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20) What is the likelihood CMS’ proposed changes will be implemented?
21) When will CMS finalize its proposal? Is there a possibility that this won’t go through?
CMS Moderate Sedation Proposal — Background

1) Why is CMS changing the way moderate sedation services are billed and reimbursed?

In the calendar year (CY) 2015 Medicare Physician Fee Schedule (PFS) proposed rule, CMS noted that for endoscopic procedures, it appeared that anesthesia services were increasingly being separately reported. As a result, the resource costs associated with sedation were no longer being incurred by the practitioner reporting the procedure, but were still included in the reimbursement of the procedure. Subsequently, in the CY 2016 PFS proposed rule, CMS asked for public input on approaches to address the appropriate valuation of moderate sedation reimbursement of the procedure. Subsequently, in the CY 2016 PFS proposed rule, CMS asked for public input on approaches to address the appropriate valuation of moderate sedation related to the approximately 400 diagnostic and therapeutic procedures, including the majority of GI endoscopy procedures, that had been valued with moderate sedation as an inherent part of furnishing the service.

To address this issue, the American Medical Association’s (AMA) Current Procedural Terminology (CPT) Editorial Panel created separate CPT codes for reporting of moderate sedation services. They are listed in the proposed rule as 991X1-991X6, but their permanent 5-digit CPT codes will be published in the CPT 2017 book this fall.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>991X1</td>
<td>Moderate sedation services provided by the same physician or other qualified health-care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; initial 15 minutes of intra-service time, patient younger than 5 years of age.</td>
</tr>
<tr>
<td>991X2</td>
<td>Moderate sedation services provided by the same physician or other qualified health-care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older.</td>
</tr>
<tr>
<td>+991X5</td>
<td>Moderate sedation services provided by the same physician or other qualified health-care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; each additional 15 minutes of intra-service time (List separately in addition to code for primary service).</td>
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</tbody>
</table>
The physician work of the moderate sedation CPT codes was surveyed by specialties with procedures involving moderate sedation, including AGA, ASGE and ACG, in 2015. The physician work data were presented to the AMA/Specialty Society Relative Value Update Committee (RUC), the body that provides relative value unit (RVU) recommendations to CMS. The RUC conferred on the data and provided its own RVU recommendations on the moderate sedation codes to CMS in early 2016.

CMS published proposed RVUs for the moderate sedation CPT codes 991X1-991X6 in the CY 2017 PFS. However, as the GI societies’ survey data were significantly different from other specialties, CMS created a new code, GMMM1, for all endoscopic procedures during which moderate sedation is inherent to the procedure, except for biliary endoscopy procedures (43260-43265, 43274-43278) and esophageal dilation (43450-43453) for which CMS proposes to require use of code 991X2. CMS has proposed a physician work RVU (wRVU) of 0.10 for GMMM1. CMS accepted the RUC recommended wRVU of 0.25 for all other procedures reported with 991X2.

2) Will these changes apply to all payors or just to Medicare?

The new moderate sedation CPT codes (temporarily assigned 991X1-991X6) to be published in CPT 2017 will be recognized by all payors. However, code GMMM1 for physicians who perform GI endoscopy procedures will apply only to Medicare.

Commercial payors have not yet announced whether they will recognize GMMM1 and, if so, what value the code will be assigned. Contact your commercial payors now and ask if they plan...
to recognize GMMM1 for moderate sedation provided for GI endoscopy procedures beginning Jan. 1, 2017 and, if so, how they plan to value the service.

Coding for Moderate Sedation

3) Beginning in 2017, what code(s) do I report when I administer moderate sedation?

For the Medicare program, CMS proposed that administration of moderate sedation for procedures 43200-43259, 43266, 43270, 44360-44408, 45332-45398, G0105 and G0121 must be reported using GMMM1, which describes the first 15 minutes of intra-service time. The intra-service period of an endoscopic procedure is the "scope-in to scope-out" portion of the service provided. It begins at the insertion of the first scope and ends at the removal of the last scope. It does not include face-to-face time with the patient prior to the procedure, or at the conclusion of the procedure once the scope has been removed and the patient is stabilized/transferred to the recovery unit.

GMMM1 — Moderate sedation services provided by the same physician or other qualified health-care professional performing a gastrointestinal endoscopic service (excluding biliary procedures) that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older.

Administration of moderate sedation for ERCP procedures 43260-43265, 43274-43278, and dilation codes 43250, 43253 should be reported using 991X2, which describes the first 15 minutes of intra-service time. We caution that these recommendations are proposed by Medicare, and that this list may change when the final rule is published in November.

991X2 — Moderate sedation services provided by the same physician or other qualified health-care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older.

Intra-service time beyond the first 15 minutes is reported with add-on code 991X5, which is reported once for each additional 15 minutes of intra-service time of the procedure. Intra-service (i.e., the time between when the first scope is inserted and the last scope is removed) varies for each procedure, therefore, the number of units 991X5 reported will vary.

991X5 — Moderate sedation services provided by the same physician or other qualified health-care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; each additional 15 minutes of intra-service time. (List separately in addition to code for primary service).

Commercial payors have not yet announced whether they will recognize GMMM1 for GI endoscopy procedures. Contact your commercial payors now and ask if they plan to recognize GMMM1 for moderate sedation provided for GI endoscopy procedures beginning Jan. 1, 2017.

4) Can I report CMS’ proposed new moderate sedation code, GMMM1, for non-Medicare patients?
Commercial payors have not yet announced whether they will recognize GMMM1 and, if so, what the value of the code will be assigned. Contact your commercial payors now and ask if they plan to recognize GMMM1 for moderate sedation provided for GI endoscopy procedures and, if so, how they plan to value this service.

5) Code GMMM1 is for “initial 15 minutes of intra-service time.” What is the ‘intra-service’ time? When does it start and stop?

The intra-service service period of an endoscopic procedure is the “scope-in to scope-out” portion of the service provided. It begins at the insertion of the first scope and ends at the removal of the last scope. It does not include face-to-face time with the patient prior to the procedure or at the conclusion of the procedure.

Intra-service time (i.e., the time between when the first scope is inserted and the last scope is removed) varies for each procedure, therefore, the number of units 991X5 reported will vary.

The first 15 minutes of intra-service time is captured using GMMM1 or 991X2. Add-on code 991X5 is reported for each additional 15 minutes of intra-service time beyond the first 15 minutes. However, because time-based CPT codes may be reported when at least half of the listed time is achieved, 991X5 can be reported when the next eight minutes of intra-service time is achieved. For example, an endoscopic procedure with an intra-service time of 23 minutes would be reported with one (1) unit of GMMM1 and one (1) unit of 991X5, even though the full 15 minutes of additional intra-service time was not achieved. The endoscopist who administers moderate sedation must determine the exact number of units for moderate sedation based on the intra-service time recorded in the patient’s operative and medical record.

Examples:
- If a physician performs an EGD with snare polypectomy (43251) and records 25 minutes of intra-service time, the codes reported would be one (1) unit of GMMM1 and one (1) unit of 991X5.
- If a physician performs a colonoscopy with stent placement (45389) and records 45 minutes of intra-service time, the codes reported would be one (1) unit of GMMM1 and two (2) units of 991X5.
- If a physician performs a flexible sigmoidoscopy with foreign body removal (45332) and reports 20 minutes of intra-service time, only one (1) unit of GMMM1 would be reported as the physician has not performed a minimum of an additional eight minutes of intra-service time to warrant reporting one unit of 991X5.

6) Are there any GI endoscopy codes not reported with GMMM1?

Yes, CMS has proposed that administration of moderate sedation for ERCP procedures 43260-43265, 43274-43278, and dilation codes 43250, 43253 must be reported using 991X2. However, this direction may change in the final rule published in November.

991X2 — Moderate sedation services provided by the same physician or other qualified health-care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist
in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older.

Also, note that trans-nasal esophagoscopy codes 43197, 43198 and flexible sigmoidoscopy codes 45330 and 45331 do not have moderate sedation inherent to the procedure. CMS has not provided guidance on whether GMMM1 could be reported if the physician who performs these endoscopic procedures determines that moderate sedation is medically necessary.

7) How do I report 991X5, the proposed code for “each additional 15 minutes of intra-service time”? Why does this code only include practice expense?

The first 15 minutes of intra-service time is captured by GMMM1 or 991X2. Add-on code 991X5 is reported for each additional 15 minutes of intra-service time beyond the first 15 minutes. However, because time-based CPT codes may be reported when half of the listed time is achieved, 991X5 can be reported for procedures with less than 30 minutes of intra-service time. For example, an endoscopic procedure with an intra-service time of 23 minutes would be reported with one unit of 991X5, because more than half of the additional 15 minutes of intra-service time (i.e., eight minutes) was achieved. The endoscopist who administers moderate sedation must determine the exact number of units for moderate sedation based on the intra-service time recorded in the patient’s operative and medical record.

Examples:
- If a physician performs an EGD with snare polypectomy (43251) and records 25 minutes of intra-service time, the codes reported would be one (1) unit of GMMM1 and one (1) unit of 991X5.
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- If a physician performs a flexible sigmoidoscopy with foreign body removal (45332) and reports 20 minutes of intra-service time, only one (1) unit of GMMM1 would be reported as the physician has not performed a minimum of an additional eight minutes of intra-service time to warrant reporting one unit of 991X5.

Code 991X5 includes the practice expense RVUs for staff labor and equipment associated with each additional 15 minutes of intra-service time. It does not include physician work, as the majority of physician work is involved in the initiation of moderate sedation and is captured by GMMM1 and 991X1.

8) What happens if I perform an endoscopic or esophageal dilation procedure and the patient doesn’t receive any sedation?

If an endoscopic or esophageal dilation procedure is performed without any sedation, only report the appropriate procedure code (43213, 43214, 43233, 43450, or 43453). Do not report moderate sedation code 991X2 or GMMM1 in addition to the procedure code.

**Coding for Anesthesia Services**

9) What code(s) does the anesthesia professional report for the administration of propofol?
The anesthesia professional should report either 00740 (Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum) or 00810 (Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum) for administration of propofol depending on the GI endoscopy procedure performed.

**Reimbursement Impact**

10) I administer moderate sedation with GI endoscopy procedures performed in a facility setting. Will the new reporting impact my practice’s bottom line?

Physicians who administer moderate sedation in the facility setting should see no impact to their reimbursement to the procedures, because the current total physician work RVUs will be captured through reporting the GI endoscopy procedure code plus the appropriate moderate sedation code(s) (GMMM1, 991X2, 991X5).

See the [CMS Moderate Sedation (MS) Proposal Impact on Affected GI Endoscopy Codes table](#).

See the [2017 Proposed MPFS, HOPD, ASC Payment Comparison table](#) to see the proposed physician payment for GI endoscopy procedures and compare the proposed hospital outpatient department (HOPD) and ambulatory surgery center (ASC) fees.

11) I perform endoscopic procedures using moderate sedation in my office setting. Will the new reporting impact my practice’s bottom line?

Physicians who perform endoscopic procedures in the office setting will experience a slight decrease in revenue as a result of the new reporting for moderate sedation due to CMS’ proposed reduction of payment for certain practice expense components for endoscopy procedures. The average decrease in payment for physicians who perform endoscopy procedures in the office using moderate sedation is between 2 and 5 percent per procedure under the proposed RVUs. See the [CMS Moderate Sedation (MS) Proposal Impact on Affected GI Endoscopy Codes table](#).

12) My practice uses anesthesia professionals for endoscopy procedures. How much could payments for endoscopy procedures decrease when the value of moderate sedation is removed in 2017?

Practices that use anesthesia professionals for endoscopy procedures performed in the facility setting, such as the HOPD or ASC, could see payment decreases of 3 percent, on average, due to the removal of physician work RVUs attributed to GMMM1. The average decrease for ERCP procedures and esophageal dilation codes, which are reported with 991X2, is 4 percent.

Practices that use anesthesia professionals for endoscopy procedures performed in the office setting could see payment decreases of 15 percent on average for the most common GI endoscopy procedures performed in the office setting. The decrease is due to the removal of the physician work, supplies, equipment and labor RVUs associated with moderate sedation. See the [2017 Proposed MPFS, HOPD, ASC Payment Comparison table](#).

13) Will my ASC get reimbursed if I administer moderate sedation?
Payment for the administration of moderate sedation is made to the physician under the Medicare Physician Fee Schedule. See the 2017 Proposed MPFS, HOPD, ASC Payment Comparison table to see the proposed physician payment for GI endoscopy procedures and compare the proposed HOPD and ASC fees. Medicare does not pay the ASC a separate amount for administration of sedation or anesthesia.

Preparing Your Practice

14) I work in a small practice and my coding staff handles all of my billing. What should I do to help prepare them?

Provide your billing and coding staff with the Tri-society analysis of the 2017 Medicare PFS proposed rule and this Q&A document. Educate your physicians about intra-service time (see question three above), how to accurately count it (see questions five and seven above), and where to capture it in the patients’ operative and medical records, so that coding staff can easily locate it. Additional information and resources from AGA will be available after the release of CPT 2017 in September of this year.

15) My practice uses billing software. What steps can I take to ensure the programming is accurately capturing the intra-service time and billing the correct codes?

Contact your billing software vendor and ask how they plan to ensure a seamless implementation of the new moderate sedation CPT codes and HCPCS code GMMM1 on Jan. 1, 2017. Ask what changes will be made to capture procedure intra-service time for moderate sedation and how physicians will record it.

16) Will non-Medicare payors recognize GMMM1 at 0.10 (wRVUs) or will they require 991X2 at 0.25 wRVUs? Will I have to set up two different coding systems, one for Medicare using GMMM1 and one for non-Medicare payors using 991X2 to report moderate sedation?

Commercial payors are not required to recognize or accept HCPCS codes. Each commercial payor will make its own decision whether or not to accept GMMM1 and what RVU to assign to it.

Contact your commercial payors now and ask if they plan to recognize GMMM1 for moderate sedation provided for GI endoscopy procedures as of Jan. 1, 2017, and, if so, what value will be assigned. If a commercial payor decides not to accept GMMM1, ask if 991X2 should be reported with GI endoscopy procedures instead and what value will be assigned to it.

17) My compensation is based on wRVUs generated. What will this mean to me? What should I do now?

If you administer moderate sedation for GI endoscopy procedures, there should be no appreciable change to the wRVUs you generate.

If you use an anesthesia professional and your employment contract is based on a productivity compensation arrangement, then you should review your contract right away. You will want to request an adjustment to account for the RVUs that will be removed from GI endoscopy and esophageal dilation procedures effective Jan. 1, 2017.
Implementation

18) What does this mean for GI practices that have an affiliated Certified Registered Nurse Anesthetist (CRNA) practice that administers propofol for endoscopic procedures?

Medicare’s proposal only addresses moderate sedation. At this time, Medicare has not proposed any changes to anesthesia codes 00740 and 00810 for endoscopic procedures.

19) Do I need to notify my malpractice carrier if I administer moderate sedation for esophageal dilation and endoscopic procedures?

You may wish to discuss this with your malpractice carrier.

20) What is the likelihood CMS’ proposed changes will be implemented?

CMS allows for a 60-day comment period during which the public can provide input on proposals published in the PFS proposed rule. The comment period for the 2017 PFS proposed rule ends Sept. 6, 2016. AGA, in conjunction with our sister societies, is examining the proposed changes and will submit comments for CMS’ consideration. We will also meet with CMS in August.

The overall proposal to remove moderate sedation from the endoscopic procedures that were valued with moderate sedation as an inherent part of furnishing the service is expected to be implemented. However, CMS may make refinements to the details of the moderate sedation proposal. For example, CMS may make changes to the equipment assigned to moderate sedation or the specific codes reported with GMMM1 based on the comments the agency receives.

21) When will CMS finalize its proposal? Is there a possibility that this won’t go through?

CMS typically publishes the Medicare PFS final rules in late October or early November.

CMS first announced its attention to the issue of increasing rate of anesthesia services provided with endoscopic procedures in the 2015 PFS proposed rule and has requested public input in each rule since then. CMS has given no indication thus far that it plans to delay implementation of the overall proposal to remove moderate sedation from the endoscopic procedures. The AGA will continue to assist gastroenterologists to be ready for the expected Jan. 1, 2017 implementation date.