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Gastroenterology
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Society Relative Value Scale Update Committee (RUC)
Advisor
Gastroenterology

Summary of Changes:

- Four New Codes - 43206, 43252, 44705, 91112
- One Revised Code - 91111
- One Deleted Code - 43234
- New Category III Codes for Laparoscopic Implantation, Vagus Nerve Blocking Therapy for Morbid Obesity
  0312T, 0313T, 0314T, 0315T, 0316T, 0317T
Gastroenterology

43200  Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

43206  with optical endomicroscopy

► (Report supply of contrast agent separately) ◄
► (Do not report 43206 in conjunction with 88375) ◄
Coding Clarification

• A separate procedure designation indicates that this diagnostic esophagoscopy is performed alone for a specific purpose(s) and is not immediately followed by or is performed with a surgical endoscopy (eg, removal of a foreign body). If a surgical endoscopy is performed, a diagnostic endoscopy is not reported because surgical endoscopy codes always include a diagnostic endoscopy.

• The use of a “brush biopsy” constitutes brushing or washing, and reported using 43200.
Upper gastrointestinal endoscopy, simple primary examination (e.g., with small diameter flexible endoscope) (separate procedure)

► (43234 has been deleted. To report, use 43235) ◄

Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
Gastroenterology

43252 with optical endomicroscopy

► (Report supply of contrast agent separately)

► Do not report 43252 in conjunction with 88375)

► (For biopsy specimen pathology, use 88305)
Barrett’s Esophagus - Endoscopy
Barrett’s Esophagus – Optical Endomicroscopy
Barrett’s Esophagus – Optical Endomicroscopy
Barrett's Esophagus – Optical Endomicroscopy
Barrett’s Esophagus - Histopathology
Barrett’s Esophagus - Histopathology
Category III Codes

A cross reference following code 43647 directs users to the new Category III codes for laparoscopic implantation

► (For laparoscopic implantation, revision, replacement, removal or reprogramming of vagus nerve blocking neurostimulator electrode array and/or pulse generator at the esophagogastric junction, see 0312T-0317T)
Gastroenterology

43882  Revision or removal of gastric neurostimulator electrodes, antrum, open;

► (For open implantation, revision, or removal of gastric lesser curvature or vagal trunk (EGJ) neurostimulator electrodes, [morbid obesity], use 43999) ◄
Preparation of fecal microbiota for instillation, including assessment of donor specimen

► (Do not report 44705 in conjunction with 74283)

► (For fecal instillation by oro-nasogastric tube or enema, use 44799)

• **New Technology** - This service will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

• **2013 RUC Recommended RVU = 1.42**

• **2013 HCPCS Code G0455 = 0.97**
Fecal Microbiota RUC Review

• CMS did not accept the RUC recommendation RVU for 44705, but created HCPCS Code G0455
• Concern is Medicare payment for the preparation of the donor specimen would only be made if the specimen is ultimately used for the treatment of a beneficiary.
• To bill for CPT code 44705 please use HCPCS code G0455 (Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen).
• 2013 HCPCS Code G0455 = 0.97
Clostridium difficile

- Spores and vegetative cells are ingested
- Most vegetative cells are killed in the stomach, but spores can survive the acid environment
- C. difficile spores germinate in the small bowel upon exposure to bile acids
- Flagella facilitate C. difficile movement; a polysaccharide capsule discourages phagocytosis
- C. difficile multiplies in the colon
- Gut mucosa facilitates adherence to the colonic epithelium
**Clostridium difficile**

*C. difficile* vegetative cells produce toxins A and B and hydrolytic enzymes (1). Local production of toxins A and B leads to production of tumour necrosis factor-alpha and proinflammatory interleukins, increased vascular permeability, neutrophil and monocyte recruitment (2), opening of epithelial cell junctions (3) and epithelial cell apoptosis (4). Local production of hydrolytic enzymes leads to connective tissue degradation, leading to colitis, pseudomembrane formation (5) and watery diarrhea.
Pseudomembranous colitis

Restoring the ecosystem

Infections from the microorganism *C. difficile* occur when antibiotic treatment knocks out the body’s naturally-occurring bacteria in the intestinal tract. *C. difficile* can take over, causing extreme diarrhea and fluid loss. In extreme cases, doctors must restore the balance by introducing new bacteria obtained from a stool donor.

**System collapse**

1. A healthy symbiosis; the human digestive tract is a complex ecosystem of billions of bacteria that digest food.
2. Indiscriminate death; antibiotics kill off both dangerous and good bacteria.
3. Marauders take over, allowing spores from *C. difficile* to flower and take over the colon, which causes damage and diarrhea.

**The ultimate pro-biotic**; introducing bacteria from a stool donor into the body restores the balance of the ecosystem.

**A new population**; new bacteria repopulate the colon and keep *C. difficile* in check.

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Source: St. Mary’s Duluth Clinic

Graphic: Mark Boswell, Minneapolis Star Tribune
Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report

► (For measurement of gastrointestinal tract transit times or pressure using wireless capsule, use 91112)
Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report

► (Do not report 91112 in conjunction with 83986, 91020, 91022, 91117) ◄

- **New Technology** - This service will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.
- **2013 RVU = 2.10**
Wireless Motility Capsule
Typical wireless motility capsule (WMC) recording

Zarate N et al. Am J Physiol Gastrointest Liver Physiol
2010;299:G1276-G1286

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Category III Codes

0312T Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
Laparoscopy Category III Codes

- **0313T** laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator

- **0314T** laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
Laparoscopy Category III Codes

- **0315T** removal of pulse generator
- **0316T** replacement of pulse generator

► (Do not report 0315T in conjunction with 0316T) ◄
Laparoscopy Category III Codes

0317T neurostimulator pulse generator electronic analysis, includes reprogramming when performed

► (For implantation, revision, replacement, and/or removal of vagus [cranial] nerve neurostimulator electrode array and/or pulse generator for vagus nerve stimulation performed other than at the EGJ [eg, epilepsy], see 64568-64570)

► (For analysis and/or [re]programming for vagus nerve stimulator, see 95970, 95974, 95975)
Vagus Nerve Blocking Therapy
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Vagus Nerve Blocking Therapy

Blocking hunger pangs

Vagus nerves
Travel alongside the esophagus and provide a direct two-way communication between the brain and the digestive system without input from the spinal cord.

VBLOC therapy
Surgically implanted leads intermittently block vagal nerve impulses to the digestive system that tell a person whether he or she is hungry or full.

Source: Stanford, www.enteromedics.com/What_is_VBLOC.htm

John Blanchard / The Chronicle
# Endoscopy Code Families

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<thead>
<tr>
<th>Procedure Family</th>
<th>Code Range</th>
<th>Presented to CPT</th>
<th>When Surveyed?</th>
<th>Presented to RUC</th>
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<td>43200-43232</td>
<td>May 2012</td>
<td>Summer 2012</td>
<td>October 2012</td>
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<tr>
<td>Dilation</td>
<td>43450-43458</td>
<td>May 2012</td>
<td>Summer 2012</td>
<td>October 2012</td>
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<tr>
<td>EGD</td>
<td>43235-43259</td>
<td>October 2012</td>
<td>Fall 2012</td>
<td>January 2013</td>
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<tr>
<td>ERCP</td>
<td>43260-43273</td>
<td>February 2013</td>
<td>Winter 2013</td>
<td>April 2013</td>
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<tr>
<td>Enteroscopy</td>
<td>44360-44373</td>
<td>February 2013</td>
<td>Winter 2013</td>
<td>April 2013</td>
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<tr>
<td>Enteroscopy to Ileum</td>
<td>44376-44382</td>
<td>February 2013</td>
<td>Winter 2013</td>
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<td>Ileoscopy</td>
<td>44380-44386</td>
<td>May 2013</td>
<td>Summer 2013</td>
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<tr>
<td>Flexible Sigmoidoscopy</td>
<td>45330-45345</td>
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<td>Colonoscopy through Stoma</td>
<td>44387-44397</td>
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<td>Fall 2013</td>
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<tr>
<td>Colonoscopy</td>
<td>45378-45392</td>
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RUC Review of Cholecystectomy

• Reviewed as a part of a CMS request in the 2012 Notice for Proposed Rulemaking
• Potential relativity problem between 47600 and 47605
• Typical patient has changed.
  – Now converted from a laparoscopic cholecystectomy to a open cholecystectomy
  – Reasons to convert
    • Severity of disease, adhesions from prior abdominal surgery and/or difficulties with defining ductal anatomy.
• Change in Work RVU
  – 47600 = 17.48
  – 47605 = 18.48