				
Esoph Code	**Description**	**RUC RVU**	**Increment above base Esoph Code (43200)**	**Esophagoscopy Code Rationale**
43202	biopsy	1.89	0.30	Current value
43201	submucosal injection	1.90	0.31	Direct crosswalk to MPC code 64483
43220	esoph balloon dilation < 30mm	2.10	0.51	Current value
43226	dilation over guide wire insertion	2.34	0.75	Current value
43206	optical endomicroscopy	2.39	0.80	Direct crosswalk to code 12006
43216	hot biopsy	2.40	0.81	Current value
43215	foreign body removal	2.60	1.01	Current value
43204*	sclerosis injection	2.89	1.30	25th percentile
43217	snare polypectomy	2.90	1.31	Current value
43205*	band ligation	3.00	1.41	25th percentile
43231	EUS	3.19	1.60	25th percentile
43227*	control of bleeding	3.26	1.67	25th percentile
Esoph Code	**Description**	**RUC RVU**	**Increment subtracted from EGD Code**	**Esoph Code Rationale**
43229	ablation (includes pre- and post-dilation and guide wire passage)	3.72	2.13	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43212	endoscopic stent (includes pre- and post-dilation and guide wire passage)	3.73	2.14	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43214	balloon dilation > 30mm	3.78	2.19	43233 25th percentile (4.45) - 0.67 (diff 43235-43200) = 3.78
43232	EUS FNA	3.83	2.24	43238 25th percentile (4.50) - 0.67 (diff 43235-43200) = 2.24
43211	endoscopic mucosal resection	4.58	2.99	43254 25th percentile (5.25) - 0.78 = 4.58

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

Established increments by procedure

CPT	Short descriptor	RVW	Increment	Rationale
Biopsy				
45331	Flexible sigmoidoscopy with biopsy	1.14	0.30	45330 (0.84) + increment of 43202-43200 (0.30)
44386	Pouchoscopy with biopsy	1.60	0.30	44385 (1.30) + increment of 43202-43200 (0.30)
44382	Ileoscopy with biopsy	1.27	0.30	44380 (0.97) + increment of 43202-43200 (0.30)
43261	ERCP with biopsy	6.25	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43239	EGD with biopsy	2.56	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43202	Esophagoscopy with biopsy	1.89	0.30	Current value
Balloon dilation < 30 mm				
45340*	Flexible sigmoidoscopy with balloon dilation	1.35	0.51	45330 (0.84) + increment of 43220-43200 (0.51)
44381	Ileoscopy with balloon dilation	1.48	0.51	44380 (0.97) + increment of 43220-43200 (0.51)
43249	EGD with esophagus balloon dilation < 30mm	2.77	0.51	43235 (2.26) + increment of 43220-43200 (0.51)
43220	Esophagoscopy with esophagus balloon dilation < 30mm	2.10	0.51	Current value
43245	EGD with gastric/duodenal balloon dilation < 30mm	3.18	0.92	Current value
Submucosal injection				
45335	Flexible sigmoidoscopy with submucosal injection	1.15	0.31	45330 (0.84) + increment of 43201-43200 (0.31)
43236	EGD with submucosal injection	2.57	0.31	43235 (2.26) + increment of 43201-43200 (0.31)
43201	Esophagoscopy with submucosal injection	1.90	0.31	Direct crosswalk to MPC code 64483
Dilation with Guide wire insertion				
43248	EGD with dilation over guide wire insertion	3.01	0.75	43235 (2.26) + increment of 43226-43200 (0.75)
43226	Esophagoscopy with dilation over guide wire insertion	2.34	0.75	Current value
Optical endomicroscopy				
43252	EGD with optical endomicroscopy	3.06	0.80	43235 (2.26) + increment of 43206-43200 (0.80)
43206	Esophagoscopy with optical endomicroscopy	2.39	0.80	Direct crosswalk to code 12006
Hot biopsy				
45333	Flexible sigmoidoscopy with hot biopsy	1.65	0.81	45330 (0.84) + increment of 43216-43200 (0.81)
43250	EGD with hot biopsy	3.07	0.81	43235 (2.26) + increment of 43216-43200 (0.81)
43216	Esophagosocpy with hot biopsy	2.40	0.81	Current value
Foreign body removal				
45332	Flexible sigmoidoscopy with foreign body removal	1.85	1.01	45330 (0.84) + increment of 43215-43200 (1.01)
43275	ERCP with foreign body removal	6.96	1.01	43260 (5.95) + increment of 43215-43200 (1.01)
43247	EGD with foreign body removal	3.27	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43215	Esophagoscopy with foreign body removal	2.60	1.01	Current value
Snare				
45338	Flexible sigmoidoscopy with snare polypectomy	2.15	1.31	45330 (0.84) + increment of 43217-43200 (1.31)
43251	EGD with snare polypectomy	3.57	1.31	43235 (2.26) + increment of 43217-43200 (1.31)
43217	Esophagoscopy with snare polypectomy	2.90	1.31	Current value
Ablation				
4534X6	Flexible sigmoidoscopy with ablation (includes pre- and post-dilation and guide wire placement)	2.97	2.13	45330 (0.84) + increment of 43270-43235 (2.13)
43278	ERCP with ablation (includes pre- and post-dilation and guide wire placement)	8.08	2.13	43260 (5.95) + increment of 43270-43235 (2.13)
43229	Esophagoscopy with ablation (includes pre- and post-dilation and guide wire placement)	3.72	2.13	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43270	EGD with ablation (includes pre- and post-dilation and guide wire placement	4.39	2.13	25th percentile
Endoscopic stent placement				
44384	Ileoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.11	2.14	44380 (0.97) + increment of 43266-43235 (2.14)
45347	Flexible sigmoidoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	2.98	2.14	45330 (0.84) + increment of 43266-43235 (2.14)
43212	Esophagoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.73	2.14	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43266	EGD with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.40	2.14	25th percentile
Balloon dilation > 30 mm				
43214	Esophagoscopy with balloon dilation > 30 mm	3.78	2.19	43233 25th percentile (4.45) - 0.67 = 3.78
43233	EGD with balloon dilation > 30 mm	4.45	2.19	25th percentile

EMR				
43211	Esophagoscopy with endoscopic mucosal resection	4.58	2.99	43254 25th percentile (5.25) - 0.78 = 4.58
43254	EGD with endoscopic mucosal resection	5.25	2.99	25th percentile

4
Tab Number

Ileoscopy
Issue

44380-44382, 4438X1, 4438X2
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

_____
Signature

Bruce Cameron, MD
_____
Printed Signature

American College of Gastroenterology
Specialty Society

September 9, 2013
Date

4
Tab Number

Ileoscopy
Issue

44380-44382, 4438X1, 4438X2
Code Range

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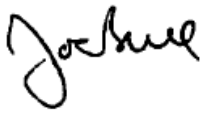

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Signature

Joel V Brill
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Printed Signature

American Gastroenterological Association
Specialty Society

September 9, 2013
Date

4
Tab Number

Ileoscopy
Issue

44380-44382, 4438X1, 4438X2
Code Range

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Signature

Shivan Mehta, MD
_____
Printed Signature

AGA_____
Specialty Society

September 9, 2013
Date

4
Tab Number

Ileoscopy
Issue

44380-44382, 4438X1, 4438X2
Code Range

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_____
Signature

Edward Bentley, MD
_____
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

September 9, 2013
Date

4
Tab Number

Ileoscopy
Issue

44380-44382, 4438X1, 4438X2
Code Range

Attestation Statement

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_____
Signature

Nicholas Nickl, MD

_____
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

September 9, 2013
Date

CPT Code: Tab 4 (Ileoscopy)
Specialty Society('s) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed
44382	Ileoscopy, through stoma; with biopsy, single or multiple
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

Global Period: 000 Meeting Date: October 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Current Time data					Survey Code Recommendation			
CPT	**Source**	**Pre**	**Intra**	**Post**	**CPT**	**Pre**	**Intra**	**Post**
44380	PEAC 2003	19	0	3	**44380**	**19**	**0**	**3**
44382	PEAC 2003	19	0	3	**44382**	**19**	**0**	**3**
New	**Code**	N/A	N/A	N/A	**44381**	**19**	**0**	**3**
44383	PEAC 2003	30	0	3	**44384**	**19**	**0**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The practice expense inputs being presented for these codes correspond directly to the practice expense inputs that were approved for the similar esophagoscopy and EGD codes that the RUC approved in October 2012 and January 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
For all codes shown above:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
For all codes but 44384:

- Three minutes for a follow-up phone call to patient

CPT Code: Tab 4 (Ileoscopy)
Specialty Society('s) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed
44382	Ileoscopy, through stoma; with biopsy, single or multiple
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation

Global Period: 000____ Meeting Date: __October, 2013_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

44380 and 44382 were previously not priced in the office setting, references code 43200 and 43202 were chosen to match the similar service for EGD. These crosswalk reference codes were recently reviewed and approved by the PE Subcommittee in January 2013.

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
44380	PEAC 2003	**0**	**0**	**3**	**43200**	RUC 2012	**9**	**73**	**3**	**44380**	**9**	**73**	**3**
44382	PEAC 2003	**0**	**0**	**3**	**43202**	RUC 2012	**9**	**78**	**3**	**44382**	**9**	**78**	**3**
New	Code	**N/A**	**N/A**	**N/A**	**43220**	RUC 2012	**9**	**78**	**3**	**44381**	**9**	**83**	**3**

* Note: RN time will be equal to 2 minutes (standard for sedate apply MS) PLUS 100% physician time for scope-in-scope out PLUS 15 minutes to monitor the patient after scope out during anesthesia reversal

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We present the following arguments for compelling evidence:

- Changes in technology
- Changes in site of service
- Errors/omissions in previous valuation

When the Practice Expense Subcommittee reviewed the esophagoscopy codes 43200-43232 (Tab 10) in October 2012, they accepted that there was compelling evidence to review, change and update the practice expense staff, supplies and equipment inputs for all of the codes in the family since they were last evaluated for practice expense, based on changes in technology, site of service migration for several services not previously valued in the non-facility setting, changes in patient safety requirements, and the absence of scope cleaning supplies in non-facility setting.

The practice expense inputs being presented for 44380 and 44382 correspond directly to the practice expense inputs that were approved for the similar esophagoscopy codes 43200 and 43202 that the RUC approved in October 2012.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Three minutes to complete pre-service diagnostic and referral forms.
Three minutes to coordinate pre-surgery services with other qualified healthcare providers
Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Five minutes: 4-6 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Thirty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities:
Three minutes for a follow-up phone call to patient

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1				AMA Specialty Society Recommendation												
2	***Please note: If a supply has a purchase price of**			**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43200) RUC 10/12)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43202) RUC 10/12)**		**Crosswa from 10/2**
2				**44380**		**43200**		**44380**		**44382**		**43202**		**44382**		**43**
3	**Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, with biopsy, single or multiple		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, v dilation (le mm di
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**32**	**0**	**32**	**0**	**0.0**	**0.0**	**37**	**0**	**37**	**0**	**37**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3.0**	**22.0**	**85**	**22**	**85**	**22**	**3.0**	**22.0**	**90**	**22**	**90**	**22**	**90**
8	**PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**9**	**19**	**9**	**19**	**0.0**	**19.0**	**9**	**19**	**9**	**19**	**9**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**32**	**0**	**32**	**0**	**0.0**	**0.0**	**37**	**0**	**37**	**0**	**37**
10	**SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**73**	**0**	**73**	**0**	**0.0**	**0.0**	**78**	**0**	**78**	**0**	**78**
11	**POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3**	**3**	**3**	**3**	**3.0**	**3.0**	**3**	**3**	**3**	**3**	**3**
12	**PRE-SERVICE**															
13	**Start: Following visit when decision for surgery or procedure made**															
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**	**3**	**3**	**3**	**3**		**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**	**3**	**5**	**3**	**5**		**5**	**3**	**5**	**3**	**5**	**3**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**	
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**	
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**	**3**	**3**	**3**	**3**		**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*															
20	**End: When patient enters office/facility for surgery/procedure**															
21	**SERVICE PERIOD**															
22	**Start: When patient enters office/facility for surgery/procedure:**															
23	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**		**3**
24	Obtain vital signs	L037D	RN/LPN/MTA			**5**		**5**				**5**		**5**		**5**
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**		**3**
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			**2**		**2**				**2**		**2**		**2**
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			**5**		**5**				**5**		**5**		**5**
28	Prepare and position patient/ monitor patient/ set up	L037D	RN/LPN/MTA			**2**		**2**				**2**		**2**		**2**
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA													
30	*Other Clinical Activity - specify:	L037D	RN/LPN/MTA													
31	Sedate/apply anesthesia	L051A	RN			**2**		**2**				2		2		2
32	**Intra-service**															
33	Moderate sedation	L051A	RN			**15**		**15**				**20**		**20**		**20**
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			**15**		**15**				**20**		**20**		**20**
35	**Post-Service**															
36	Monitor pt. following service/check tubes, monitors,	L051A	RN			**15**		**15**				**15**		**15**		**15**
37	Monitor pt. following service/check tubes, monitors,	L037D	RN/LPN/MTA													
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**		**3**
39	Clean Scope	L037D	RN/LPN/MTA			**30**		**30**				**30**		**30**		**30**
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA													
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA			**2**		**2**				**2**		**2**		**2**
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA													
43	Check dressings & wound/ home care instructions	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**		**3**
44	Discharge night same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA													

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1				AMA Specialty Society Recommendation												
				PEAC 2003		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43200) RUC 10/12)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43202) RUC 10/12)**		**Crosswalk from 10/2**
2	***Please note: If a supply has a purchase price of**			**44380**		**43200**		**44380**		**44382**		**43202**		**44382**		**43**
3	**Meeting Date: October 2013** **Tab: 4 - Ileoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, with biopsy, single or multiple		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, w dilation (le mm dia
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA													
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D	RN/LPN/MTA													
47	**End: Patient leaves office**															
48	**POST-SERVICE Period**															
49	**Start: Patient leaves office/facility**															
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**															
60	**MEDICAL SUPPLIES**	**CODE**	UNIT													
61	***SCRUB, DRESS, DRAPE***															
62	pack, minimum multi-specialty visit	SA048	pack			**1**		**1**				**1**		**1**		**1**
63	gown, staff, impervious	SB027	item			**2**		**2**				**2**		**2**		**2**
64	cap, surgical	SB001	item			**3**		**3**				**3**		**3**		**3**
65	mask, surgical, with face shield	SB034	item			**3**		**3**				**3**		**3**		**3**
66	shoe covers, surgical	SB039	pair			**3**		**3**				**3**		**3**		**3**
67	scrub brush (impregnated)	SM023	item			**3**		**1**				**3**		**1**		**3**
68	drape, non-sterile, sheet 40in x 60in	SB006	item			**1**		**1**				**1**		**1**		**1**
69	basin, emesis	SJ010	item			**1**						**1**				**1**
70	denture cup	SJ016	item			**1**						**1**				**1**
71	***MODERATE SEDATION***															
72	pack, moderate sedation	SA044	pack			**1**		**1**				**1**		**1**		**1**
73	bite block	SD006	item			**1**						**1**				**1**
74	***PROCEDURE INSTRUMENTS / SUPPLIES***															
75	endoscope anti-fog solution	SM014	ml			**1**		**1**				**1**		**1**		**1**
76	endoscopic cytology brush	SD067	item			**1**		**1**				**1**		**1**		**1**
77	endoscopic biopsy forceps	SD066	item									**1**		**1**		
79	guidewire, STIFF	SD090	item													**1**
80	endoscopic balloon, dilation	SD019	item													**3**
81	canister, suction	SD009	item			**2**		**1**				**2**		**1**		**2**
82	tubing, suction, non-latex (6ft uou)	SD132	item			**1**		**1**				**1**		**1**		**1**
83	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item			**1**						**1**				**1**
84	syringe 50-60ml	SC056	item			**1**		**1**				**1**		**1**		**1**
85	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			**1**						**1**				**1**
86	water, distilled	SK087	oz					**5**						**5**		
87	gauze, non-sterile 4in x 4in	SG051	item			**1**		**1**				**1**		**1**		**1**
88	cup, biopsy-specimen non-sterile 4oz	SL035	item			**1**		**1**				**1**		**1**		**1**
89	paper, photo printing (8.5 x 11)	SK058	item			**1**		**1**				**1**		**1**		**1**
90	lubricating jelly (K-Y) (5gm uou)	SJ032	item			**4**		**4**				**4**		**4**		**4**
93	pack, cleaning and disinfecting, endoscope	SA042	pack			**1**		**1**				**1**		**1**		**1**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1				AMA Specialty Society Recommendation												
				PEAC 2003		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43200) RUC 10/12)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43202) RUC 10/12)**		**Crosswa from 10/2**
2	***Please note: If a supply has a purchase price of**			**44380**		**43200**		**44380**		**44382**		**43202**		**44382**		**43**
3	**Meeting Date: October 2013** **Tab: 4 - Ileoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, with biopsy, single or multiple		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, v dilation (le mm dia
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
94	**EQUIPMENT**	**CODE**														
95	videoscope, gastroscopy	ES034				**59**		**59**				**64**		**64**		**64**
96	stretcher	EF018				**73**		**73**				**78**		**78**		**78**
97	IV infusion pump	EQ032				**52**		**52**				**57**		**57**		**57**
98	table, power	EF031				**29**		**29**				**34**		**34**		**34**
99	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031				**29**		**29**				**34**		**34**		**34**
100	suction machine (Gomco)	EQ235				**29**		**29**				**34**		**34**		**34**
101	table, instrument, mobile	EF027				**29**		**29**				**34**		**34**		**34**
102	endoscope disinfector, rigid or fiberoptic, w-cart	ES005				**30**		**30**				**30**		**30**		**30**
103	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011				**52**		**52**				**57**		**57**		**57**

	A	B	C	Q	R	S	T	U	V	W	X	Y
1				alk Code RUC 2012	Recommendation NEW CODE from 43220		PEAC 2003		Crosswalk Code from RUC 01/2013		Recommendation NEW CODE from 43266	
2	*Please note: If a supply has a purchase price of			220	44381		44383		43266		44384	
3	Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI	CMS Code	Staff Type	ith balloon ss than 30 ameter)	Ileoscopy, through stoma; with transendoscopic balloon dilation		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		EGD, with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage,		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and	
4	LOCATION			Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	0	42	0	0.0	0.0	0	0	0	0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	22	95	22	0.0	33.0	0	19	0	22
8	PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	19	9	19	0.0	30.0	0	19	0	19
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	0	42	0	0.0	0.0	0	0	0	0
10	SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	83	0	0.0	0.0	0	0	0	0
11	POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3	3	3	0.0	3.0	0	0	0	3
12	PRE-SERVICE											
13	Start: Following visit when decision for surgery or procedure made											
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	3	3		5		3		3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	5	3	5		10		5		5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA	3		3		5		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		7		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3		3		3		3
19	*Other Clinical Activity - *specify:*											
20	End: When patient enters office/facility for surgery/procedure											
21	SERVICE PERIOD											
22	Start: When patient enters office/facility for surgery/procedure:											
23	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA		3							
24	Obtain vital signs	L037D	RN/LPN/MTA		5							
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		3							
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA		2							
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA		5							
28	Prepare and position patient/ monitor patient/ set up	L037D	RN/LPN/MTA		2							
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA									
30	*Other Clinical Activity - specify:	L037D	RN/LPN/MTA									
31	Sedate/apply anesthesia	L051A	RN		2							
32	Intra-service											
33	Moderate sedation	L051A	RN		25							
34	Assist physician in performing procedure	L037D	RN/LPN/MTA		25							
35	Post-Service											
36	Monitor pt. following service/check tubes, monitors,	L051A	RN		15							
37	Monitor pt. following service/check tubes, monitors,	L037D	RN/LPN/MTA									
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA		3							
39	Clean Scope	L037D	RN/LPN/MTA		30							
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA									
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA		2							
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA									
43	Check dressings & wound/ home care instructions	L037D	RN/LPN/MTA		3							
44	Discrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA									

	A	B	AMA Specialty Society C	Q	R	S	T	U	V	W	X	Y
1				alk Code RUC 2012	Recommendation NEW CODE from 43220		PEAC 2003		Crosswalk Code from RUC 01/2013		Recommendation NEW CODE from 43266	
2	*Please note: If a supply has a purchase price of			220	44381		44383		43266		44384	
3	Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI	CMS Code	Staff Type	ith balloon ss than 30 ameter)	Ileoscopy, through stoma; with transendoscopic balloon dilation		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		EGD, with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage,		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and	
4	LOCATION			Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA									
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D	RN/LPN/MTA									
47	End: Patient leaves office											
48	POST-SERVICE Period											
49	Start: Patient leaves office/facility											
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3		3		0		3
59	End: with last office visit before end of global period											
60	MEDICAL SUPPLIES	CODE	UNIT									
61	*SCRUB, DRESS, DRAPE*											
62	pack, minimum multi-specialty visit	SA048	pack		1							
63	gown, staff, impervious	SB027	item		2							
64	cap, surgical	SB001	item		3							
65	mask, surgical, with face shield	SB034	item		3							
66	shoe covers, surgical	SB039	pair		3							
67	scrub brush (impregnated)	SM023	item		1							
68	drape, non-sterile, sheet 40in x 60in	SB006	item		1							
69	basin, emesis	SJ010	item									
70	denture cup	SJ016	item									
71	*MODERATE SEDATION*											
72	pack, moderate sedation	SA044	pack		1							
73	bite block	SD006	item									
74	*PROCEDURE INSTRUMENTS / SUPPLIES*											
75	endoscope anti-fog solution	SM014	ml		1							
76	endoscopic cytology brush	SD067	item		1							
77	endoscopic biopsy forceps	SD066	item									
79	guidewire, STIFF	SD090	item		1							
80	endoscopic balloon, dilation	SD019	item		3							
81	canister, suction	SD009	item		1							
82	tubing, suction, non-latex (6ft uou)	SD132	item		1							
83	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item									
84	syringe 50-60ml	SC056	item		1							
85	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item									
86	water, distilled	SK087	oz		5							
87	gauze, non-sterile 4in x 4in	SG051	item		1							
88	cup, biopsy-specimen non-sterile 4oz	SL035	item		1							
89	paper, photo printing (8.5 x 11)	SK058	item		1							
90	lubricating jelly (K-Y) (5gm uou)	SJ032	item		4							
93	pack, cleaning and disinfecting, endoscope	SA042	pack		1							

	A	B	AMA Specialty Society Recommendation	Q	R	S	T	U	V	W	X	Y
1				alk Code RUC 2012	Recommendation NEW CODE from 43220		PEAC 2003		Crosswalk Code from RUC 01/2013		Recommendation NEW CODE from 43266	
2	*Please note: If a supply has a purchase price of			220	44381		44383		43266		44384	
3	Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI	CMS Code	Staff Type	with balloon ess than 30 ameter)	Ileoscopy, through stoma; with transendoscopic balloon dilation		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		EGD, with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage,		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and	
4	LOCATION			Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000
94	EQUIPMENT	CODE										
95	videoscope, gastroscopy	ES034			69							
96	stretcher	EF018			83							
97	IV infusion pump	EQ032			62							
98	table, power	EF031			39							
99	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031			39							
100	suction machine (Gomco)	EQ235			39							
101	table, instrument, mobile	EF027			39							
102	endoscope disinfector, rigid or fiberoptic, w-cart	ES005			30							
103	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011			62							

AMA/Specialty Society RVS Update RUC Summary of Recommendations
MPC List Screen

October 2013

Pouchoscopy

Several specific CPT codes identified by CMS through the MPC List screen were scheduled for review at the September 2011 RUC meeting. The RUC review of the codes led to significant concerns with the survey data, and in some cases, coding and payment policy for the individual codes. The specialty societies representing gastroenterology indicated that appropriate surveys could not be conducted until after the specialty societies had an opportunity to clarify and update CPT code descriptors. The specialty societies worked with the CPT Editorial Panel and CMS to resolve this coding and payment policy question as it relates to over 100 GI endoscopy services.

In the CPT 2014 cycle, the RUC reviewed all the esophagoscopy, EGD and ERCP families of codes. For the CPT 2015 cycle, the RUC reviewed the illeoscopy, pouchoscopy and flexible sigmoidoscopy services in October 2013 and reviewed colonoscopy and colonoscopy through the stoma procedures in January 2014. Given that this process will require the RUC and specialty societies to survey and review the entire family of endoscopy procedures, the RUC has consistently maintained that relativity within both the immediate and larger family is of paramount importance. As was done in the previous set of codes, the RUC used an incremental methodology to value the additional physician work above the base diagnostic procedure. The RUC noted that this methodology was necessary for three reasons. First, given that an entire genre of services is being reviewed, relativity amongst the family is critical. The potential for rank order anomalies is high considering the large amount of codes reviewed in succession. Second, CMS (then HCFA) used the incremental approach in their initial valuation of these services in 1992 and 1993. According to CMS commentary in the Federal Register for those years, the agency established a hierarchy of work from the least to the most difficult endoscopic procedure. Following this, fixed increments were added to the base procedure. Therefore, the RUC determined that these new codes should continue to be valued the same way endoscopic services were initially valued at the creation of the RBRVS. Finally, the RUC has established valuation of physician work through incremental intra-service work as an approved, viable alternate methodology. In fact, endoscopy is listed as an example of this methodology in the RUC's instructions for specialty societies developing work value recommendations.

44385 Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed
The RUC reviewed the survey results of 63 gastroenterologists and several surgical subspecialties including: general, gastrointestinal, endoscopic and colorectal and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 15 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient under sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

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The RUC reviewed the estimated work values and agreed with the specialty societies that 44385 is currently overvalued, with a work RVU of 1.82. Therefore, the RUC agreed that the survey's 25th percentile, 1.30 work RVUs, is an accurate value for this service. To justify a work RVU of 1.30, the RUC compared the surveyed code to MPC code 57452 *Colposcopy of the cervix including upper/adjacent vagina* (work RVU= 1.50). While both services have identical intra-service time, 15 minutes, the RUC agreed that 57452 is a more intense procedure and should be valued higher than 44385. In addition, the RUC reviewed CPT code 46611*Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique* (work RVU= 1.30) and agreed that since this code and the surveyed code have identical intra-service times and nearly identical total times, 50 minutes and 52 minutes, respectively, the two codes should be valued identically. Finally, the RUC noted that the recommended work RVU of 1.30 maintains the appropriate rank order between this pouchoscopy diagnostic procedure and the ileoscopy and esophagoscopy diagnostic procedures. This also confirms pouchoscopy as a more intense and complex procedure than ileoscopy because of the number of anastomotic lines involved, retroflexion in the pouch that is specific to each individual's anatomy, and a higher risk of perforation due to less compliance of the pouch secondary to scarring and rotation to left or right pelvic wall. **The RUC recommends a work RVU of 1.30 for CPT code 44385.**

44386 Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple
The RUC reviewed the survey results of 63 gastroenterologists and several surgeon subspecialties including: general, gastrointestinal, endoscopic and colorectal and recommends the following physician time components: pre-service time of 27 minutes, intra-service time of 17 minutes and post-service time of 10 minutes. The RUC agreed with the specialties that pre-service package 1B Facility straightforward patient under sedation was appropriate with two additional minutes of pre-service time over the package for lateral positioning and padding of bony prominences and to position the endoscopy equipment relative to the patient.

The RUC reviewed the estimated work values and agreed with the specialty societies that while the current work RVU of 2.12 is too high for 44386, the survey respondents underestimated the value at the 25th percentile, 1.50 work RVUs. Consistent with the incremental methodology established by the RUC to value the entire endoscopic family of services, the RUC noted that the identical increment between the esophagoscopy base code, 43200 (RUC recommended work RVU= 1.59) and the esophagoscopy biopsy code, 43202 (RUC recommended work RVU= 1.89) should be maintained in this pouchoscopy biopsy code. Therefore, the established increment for the physician work related to the biopsy, 0.30 work RVUs, was added to the base pouchoscopy diagnostic code, 44385 (RUC recommended work RVU= 1.30), for a recommended work RVU of 1.60 for CPT code 44386. The RUC agreed with the specialty that the physician work related solely to biopsy is not correlated to the work intensity of the base procedure. Therefore, maintaining the current increment across endoscopic families is appropriate.

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To justify a work RVU of 1.60, the RUC compared the surveyed code to CPT codes 64447 *Injection, anesthetic agent; femoral nerve, single* (work RVU= 1.50) and 15271 *Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area* (work RVU= 1.50) and noted that while noted that all three services have similar physician work, the reference codes should be valued slightly less due to less intra-service time than the surveyed code, 15 minutes compared to 17 minutes. Finally, the RUC reviewed MPC code 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU= 1.90) and noted that while the reference code has slightly less intra-service time, 15 minutes, compared to 44386, the reference code is a more intense procedure and is justly valued higher than the surveyed code. **The RUC recommends a work RVU of 1.60 for CPT code 44386.**

Practice Expense:
The Practice Expense Subcommittee reviewed the direct practice expense inputs for the pouchoscopy services and noted that these services mostly crosswalk from the esophagoscopy codes approved last year. For both codes, the total clinical labor slightly increased due to making several refinements approved by the RUC last year for the esophagoscopy codes. The supplies and equipment remained relatively stable, with changes results from the previous year's refinements. Finally the PE Subcommittee did approve one new equipment item specifically related to these types of procedures (videoscope, sigmoidoscopy). The RUC approved the revised PE spreadsheet as modified by the PE Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
▲⊙44385	Endoscopic evaluation of small intestinal pouch (~~abdominal~~eg, Kock pouch, ileal reservoir [S or ~~pelvic~~J])~~-pouch~~; diagnostic, ~~with or without~~including collection of specimen(s) by brushing or washing, when performed (separate procedure) (Do not report 44385 in conjunction with 44386)	000	1.30
▲⊙44386	with biopsy, single or multiple (Do not report 44386 in conjunction with 44382 for the same lesion) (Do not report 44386 in conjunction with 44385)	000	1.60

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44380 Tracking Number D1 Original Specialty Recommended RVU: **0.97**
Presented Recommended RVU: **0.97**
Global Period: 000 RUC Recommended RVU: **0.97**

CPT Descriptor: Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65 year old patient with previous proctocolectomy, ileostomy for inflammatory bowel disease presents with diarrhea. Diagnostic ileoscopy and collection of specimens by brushings is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 84%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 53%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the ileal stomal area is performed. A standard endoscope is lubricated, inserted into the stoma, and advanced to the extent feasible. The endoscope is slowly withdrawn to allow circumferential examination of the ileal mucosa. When indicated, brushings or washings are obtained of suspicious abnormalities. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. Supervision of the level of sedation and vital signs is performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway, and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient’s condition, including post-procedure vital signs, is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed if pertinent; post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	ACG, AGA, ASGE				
CPT Code:	44380				
Sample Size:	1984	**Resp N:**	76	**Response:** 3.8 %	
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**6.00**	10.00	90.00
Survey RVW:	0.80	1.30	**2.49**	3.36	4.88
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	12.00	**15.00**	20.00	35.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44380	**Recommended Physician Work RVU: 0.97**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45305	000	1.25	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with biopsy, single or multiple

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11100	000	0.81	**RUC Time**	2,812,102

CPT Descriptor 1 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	**RUC Time**	143,091

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 30.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 44380**	**Key Reference CPT Code:** 45305	**Source of Time** **RUC Time**
Median Pre-Service Time	25.00	25.00	
Median Intra-Service Time	15.00	10.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**50.00**	**45.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.26	2.78
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.30	2.52
Urgency of medical decision making	3.04	2.52
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.26	2.61
Physical effort required	2.83	2.52
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.04	2.57
Outcome depends on the skill and judgment of physician	3.35	2.83
Estimated risk of malpractice suit with poor outcome	3.30	2.87

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.91	2.39
Intra-Service intensity/complexity	3.13	2.61
Post-Service intensity/complexity	2.74	2.39

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The ileoscopy codes (44380-44382) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the ileoscopy code set.

Discussion and Recommendation

44380 *Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed*

Code 44380 is a Harvard-valued code and has never been surveyed by the RUC. The specialty consensus panel spent a significant amount of time reviewing the survey data for the current set of ileoscopy codes, comparing the data and values with the esophagoscopy codes (43200-43228), EGD codes (43235-43259), and ERCP codes (43260-43273) that were approved by the RUC at the October 2012, January 2013, and April 2013 RUC meetings. The consensus panel determined that ileoscopy through stoma is less complex than esophagoscopy, EGD and ERCP, but more complex than flexible sigmoidoscopy and proctoscopy. As such, the RVW for the ileoscopy base code (44380) should fall between esophagoscopy (43200 = 1.59 RVW) and proctoscopy (45300 = 0.80 RVW) / flexible sigmoidoscopy (current 45330 = 0.96, proposed = 0.80 recommended RVW).

We recommend crosswalking 44380 to 91040 at 0.97 RVW, which is less than the current and the 25th percentile RVW. The work of performing ileoscopy is similar to that of esophageal balloon distension provocation study (91040, 0.97 RVW, 15/15/15). The recommended RVW of 0.97 places ileoscopy appropriately between flexible sigmoidoscopy and esophagoscopy in terms of comparative physician work; however, the resulting IWPUT of 0.014 is artificially low for comparable services. The specialty consensus panel, therefore, recommends that 44380 should not be used for comparison purposes.

Pre-time Package 1b is appropriate.

Comparison to Key Ref 45305

Key Reference code 45305, *Proctosigmoidoscopy, rigid; with biopsy, single or multiple,* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The additional work of performing biopsies is reflected in the higher RVW for 45305 compared with the recommendation for 44380.

Comparison To Other RUC-Reviewed Codes with 15 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2005	**57160**	Fitting and insertion of pessary or other intravaginal support device	0.89	0.0268	40	20	15	5
2012	**11301**	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	0.90	0.0480	26	6	15	5
2007	**49460**	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation an	0.96	0.0090	55	30	15	10
Survey	**44380**	Ileoscopy, diagnostic	0.97	0.0142	52	27	15	10
2004	**91040**	Esophageal balloon distension provocation study	0.97	0.0227	45	15	15	15
2012	**23350**	Injection procedure for shoulder	1.00	0.0490	28	8	15	5

		arthrography or enhanced CT/MRI shoulder arthrography						
2010	**11042**	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	1.01	0.0369	36	11	15	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44380

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterolog How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6300
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2,097 in 2011. (2,097*3 = ~ 6,300)

Specialty Gastroenterology Frequency 3900 Percentage 61.90 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,166
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database in 2012

Specialty Gastroenterology Frequency 1300 Percentage 61.99 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44380

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44382 Tracking Number D2 Original Specialty Recommended RVU: **1.27**
Presented Recommended RVU: **1.27**
Global Period: 000 RUC Recommended RVU: **1.27**

CPT Descriptor: Ileoscopy, through stoma; with biopsy, single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60 year old patient with previous proctocolectomy, ileostomy for diffuse colitis presents with diarrhea and abdominal discomfort. Ileoscopy is performed to evaluate the ileum, and multiple biopsies are taken of abnormal tissue.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 83%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 50%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic and moderate sedation monitoring equipment is positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the stomal area is performed. A standard endoscope is lubricated, inserted into the stoma, and advanced to the extent feasible. The endoscope is slowly withdrawn to allow circumferential examination of the ileal mucosa. Ileal inflammatory changes are identified and assessed. Endoscopically directed biopsies are taken of abnormal tissue. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. Supervision of the level of sedation and vital signs is performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway, and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient's condition, including post-procedure vital signs, is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Cytology and pathology forms are completed; post procedure specimen verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests, and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	ACG, AGA, ASGE				
CPT Code:	44382				
Sample Size:	1994	**Resp N:**	66	**Response:** 3.3 %	
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**7.00**	12.00	50.00
Survey RVW:	1.00	1.50	**2.39**	3.42	4.90
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	8.00	15.00	**20.00**	25.00	45.00

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	44382	**Recommended Physician Work RVU: 1.27**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
45305	000	1.25	**RUC Time**

CPT Descriptor Proctosigmoidoscopy, rigid; with biopsy, single or multiple

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	50,258

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	21,528

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 27 **% of respondents:** 40.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 44382**	**Key Reference CPT Code:** 45305	**Source of Time** **RUC Time**
Median Pre-Service Time	25.00	25.00	
Median Intra-Service Time	20.00	10.00	
Median Immediate Post-service Time	12.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**57.00**	**45.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.59	2.85
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.44	2.89
Urgency of medical decision making	3.15	2.70
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.52	2.93
Physical effort required	2.96	2.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.19	2.59
Outcome depends on the skill and judgment of physician	3.52	3.00
Estimated risk of malpractice suit with poor outcome	3.30	2.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.11	2.70
Intra-Service intensity/complexity	3.56	3.07
Post-Service intensity/complexity	3.37	2.85

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The ileoscopy codes (44380-44382) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the ileoscopy code set.

Discussion and Recommendation

44382 *Ileoscopy, through stoma; with biopsy, single or multiple*

We recommend an RVW of 1.27. This value is equal to the current value of 44382 and is less than the 25th percentile RVW. It is equal to the recommendation for the ileoscopy base procedure 44380 (0.97) plus an established increment of 0.30 (43201-43200) approved by the RUC in October 2012 for endoscopic biopsies for esophagoscopy (and also for EGD and ERCP) procedures. The recommended 1.27 RVW places ileoscopy with biopsy appropriately between flexible sigmoidoscopy and esophagoscopy with biopsy in terms of comparative physician work; however, the resulting IWPUT of 0.023 is artificially low for comparable services. The specialty consensus panel, therefore, recommends that 44382 should not be used for comparison purposes.

Pre-time Package 1b is appropriate.

Comparison to Key Ref 45305

Key Reference code 45305, *Proctosigmoidoscopy, rigid; with biopsy, single or multiple,* was surveyed and presented to the RUC in 2007 prior to the discussion of pre-time packages. The work between the key reference and 44382 is similar, as are the RVWs.

Comparison To Other RUC-Reviewed Codes with 20 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
1995	**51610**	Injection procedure for retrograde urethrocystography	1.05	0.013	55	20	20	15
2012	**11302**	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	1.05	0.044	31	6	20	5
2003	**36597**	Repositioning of previously placed central venous catheter under fluoroscopic guidance	1.21	0.033	45	15	20	10
survey	**44382**	Ileoscopy with biopsy	1.27	0.023	59	27	20	12
2010	**91010**	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	1.28	0.030	50	15	20	15
2005	**62270**	Spinal puncture, lumbar, diagnostic	1.37	0.050	40	10	20	10
2007	**46615**	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	1.50	0.036	58	25	20	13

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44382

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 1,475 in 2011. (1,475*3 = ~ 4,400)

Specialty Gastroenterology Frequency 3200 Percentage 72.72 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,333
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2012.

Specialty Gastroenterology Frequency 1062 Percentage 72.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 44382

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44381 Tracking Number D3 Original Specialty Recommended RVU: **1.48**
Presented Recommended RVU: **1.48**
Global Period: 000 RUC Recommended RVU: **1.48**

CPT Descriptor: Ileoscopy, through stoma; with trans-endoscopic balloon dilation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient with previous colectomy with ileostomy for colorectal cancer develops obstipation and abdominal discomfort. The patient is found to have a stricture in the ileum. The patient is referred for ileoscopy for evaluation of the ileum and trans-endoscopic balloon dilation.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 87%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 75%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic and imaging equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic, imaging and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the ileal stomal area is performed. A standard endoscope is lubricated, inserted into the stoma, and advanced to the lesion to be dilated. The lesion to be dilated is identified and assessed. The dilating balloon is advanced and positioned at the lesion using endoscopic guidance. The balloon is inflated to its recommended pressure and held for approximately sixty seconds. Repeated incremental dilations are performed until the lesion is satisfactorily dilated. The area is observed for bleeding. The endoscope is then advanced to the extent feasible. The endoscope is slowly withdrawn to allow circumferential examination of the ileal mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. Supervision of the level of sedation and vital signs is

performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway, and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Post procedure verification and documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. The patient is assessed for complications and suitability to discharge from the recovery suite relative to established discharge criteria. Discharge orders are written from recovery room and transfer to medical/surgical floor when the patient has reached a suitable level of consciousness and is stable. Orders are written and ongoing care is discussed with floor nurses, including labs, films, medications, diet, and patient activity

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013				
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)				
Specialty(s):	ACG, AGA, ASGE				
CPT Code:	44381				
Sample Size:	1995	**Resp N:**	48	**Response:** 2.4 %	
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	4.00	25.00
Survey RVW:	1.50	3.19	**4.00**	5.00	6.00
Pre-Service Evaluation Time:			**26.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	13.00	20.00	**25.00**	30.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44381	**Recommended Physician Work RVU: 1.48**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90935	000	1.48	**RUC Time**	13,432

CPT Descriptor 1 Hemodialysis procedure with single evaluation by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90945	000	1.56	**RUC Time**	141,836

CPT Descriptor 2 Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 44381**	**Key Reference CPT Code:** 31638	**Source of Time** **RUC Time**
Median Pre-Service Time	31.00	50.00	
Median Intra-Service Time	25.00	60.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**71.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.33	4.22
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.33	4.22
Urgency of medical decision making	4.33	4.22
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.78	4.44
Physical effort required	4.22	4.22
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.67	4.44
Outcome depends on the skill and judgment of physician	4.67	4.44
Estimated risk of malpractice suit with poor outcome	4.78	4.56

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.11	4.22
Intra-Service intensity/complexity	4.56	4.33
Post-Service intensity/complexity	4.00	4.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The ileoscopy codes (44380-44382) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the ileoscopy code set.

Discussion and Recommendation

44381 *Ileoscopy, through stoma; with trans-endoscopic balloon dilation*

We recommend an RVW of 1.48. This value is less than the 25th percentile RVW. It is equal to the recommendation for the ileoscopy base 44380 plus an established increment of 0.51 (43220-43200) approved by the RUC in October 2012 for trans-endoscopic balloon dilation. The recommended 1.48 RVW places ileoscopy with trans-endoscopic balloon dilation appropriately between flexible sigmoidoscopy and esophagoscopy with trans-endoscopic balloon dilation in terms of comparative physician work; however, the resulting IWPUT of 0.019 is artificially low for comparable services. The specialty consensus panel, therefore, recommends that 44381 should not be used for comparison purposes.

Pre-time Package 2b is appropriate.

Comparison to Key Ref 31638

Key Reference code 31638, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages. This code was chosen more than any other code in the reference list, but was only chosen by 18% of the respondents. The significant difference in both time and work between 31638 and 44381 make this reference code difficult for comparison purposes. The table below provides codes that have more comparable times and RVWs.

Comparison To Other RUC-Reviewed Codes with 25 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2011	**98928**	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	1.21	0.0450	29	2	25	2
1993	**11755**	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	1.31	0.0255	55	15	25	15
2009	**90935**	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	1.48	0.0410	45	10	25	10
survey	**44381**	Ileoscopy with balloon dilation	1.48	0.0191	73	33	25	15
1995	**51725**	Simple cystometrogram (CMG) (eg, spinal manometer)	1.51	0.0290	60	20	25	15
2000	**60100**	Biopsy thyroid, percutaneous core needle	1.56	0.0400	50	15	25	10

2010	**12005**	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	1.97	0.0650	41	11	25	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4100
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2011 volume for 44799 = 1,368. National volume estimated at 1,368*3 = ~ 4,100. GI volume is 61% (~2,500). An estimated 2% of GI volume will now be coded using 44381 = ~50.

Specialty Gastroenterology Frequency 50 Percentage 1.21 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,360
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 2012 volume for 44799 = 1,360. GI volume is 61% (~834). An estimated 2% of GI volume will now be coded using 44381 = ~17.

Specialty Gastroenterolog Frequency 17 Percentage 1.24 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 45340

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:44384 Tracking Number D4 Original Specialty Recommended RVU: **3.11**
Presented Recommended RVU: **3.11**
Global Period: 000 RUC Recommended RVU: **3.11**

CPT Descriptor: Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old patient with previous colectomy with ileostomy for colorectal cancer develops obstipation and abdominal discomfort. Imaging studies are consistent with a stricture in the ileum due to a mass lesion. The patient is not a candidate for surgical intervention. The patient is referred for a therapeutic ileoscopy with evaluation of the ileum and placement of a stent in the ileum for palliation.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 81%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 67%

Description of Pre-Service Work: Review with the patient any symptoms, including sleep apnea. The patient's history is reviewed to assess past problems with sedation and the need for pre-procedure antibiotics or contrast allergy prophylaxis. A review of the patient's allergies and medications is done specifically noting the usage of antiplatelet or anticoagulation medications. A pre-anesthetic exam with airway assessment, Mallampati score, and cardiopulmonary and abdominal evaluation is performed; an ASA physical status classification is assigned. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's X rays and other diagnostic tests are reviewed. The pre-service review is documented. The risks and benefits of the procedure and moderate sedation are reviewed with the patient; informed consent for both the procedure and sedation is obtained. The physician verifies all endoscopic and imaging equipment is available and operational and appropriate computer entries are made. The patient is positioned on the examination table. The endoscopic, imaging and moderate sedation monitoring equipment are positioned to provide access for the procedure. A "time out" is performed. Intravenous access is started and moderate sedation is administered to the patient while continuously monitoring pulse oximetry, carbon dioxide, and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: Inspection of the ileal stomal area is performed. A standard endoscope is lubricated, inserted into the stoma, and advanced to the site of narrowing. The lesion to be stented is identified and assessed. A balloon dilating catheter is inserted through the endoscope, positioned through the tumor under endoscopic guidance, and inflated to allow passage of the endoscope through the tumor, confirming its extent. The endoscope is withdrawn, allowing measurement of the tumor and marking the distal and proximal margins for stent placement. A guidewire is inserted

through the endoscope. Using fluoroscopic and endoscopic guidance, the expandable wire stent is advanced over the guidewire and positioned across the tumor. If necessary, contrast is inserted under fluoroscopic guidance to confirm positioning of the stent. Fluoroscopic imaging is obtained and spot digital images are taken. The stent is slowly deployed across the tumor under fluoroscopic guidance, with repositioning if necessary. Once the stent is placed, the guidewire and introducing device are withdrawn. Contrast is injected through the endoscope to assess placement and patency. As needed, deployment of balloon dilating catheter is utilized to expand the stent to sufficient lumen size. The area is observed to confirm absence of active bleeding. The endoscope is then advanced to the extent feasible. The endoscope is slowly withdrawn to allow circumferential examination of the ileal mucosa. Photodocumentation of appropriate normal landmarks and abnormalities is obtained. Supervision of the level of sedation and vital signs is performed during the procedure with additional measures taken to maintain an appropriate level of sedation, vital signs, airway, and oxygenation as indicated. At the conclusion of the procedure, the endoscope is withdrawn.

Description of Post-Service Work: The patient's condition including post-procedure vital signs is assessed. The patient is transferred to the observation area. Post procedure orders are completed. Post procedure documentation and reporting for quality purposes are completed. Photographs are reviewed and labeled. A procedure report is generated and forwarded to referral source and other appropriate parties. Data is entered into procedure registry. Radiographic images are reviewed. The patient is assessed for complications of the procedure and suitability to discharge from the recovery suite relative to established discharge criteria. Discharge orders are written from recovery room and transfer to medical/surgical floor when the patient has reached a suitable level of consciousness and is stable. Orders are written and ongoing care is discussed with floor nurses, including labs, films, medications, diet, and patient activity.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2013		
Presenter(s):	Joel Brill, MD (AGA), Shivan Mehta, MD (AGA), Nicholas Nickl, MD (ASGE), Edward Bentley, MD (ASGE), R. Bruce Cameron, MD (ACG)		
Specialty(s):	ACG, AGA, ASGE		
CPT Code:	44384		
Sample Size:	1995	**Resp N:** 21	**Response:** 1.0 %
Description of Sample:	The ACG, AGA, and ASGE conducted a random sample of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	1.00	**2.00**	3.00	10.00
Survey RVW:	3.35	4.60	**4.90**	5.40	7.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	30.00	**40.00**	45.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	44384	**Recommended Physician Work RVU: 3.11**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**40.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31638	000	4.88	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.78	**RUC Time**	78,830

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	38,792

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

Other Reference CPT Code	Global	Work RVU	Time Source
52342	000	5.85	**RUC Time**

CPT Descriptor Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 44384**	**Key Reference CPT Code:** 31638	**Source of Time**
			RUC Time
Median Pre-Service Time	39.00	50.00	
Median Intra-Service Time	40.00	60.00	
Median Immediate Post-service Time	15.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**94.00**	**140.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.29	4.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.43	4.29
Urgency of medical decision making	4.43	4.43
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	5.00
Physical effort required	4.57	4.43
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	5.00	4.86
Outcome depends on the skill and judgment of physician	4.86	4.71
Estimated risk of malpractice suit with poor outcome	4.43	4.57

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.57	4.57
Intra-Service intensity/complexity	4.71	4.71
Post-Service intensity/complexity	4.29	4.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The ileoscopy codes (44380-44382) are Harvard valued and have not been subject to review since the fee schedule was implemented. The specialties agreed to survey the entire family of codes. In review of the codes prior to survey, the specialties determined that the coding nomenclature required revisions and new codes were needed so that the codes reflected current practice. In January 2013, the CPT Editorial Panel approved revised guidelines along with revision, addition, and deletion of codes within the ileoscopy code set.

Discussion and Recommendation

44384 *Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)*

We recommend an RVW of 3.11. This value is less than the 25th percentile RVW. It is equal to the recommendation for the ileoscopy base 44380 plus an established increment of 2.14 (4326X8-43235) approved by the RUC in January 2013 for endoscopic stent placement, including pre- and post-dilation and guide wire passage, when performed.

Pre-time Package 2b is appropriate.

Comparison to Key Ref 31638

Key Reference code 31638, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required),* was surveyed and presented to the RUC in 2004 prior to the discussion of pre-time packages. Stent placement through a stoma (44384 is technically more challenging than stent repositioning using a bronchoscope (31638).

Comparison To Other RUC-Reviewed Codes with 30 Minutes Intra-Service Time

YEAR	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2005	**31622**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.78	0.069	65	20	30	15
2003	**31623**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.88	0.066	70	20	30	20
2008	**62267**	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	3.00	0.068	79	34	30	15
survey	**44384**	Ileoscopy with stent placement	3.11	0.070	78	33	30	15
2012	**32557**	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	0.079	67	22	30	15

2010	**31296**	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3.29	0.071	88	43	30	15
2007	**50386**	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	3.30	0.070	90	45	30	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 44383

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 660
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare database 221 in 2011. (221*3 = ~ 660)

Specialty Gastroenterology Frequency 570 Percentage 86.36 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 221
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare database 221 in 2011.

Specialty Gastroenterology Frequency 190 Percentage 85.97 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 44383

ISSUE: Ileoscopy

TAB: 4

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENC MIN	SURVEY 25th	SURVEY MED	SURVEY 75th	SURVEY MAX	IS CHG	% CHG	RVW CHG
REF	45305	Proctosigmoidoscopy, ri	23	0.054			1.25			45		15	5	5			10			10								
HARVARD	44380	Ileoscopy, through stoma; dia		0.014			1.05			71		11		25			22			13								
	44380	10 min CS movement		0.007			1.05			71		21		25			12			13								
SVY	44380	Ileoscopy, through stom	76	0.111	0.80	1.30	2.49	3.36	4.88	55		20	5	5	5	12	15	20	35	10	0	4	6	10	90			
REC	44380	Ileoscopy, diagnostic		0.017			0.97			50	1b	19	1	5			15			10						3	25%	-0.08
Rationale		Crosswalk to 91040 (0.97 RVW, 15/15/15)																										
REF	45305	Proctosigmoidoscopy, ri	27	0.054			1.25			45		15	5	5			10			10								
HARVARD	44382	Ileoscopy, through stoma; wit		0.018			1.27			77		13		25			22			17								
	44382	10 min CS movement		0.014			1.27			77		23		25			12			17								
SVY	44382	Ileoscopy, through stom	66	0.070	1.00	1.50	2.39	3.42	4.90	67		25	5	5	8	15	20	25	45	12	0	3	7	12	50			
REC	44382	biopsy		0.026			1.27			57	1b	19	1	5			20			12						8	67%	0.00
Rationale		established increment (0.30)																										
REF	31638	Bronchoscopy, rigid or f	9	0.055			4.88			140		20	15	15			60			30								
				#DIV/0!						0																		
SVY	44381	Ileoscopy, through stom	48	0.117	1.50	3.19	4.00	5.00	6.00	76		26	5	5	13	20	25	30	90	15	0	0	2	4	25			
REC	44381	balloon dilation		0.020			1.48			72	2b	26	1	5			25			15						NA	NA	NA
Rationale		established increment (0.51)																										
REF	31638	Bronchoscopy, rigid or f	14	0.055			4.88			140		20	15	15			60			30								
				#DIV/0!						0																		
SVY	44384	Ileoscopy, through stom	47	0.121	1.70	4.13	4.90	5.85	8.00	90		35	5	5	15	28	30	45	90	15	0	0	0	2	10			
REC	44384	stent placement with pre- and po		0.049			3.11			94	2b	33	1	5			40			15						NA	NA	NA
Rationale		established increment (2.14). Recommended intra-service time is performers' median.																										

Code	Description	Current RVW	Proposed RVW	Pre Svc Pkg	Pre	Intra	Post	Total	IWPUT	Increment over base	Rationale
Tab 4 - Ileoscopy - sorted by RVW, ascending order											
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed	1.05	0.97	1b	25	15	10	52	0.017	NA	Crosswalk to 91040 (0.97 RVW, 15/15/15)
44382	Ileoscopy, through stoma; with biopsy, single or multiple	1.27	1.27	1b	25	20	12	59	0.026	0.30	44380 (0.97) + increment of 43202-43200 (0.30)
4438X1	Ileoscopy, through stoma; with trans-endoscopic balloon dilation		1.48	2b	32	25	15	73	0.020	0.51	44380 (0.97) + increment of 43220-43200 (0.51)
4438X4	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		3.11	2b	39	40	15	78	0.049	2.14	44380 (0.97) + increment of 43266-43235 (2.14)
Tab 5 - Pouchoscopy - sorted by RVW, ascending order											
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed	1.82	1.30	1b	27	15	10	52	0.036	NA	25th percentile
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	2.12	1.60	1b	27	17	10	54	0.050	0.30	44385 (1.30) + increment of 43202-43200 (0.30)
Tab 6 - Flexible sigmoidoscopy - sorted by RVW, ascending order											
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing when performed	0.96	0.84	1a	21	10	10	41	0.022	NA	Crosswalk to 12001 (0.84 RVW, 7/10/5)
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1.15	1.14	1a	21	15	10	46	0.034	0.30	45330 (0.84) + increment of 43202-43200 (0.30)
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1.46	1.15	1b	27	15	10	52	0.026	0.31	45330 (0.84) + increment of 43201-43200 (0.31)
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1.79	1.65	1b	27	15	10	52	0.060	0.81	45330 (0.84) + increment of 43216-43200 (0.81)
45332	Sigmoidoscopy, flexible; with removal of foreign body	1.79	1.85	2b	33	20	10	63	0.048	1.01	45330 (0.84) + increment of 43215-43200 (1.01)
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	1.89	1.35	2b	33	20	15	68	0.017	1.09	45330 (0.84) + increment of 43220-43200 (0.51)
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2.73	2.10	2b	33	20	10	63	0.060	1.30	25th percentile. There is no established increment for control of bleeding across families due to differing amounts of physician work involved in each procedure.
45338*	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.34	2.15	2b	33	15	10	58	0.084	1.31	45330 (0.84) + increment of 43217-43200 (1.31)
45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	2.36	2.20	2b	38	25	15	73	0.043	1.40	25th percentile.
4534X6	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		2.97	2b	33	20	10	63	0.104	2.13	45330 (0.84) + increment of 43270-43200 (2.13)
4534X7	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		2.98	2b	41	35	15	83	0.051	2.14	45330 (0.84) + increment of 43266-43235 (2.14)

Established increments by family

Tab 4 - Ileoscopy Proposed Increments				
Ileoscopy Code	**Description**	**Proposed RUC RVU**	**Increment above base ileoscopy Code (44380)**	**Ileoscopy Code Rationale**
44382	biopsy	1.27	0.30	44380 (0.97) + increment of 43202-43200 (0.30)
44381	balloon dilation	1.48	0.51	44380 (0.97) + increment of 43220-43200 (0.51)
44384	endoscopic stent (includes pre- and post-dilation)	3.11	2.14	44380 (0.97) + increment of 43266-43235 (2.14)
Tab 5 - Pouchoscopy Proposed Increments				
Pouchoscopy Code	**Description**	**Proposed RUC RVU**	**Increment above base pouchoscopy Code (44385)**	**Pouchoscopy Code Rationale**
44386	biopsy	1.60	0.30	44385 (1.30) + increment of 43202-43200 (0.30)
Tab 6 - Flexible Sigmoidoscopy Proposed Increments				
Flex Sig Code	**Description**	**Proposed RUC RVU**	**Increment above base flex sig Code (45330)**	**Pouchoscopy Code Rationale**
45331	biopsy	1.14	0.30	45330 (0.84) + increment of 43202-43200 (0.30)
45332	foreign body removal	1.85	1.01	45330 (0.84) + increment of 43215-43200 (1.01)
45333	hot biopsy	1.65	0.81	45330 (0.84) + increment of 43216-43200 (0.81)
45334*	control of bleeding	2.10	1.30	25th percentile
45335	submucosal injection	1.15	0.31	45330 (0.84) + increment of 43201-43200 (0.31)
45337	decompression on volvulus	2.2	1.4	25th percentile
45338	snare polypectomy	2.15	1.31	45330 (0.84) + increment of 43217-43200 (1.31)
45340	balloon dilation	1.89	1.09	25th percentile
45346	ablation (includes pre- and post-dilation and guide wire passage)	2.97	2.13	45330 (0.84) + increment of 43212-43200 (2.13)
45347	endoscopic stent (includes pre- and post-dilation)	2.98	2.14	45330 (0.84) + increment of 43266-43235 (2.14)
ERCP RUC-Approved Increments				
ERCP Code	**Description**	**RUC RVU**	**Increment above base EGD Code (43260)**	**ERCP Code Rationale**
43261	biopsy	6.25	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43275	foreign body removal	6.96	1.01	43260 (5.95) + increment of 43215-43200 (1.01)
43278	ablation (includes pre- and post-dilation and guide wire passage)	8.08	2.13	43260 (5.95) + increment of 43212-43200 (2.13)
EGD RUC-Approved Increments				
EGD Code	**Description**	**RUC RVU**	**Increment above base EGD Code (43235)**	**EGD Code Rationale**
43239	biopsy	2.56	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43236	submucosal injection	2.57	0.31	43235 (2.26) + increment of 43201-43200 (0.31)
43249	esophageal balloon dilation < 30mm	2.77	0.51	43235 (2.26) + increment of 43220-43200 (0.51)
43245	gastric/duodenal balloon dilation < 30 mm	3.18	0.92	current value
43248	guide wire insertion	3.01	0.75	43235 (2.26) + increment of 43226-43200 (0.75)
43252	optical endomicroscopy	3.06	0.80	43235 (2.26) + increment of 43206-43200 (0.80)
43250	hot biopsy	3.07	0.81	43235 (2.26) + increment of 43216-43200 (0.81)
43247	foreign body removal	3.27	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43251	snare	3.57	1.31	43235 (2.26) + increment of 43217-43200 (1.31)
43237	EUS, limited to esophagus	3.85	1.59	25th percentile
43255*	control of bleeding	4.20	1.94	25th percentile
43243*	sclerosis injection	4.37	2.11	25th percentile
43270	ablation (includes pre- and post-dilation and guidewire passage)	4.39	2.13	43235 (2.26) + increment of 43212-43200 (2.13)
43266	endoscopic stent (includes pre- and post-dilation and guide wire passage)	4.40	2.14	25th percentile
43233	balloon dilation > 30mm	4.45	2.19	43235 (2.26) + increment of 43214-43200 (2.19)
43238	EUS FNA, limited to esophagus	4.50	2.24	25th percentile
43244*	band ligation	4.50	2.24	25th percentile
43259	EUS, esoph, stomach, duodenum	4.74	2.48	25th percentile
43254	endoscopic mucosal resection	5.25	2.99	25th percentile
43242	EUS FNA, esoph, stomach, duodenum	5.39	3.13	43259 (4.74) + increment of FNA 43237-43238 (0.65)

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

Esophagoscopy RUC-Approved Increments				
Esoph Code	**Description**	**RUC RVU**	**Increment above base Esoph Code (43200)**	**Esophagoscopy Code Rationale**
43202	biopsy	1.89	0.30	Current value
43201	submucosal injection	1.90	0.31	Direct crosswalk to MPC code 64483
43220	esoph balloon dilation < 30mm	2.10	0.51	Current value
43226	dilation over guide wire insertion	2.34	0.75	Current value
43206	optical endomicroscopy	2.39	0.80	Direct crosswalk to code 12006
43216	hot biopsy	2.40	0.81	Current value
43215	foreign body removal	2.60	1.01	Current value
43204*	sclerosis injection	2.89	1.30	25th percentile
43217	snare polypectomy	2.90	1.31	Current value
43205*	band ligation	3.00	1.41	25th percentile
43231	EUS	3.19	1.60	25th percentile
43227*	control of bleeding	3.26	1.67	25th percentile
Esoph Code	**Description**	**RUC RVU**	**Increment subtracted from EGD Code**	**Esoph Code Rationale**
43229	ablation (includes pre- and post-dilation and guide wire passage)	3.72	2.13	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43212	endoscopic stent (includes pre- and post-dilation and guide wire passage)	3.73	2.14	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43214	balloon dilation > 30mm	3.78	2.19	43233 25th percentile (4.45) - 0.67 (diff 43235-43200) = 3.78
43232	EUS FNA	3.83	2.24	43238 25th percentile (4.50) - 0.67 (diff 43235-43200) = 2.24
43211	endoscopic mucosal resection	4.58	2.99	43254 25th percentile (5.25) - 0.78 = 4.58

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

*Increment is not consistent across families due to differing amount of physician work involved in each procedure

Established increments by procedure

CPT	Short descriptor	RVW	Increment	Rationale
Biopsy				
45331	Flexible sigmoidoscopy with biopsy	1.14	0.30	45330 (0.84) + increment of 43202-43200 (0.30)
44386	Pouchoscopy with biopsy	1.60	0.30	44385 (1.30) + increment of 43202-43200 (0.30)
44382	Ileoscopy with biopsy	1.27	0.30	44380 (0.97) + increment of 43202-43200 (0.30)
43261	ERCP with biopsy	6.25	0.30	43260 (5.95) + increment of 43202-43200 (0.30)
43239	EGD with biopsy	2.56	0.30	43235 (2.26) + increment of 43202-43200 (0.30)
43202	Esophagoscopy with biopsy	1.89	0.30	Current value
Balloon dilation < 30 mm				
45340*	Flexible sigmoidoscopy with balloon dilation	1.35	0.51	45330 (0.84) + increment of 43220-43200 (0.51)
44381	Ileoscopy with balloon dilation	1.48	0.51	44380 (0.97) + increment of 43220-43200 (0.51)
43249	EGD with esophagus balloon dilation < 30mm	2.77	0.51	43235 (2.26) + increment of 43220-43200 (0.51)
43220	Esophagoscopy with esophagus balloon dilation < 30mm	2.10	0.51	Current value
43245	EGD with gastric/duodenal balloon dilation < 30mm	3.18	0.92	Current value
Submucosal injection				
45335	Flexible sigmoidoscopy with submucosal injection	1.15	0.31	45330 (0.84) + increment of 43201-43200 (0.31)
43236	EGD with submucosal injection	2.57	0.31	43235 (2.26) + increment of 43201-43200 (0.31)
43201	Esophagoscopy with submucosal injection	1.90	0.31	Direct crosswalk to MPC code 64483
Dilation with Guide wire insertion				
43248	EGD with dilation over guide wire insertion	3.01	0.75	43235 (2.26) + increment of 43226-43200 (0.75)
43226	Esophagoscopy with dilation over guide wire insertion	2.34	0.75	Current value
Optical endomicroscopy				
43252	EGD with optical endomicroscopy	3.06	0.80	43235 (2.26) + increment of 43206-43200 (0.80)
43206	Esophagoscopy with optical endomicroscopy	2.39	0.80	Direct crosswalk to code 12006
Hot biopsy				
45333	Flexible sigmoidoscopy with hot biopsy	1.65	0.81	45330 (0.84) + increment of 43216-43200 (0.81)
43250	EGD with hot biopsy	3.07	0.81	43235 (2.26) + increment of 43216-43200 (0.81)
43216	Esophagosocpy with hot biopsy	2.40	0.81	Current value
Foreign body removal				
45332	Flexible sigmoidoscopy with foreign body removal	1.85	1.01	45330 (0.84) + increment of 43215-43200 (1.01)
43275	ERCP with foreign body removal	6.96	1.01	43260 (5.95) + increment of 43215-43200 (1.01)
43247	EGD with foreign body removal	3.27	1.01	43235 (2.26)+ increment of 43215-43200 (1.01)
43215	Esophagoscopy with foreign body removal	2.60	1.01	Current value
Snare				
45338	Flexible sigmoidoscopy with snare polypectomy	2.15	1.31	45330 (0.84) + increment of 43217-43200 (1.31)
43251	EGD with snare polypectomy	3.57	1.31	43235 (2.26) + increment of 43217-43200 (1.31)
43217	Esophagoscopy with snare polypectomy	2.90	1.31	Current value
Ablation				
4534X6	Flexible sigmoidoscopy with ablation (includes pre- and post-dilation and guide wire placement)	2.97	2.13	45330 (0.84) + increment of 43270-43235 (2.13)
43278	ERCP with ablation (includes pre- and post-dilation and guide wire placement)	8.08	2.13	43260 (5.95) + increment of 43270-43235 (2.13)
43229	Esophagoscopy with ablation (includes pre- and post-dilation and guide wire placement)	3.72	2.13	43270 25th percentile (4.39) - 0.67 (diff 43235-43200) = 3.72
43270	EGD with ablation (includes pre- and post-dilation and guide wire placement	4.39	2.13	25th percentile
Endoscopic stent placement				
44384	Ileoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.11	2.14	44380 (0.97) + increment of 43266-43235 (2.14)
45347	Flexible sigmoidoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	2.98	2.14	45330 (0.84) + increment of 43266-43235 (2.14)
43212	Esophagoscopy with endoscopic stent (includes pre- and post-dilation and guide wire placement)	3.73	2.14	43266 25th percentile (4.40) - 0.67 (diff 43235-43200) = 3.73
43266	EGD with endoscopic stent (includes pre- and post-dilation and guide wire placement)	4.40	2.14	25th percentile
Balloon dilation > 30 mm				
43214	Esophagoscopy with balloon dilation > 30 mm	3.78	2.19	43233 25th percentile (4.45) - 0.67 = 3.78
43233	EGD with balloon dilation > 30 mm	4.45	2.19	25th percentile

EMR				
43211	Esophagoscopy with endoscopic mucosal resection	4.58	2.99	43254 25th percentile (5.25) - 0.78 = 4.58
43254	EGD with endoscopic mucosal resection	5.25	2.99	25th percentile

4
Tab Number

Ileoscopy
Issue

44380-44382, 4438X1, 4438X2
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

_____
Signature

Bruce Cameron, MD
_____
Printed Signature

American College of Gastroenterology
Specialty Society

September 9, 2013
Date

4
Tab Number

Ileoscopy
Issue

44380-44382, 4438X1, 4438X2
Code Range

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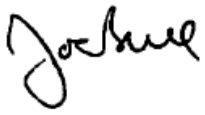

_____
Signature

Joel V Brill
_____
Printed Signature

American Gastroenterological Association
Specialty Society

September 9, 2013
Date

4
Tab Number

Ileoscopy
Issue

44380-44382, 4438X1, 4438X2
Code Range

Attestation Statement

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_____
Signature

Shivan Mehta, MD
_____
Printed Signature

AGA_____
Specialty Society

September 9, 2013
Date

4
Tab Number

Ileoscopy
Issue

44380-44382, 4438X1, 4438X2
Code Range

Attestation Statement

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_____
Signature

Edward Bentley, MD
_____
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

September 9, 2013
Date

4
Tab Number

Ileoscopy
Issue

44380-44382, 4438X1, 4438X2
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

_____
Signature

Nicholas Nickl, MD

_____
Printed Signature

American Society for Gastrointestinal Endoscopy
Specialty Society

September 9, 2013
Date

CPT Code: Tab 4 (Ileoscopy)
Specialty Society('s) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed
44382	Ileoscopy, through stoma; with biopsy, single or multiple
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

Global Period: 000 Meeting Date: October 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Current Time data					Survey Code Recommendation			
CPT	**Source**	**Pre**	**Intra**	**Post**	**CPT**	**Pre**	**Intra**	**Post**
44380	PEAC 2003	19	0	3	**44380**	**19**	**0**	**3**
44382	PEAC 2003	19	0	3	**44382**	**19**	**0**	**3**
New	**Code**	N/A	N/A	N/A	**44381**	**19**	**0**	**3**
44383	PEAC 2003	30	0	3	**44384**	**19**	**0**	**3**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The practice expense inputs being presented for these codes correspond directly to the practice expense inputs that were approved for the similar esophagoscopy and EGD codes that the RUC approved in October 2012 and January 2013.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
For all codes shown above:

- Three minutes to complete pre-service diagnostic and referral forms.
- Five minutes to coordinate pre-surgery services with other qualified healthcare providers
- Three minutes for scheduling space and equipment in facility
- Five minutes to perform pre-service education/ obtain consent
- Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
For all codes but 44384:

- Three minutes for a follow-up phone call to patient

CPT Code: Tab 4 (Ileoscopy)
Specialty Society('s) ACG, AGA, ASGE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed
44382	Ileoscopy, through stoma; with biopsy, single or multiple
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation

Global Period: 000____ Meeting Date: __October, 2013_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

44380 and 44382 were previously not priced in the office setting, references code 43200 and 43202 were chosen to match the similar service for EGD. These crosswalk reference codes were recently reviewed and approved by the PE Subcommittee in January 2013.

Current Time data (non-RN*)					Crosswalk Code Data (non-RN*)					Survey Code non-RN* Recommendation			
CPT	Source	Pre	Intra	Post	CPT	Source	Pre	Intra	Post	CPT	Pre	Intra	Post
44380	PEAC 2003	**0**	**0**	**3**	**43200**	RUC 2012	**9**	**73**	**3**	**44380**	**9**	**73**	**3**
44382	PEAC 2003	**0**	**0**	**3**	**43202**	RUC 2012	**9**	**78**	**3**	**44382**	**9**	**78**	**3**
New	Code	**N/A**	**N/A**	**N/A**	**43220**	RUC 2012	**9**	**78**	**3**	**44381**	**9**	**83**	**3**

* Note: RN time will be equal to 2 minutes (standard for sedate apply MS) PLUS 100% physician time for scope-in-scope out PLUS 15 minutes to monitor the patient after scope out during anesthesia reversal

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We present the following arguments for compelling evidence:

- Changes in technology
- Changes in site of service
- Errors/omissions in previous valuation

When the Practice Expense Subcommittee reviewed the esophagoscopy codes 43200-43232 (Tab 10) in October 2012, they accepted that there was compelling evidence to review, change and update the practice expense staff, supplies and equipment inputs for all of the codes in the family since they were last evaluated for practice expense, based on changes in technology, site of service migration for several services not previously valued in the non-facility setting, changes in patient safety requirements, and the absence of scope cleaning supplies in non-facility setting.

The practice expense inputs being presented for 44380 and 44382 correspond directly to the practice expense inputs that were approved for the similar esophagoscopy codes 43200 and 43202 that the RUC approved in October 2012.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Three minutes to complete pre-service diagnostic and referral forms.
Three minutes to coordinate pre-surgery services with other qualified healthcare providers
Three minutes for pre-op prescriptions

Intra-Service Clinical Labor Activities:
Three minutes: Greet patient, provide gowning, and insure appropriate medical records are available
Five minutes: 4-6 vitals
Three minutes: Provide pre-service education/obtain consent
Two minutes: Prepare room, equipment, supplies
Five minutes: Setup scope (non facility setting only)
Two minutes: Prepare and position patient/ monitor patient/ set up IV
Thirty minutes: 100% MD time to assist physician in performing procedure
Three minutes: Clean room/equipment by physician staff
Thirty minutes: Clean flexible scope
Two minutes: Complete diagnostic forms, lab & X-ray requisitions
Three minutes: Check dressings & wound/ home care instructions /coordinate office visits /prescriptions

Post-Service Clinical Labor Activities:
Three minutes for a follow-up phone call to patient

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1				AMA Specialty Society Recommendation												
2	***Please note: If a supply has a purchase price of**			**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43200) RUC 10/12)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43202) RUC 10/12)**		**Crosswa from 10/2**
2				**44380**		**43200**		**44380**		**44382**		**43202**		**44382**		**43**
3	**Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI**	**CMS Code**	**Staff Type**	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, with biopsy, single or multiple		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, v dilation (le mm di
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0.0**	**0.0**	**32**	**0**	**32**	**0**	**0.0**	**0.0**	**37**	**0**	**37**	**0**	**37**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3.0**	**22.0**	**85**	**22**	**85**	**22**	**3.0**	**22.0**	**90**	**22**	**90**	**22**	**90**
8	**PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**19.0**	**9**	**19**	**9**	**19**	**0.0**	**19.0**	**9**	**19**	**9**	**19**	**9**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0.0**	**0.0**	**32**	**0**	**32**	**0**	**0.0**	**0.0**	**37**	**0**	**37**	**0**	**37**
10	**SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**0.0**	**73**	**0**	**73**	**0**	**0.0**	**0.0**	**78**	**0**	**78**	**0**	**78**
11	**POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3.0**	**3.0**	**3**	**3**	**3**	**3**	**3.0**	**3.0**	**3**	**3**	**3**	**3**	**3**
12	**PRE-SERVICE**															
13	**Start: Following visit when decision for surgery or procedure made**															
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**3**	**3**	**3**	**3**	**3**		**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**5**	**3**	**5**	**3**	**5**		**5**	**3**	**5**	**3**	**5**	**3**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**		**3**	
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**		**5**		**5**	
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**	**3**	**3**	**3**	**3**		**3**	**3**	**3**	**3**	**3**	**3**
19	*Other Clinical Activity - *specify:*															
20	**End: When patient enters office/facility for surgery/procedure**															
21	**SERVICE PERIOD**															
22	**Start: When patient enters office/facility for surgery/procedure:**															
23	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**		**3**
24	Obtain vital signs	L037D	RN/LPN/MTA			**5**		**5**				**5**		**5**		**5**
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**		**3**
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA			**2**		**2**				**2**		**2**		**2**
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA			**5**		**5**				**5**		**5**		**5**
28	Prepare and position patient/ monitor patient/ set up	L037D	RN/LPN/MTA			**2**		**2**				**2**		**2**		**2**
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA													
30	*Other Clinical Activity - specify:	L037D	RN/LPN/MTA													
31	Sedate/apply anesthesia	L051A	RN			**2**		**2**				2		2		2
32	**Intra-service**															
33	Moderate sedation	L051A	RN			**15**		**15**				**20**		**20**		**20**
34	Assist physician in performing procedure	L037D	RN/LPN/MTA			**15**		**15**				**20**		**20**		**20**
35	**Post-Service**															
36	Monitor pt. following service/check tubes, monitors,	L051A	RN			**15**		**15**				**15**		**15**		**15**
37	Monitor pt. following service/check tubes, monitors,	L037D	RN/LPN/MTA													
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**		**3**
39	Clean Scope	L037D	RN/LPN/MTA			**30**		**30**				**30**		**30**		**30**
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA													
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA			**2**		**2**				**2**		**2**		**2**
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA													
43	Check dressings & wound/ home care instructions	L037D	RN/LPN/MTA			**3**		**3**				**3**		**3**		**3**
44	Discharge night same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA													

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1				AMA Specialty Society Recommendation												
				PEAC 2003		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43200) RUC 10/12)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43202) RUC 10/12)**		**Crosswalk from 10/2**
2	***Please note: If a supply has a purchase price of**			**44380**		**43200**		**44380**		**44382**		**43202**		**44382**		**43**
3	**Meeting Date: October 2013** **Tab: 4 - Ileoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, with biopsy, single or multiple		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, w dilation (le mm dia
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA													
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D	RN/LPN/MTA													
47	**End: Patient leaves office**															
48	**POST-SERVICE Period**															
49	**Start: Patient leaves office/facility**															
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
59	**End: with last office visit before end of global period**															
60	**MEDICAL SUPPLIES**	**CODE**	UNIT													
61	***SCRUB, DRESS, DRAPE***															
62	pack, minimum multi-specialty visit	SA048	pack			**1**		**1**				**1**		**1**		**1**
63	gown, staff, impervious	SB027	item			**2**		**2**				**2**		**2**		**2**
64	cap, surgical	SB001	item			**3**		**3**				**3**		**3**		**3**
65	mask, surgical, with face shield	SB034	item			**3**		**3**				**3**		**3**		**3**
66	shoe covers, surgical	SB039	pair			**3**		**3**				**3**		**3**		**3**
67	scrub brush (impregnated)	SM023	item			**3**		**1**				**3**		**1**		**3**
68	drape, non-sterile, sheet 40in x 60in	SB006	item			**1**		**1**				**1**		**1**		**1**
69	basin, emesis	SJ010	item			**1**						**1**				**1**
70	denture cup	SJ016	item			**1**						**1**				**1**
71	***MODERATE SEDATION***															
72	pack, moderate sedation	SA044	pack			**1**		**1**				**1**		**1**		**1**
73	bite block	SD006	item			**1**						**1**				**1**
74	***PROCEDURE INSTRUMENTS / SUPPLIES***															
75	endoscope anti-fog solution	SM014	ml			**1**		**1**				**1**		**1**		**1**
76	endoscopic cytology brush	SD067	item			**1**		**1**				**1**		**1**		**1**
77	endoscopic biopsy forceps	SD066	item									**1**		**1**		
79	guidewire, STIFF	SD090	item													**1**
80	endoscopic balloon, dilation	SD019	item													**3**
81	canister, suction	SD009	item			**2**		**1**				**2**		**1**		**2**
82	tubing, suction, non-latex (6ft uou)	SD132	item			**1**		**1**				**1**		**1**		**1**
83	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item			**1**						**1**				**1**
84	syringe 50-60ml	SC056	item			**1**		**1**				**1**		**1**		**1**
85	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			**1**						**1**				**1**
86	water, distilled	SK087	oz					**5**						**5**		
87	gauze, non-sterile 4in x 4in	SG051	item			**1**		**1**				**1**		**1**		**1**
88	cup, biopsy-specimen non-sterile 4oz	SL035	item			**1**		**1**				**1**		**1**		**1**
89	paper, photo printing (8.5 x 11)	SK058	item			**1**		**1**				**1**		**1**		**1**
90	lubricating jelly (K-Y) (5gm uou)	SJ032	item			**4**		**4**				**4**		**4**		**4**
93	pack, cleaning and disinfecting, endoscope	SA042	pack			**1**		**1**				**1**		**1**		**1**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1				AMA Specialty Society Recommendation												
				PEAC 2003		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43200) RUC 10/12)**		**PEAC 2003**		**Crosswalk Code from RUC 10/2012**		**Recommendation (x-walk 43202) RUC 10/12)**		**Crosswa from 10/2**
2	***Please note: If a supply has a purchase price of**			**44380**		**43200**		**44380**		**44382**		**43202**		**44382**		**43**
3	**Meeting Date: October 2013** **Tab: 4 - Ileoscopy** **Specialty: GI**	**CMS Code**	**Staff Type**	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		ESOPH, diagnostic, including collection of specimen(s) by brushing or washing when performed		Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing,		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, with biopsy, single or multiple		Ileoscopy, through stoma; with biopsy, single or multiple		ESOPH, v dilation (le mm dia
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
94	**EQUIPMENT**	**CODE**														
95	videoscope, gastroscopy	ES034				**59**		**59**				**64**		**64**		**64**
96	stretcher	EF018				**73**		**73**				**78**		**78**		**78**
97	IV infusion pump	EQ032				**52**		**52**				**57**		**57**		**57**
98	table, power	EF031				**29**		**29**				**34**		**34**		**34**
99	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031				**29**		**29**				**34**		**34**		**34**
100	suction machine (Gomco)	EQ235				**29**		**29**				**34**		**34**		**34**
101	table, instrument, mobile	EF027				**29**		**29**				**34**		**34**		**34**
102	endoscope disinfector, rigid or fiberoptic, w-cart	ES005				**30**		**30**				**30**		**30**		**30**
103	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011				**52**		**52**				**57**		**57**		**57**

	A	B	C	Q	R	S	T	U	V	W	X	Y
1				alk Code RUC 2012	Recommendation NEW CODE from 43220		PEAC 2003		Crosswalk Code from RUC 01/2013		Recommendation NEW CODE from 43266	
2	*Please note: If a supply has a purchase price of			220	44381		44383		43266		44384	
3	Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI	CMS Code	Staff Type	ith balloon ss than 30 ameter)	Ileoscopy, through stoma; with transendoscopic balloon dilation		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		EGD, with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage,		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and	
4	LOCATION			Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000
6	TOTAL CLINICAL LABOR TIME	L051A	RN	0	42	0	0.0	0.0	0	0	0	0
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	22	95	22	0.0	33.0	0	19	0	22
8	PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	19	9	19	0.0	30.0	0	19	0	19
9	SERVICE PERIOD CLINICAL LABOR TIME	L051A	RN	0	42	0	0.0	0.0	0	0	0	0
10	SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	83	0	0.0	0.0	0	0	0	0
11	POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	3	3	3	0.0	3.0	0	0	0	3
12	PRE-SERVICE											
13	Start: Following visit when decision for surgery or procedure made											
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	3	3		5		3		3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	5	3	5		10		5		5
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA	3		3		5		3		3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		7		5		5
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3		3		3		3
19	*Other Clinical Activity - *specify:*											
20	End: When patient enters office/facility for surgery/procedure											
21	SERVICE PERIOD											
22	Start: When patient enters office/facility for surgery/procedure:											
23	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA		3							
24	Obtain vital signs	L037D	RN/LPN/MTA		5							
25	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		3							
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA		2							
27	Setup scope (non facility setting only)	L037D	RN/LPN/MTA		5							
28	Prepare and position patient/ monitor patient/ set up	L037D	RN/LPN/MTA		2							
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA									
30	*Other Clinical Activity - specify:	L037D	RN/LPN/MTA									
31	Sedate/apply anesthesia	L051A	RN		2							
32	Intra-service											
33	Moderate sedation	L051A	RN		25							
34	Assist physician in performing procedure	L037D	RN/LPN/MTA		25							
35	Post-Service											
36	Monitor pt. following service/check tubes, monitors,	L051A	RN		15							
37	Monitor pt. following service/check tubes, monitors,	L037D	RN/LPN/MTA									
38	Clean room/equipment by physician staff	L037D	RN/LPN/MTA		3							
39	Clean Scope	L037D	RN/LPN/MTA		30							
40	Clean Surgical Instrument Package	L037D	RN/LPN/MTA									
41	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA		2							
42	Review/read X-ray, lab, and pathology reports	L037D	RN/LPN/MTA									
43	Check dressings & wound/ home care instructions	L037D	RN/LPN/MTA		3							
44	Discrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA									

	A	B	AMA Specialty Society C	Q	R	S	T	U	V	W	X	Y
1				alk Code RUC 2012	Recommendation NEW CODE from 43220		PEAC 2003		Crosswalk Code from RUC 01/2013		Recommendation NEW CODE from 43266	
2	*Please note: If a supply has a purchase price of			220	44381		44383		43266		44384	
3	Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI	CMS Code	Staff Type	ith balloon ss than 30 ameter)	Ileoscopy, through stoma; with transendoscopic balloon dilation		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		EGD, with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage,		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and	
4	LOCATION			Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA									
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)	L037D	RN/LPN/MTA									
47	End: Patient leaves office											
48	POST-SERVICE Period											
49	Start: Patient leaves office/facility											
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3		3		0		3
59	End: with last office visit before end of global period											
60	MEDICAL SUPPLIES	CODE	UNIT									
61	*SCRUB, DRESS, DRAPE*											
62	pack, minimum multi-specialty visit	SA048	pack		1							
63	gown, staff, impervious	SB027	item		2							
64	cap, surgical	SB001	item		3							
65	mask, surgical, with face shield	SB034	item		3							
66	shoe covers, surgical	SB039	pair		3							
67	scrub brush (impregnated)	SM023	item		1							
68	drape, non-sterile, sheet 40in x 60in	SB006	item		1							
69	basin, emesis	SJ010	item									
70	denture cup	SJ016	item									
71	*MODERATE SEDATION*											
72	pack, moderate sedation	SA044	pack		1							
73	bite block	SD006	item									
74	*PROCEDURE INSTRUMENTS / SUPPLIES*											
75	endoscope anti-fog solution	SM014	ml		1							
76	endoscopic cytology brush	SD067	item		1							
77	endoscopic biopsy forceps	SD066	item									
79	guidewire, STIFF	SD090	item		1							
80	endoscopic balloon, dilation	SD019	item		3							
81	canister, suction	SD009	item		1							
82	tubing, suction, non-latex (6ft uou)	SD132	item		1							
83	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item									
84	syringe 50-60ml	SC056	item		1							
85	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item									
86	water, distilled	SK087	oz		5							
87	gauze, non-sterile 4in x 4in	SG051	item		1							
88	cup, biopsy-specimen non-sterile 4oz	SL035	item		1							
89	paper, photo printing (8.5 x 11)	SK058	item		1							
90	lubricating jelly (K-Y) (5gm uou)	SJ032	item		4							
93	pack, cleaning and disinfecting, endoscope	SA042	pack		1							

	A	B	AMA Specialty Society Recommendation	Q	R	S	T	U	V	W	X	Y
1				alk Code RUC 2012	Recommendation NEW CODE from 43220		PEAC 2003		Crosswalk Code from RUC 01/2013		Recommendation NEW CODE from 43266	
2	*Please note: If a supply has a purchase price of			220	44381		44383		43266		44384	
3	Meeting Date: October 2013 Tab: 4 - Ileoscopy Specialty: GI	CMS Code	Staff Type	with balloon ess than 30 ameter)	Ileoscopy, through stoma; with transendoscopic balloon dilation		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		EGD, with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage,		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and	
4	LOCATION			Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			000	000	000	000	000	000	000	000	000
94	EQUIPMENT	CODE										
95	videoscope, gastroscopy	ES034			69							
96	stretcher	EF018			83							
97	IV infusion pump	EQ032			62							
98	table, power	EF031			39							
99	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031			39							
100	suction machine (Gomco)	EQ235			39							
101	table, instrument, mobile	EF027			39							
102	endoscope disinfector, rigid or fiberoptic, w-cart	ES005			30							
103	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011			62							