American College of Gastroenterology, American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy
Tri-Society Coding Request and Review Process

The Tri-Society Coding Request and Review Process is a coordinated effort of the American College of Gastroenterology (ACG), the American Gastroenterological Association (AGA), and the American Society for Gastrointestinal Endoscopy (ASGE) to evaluate, develop, and advance CPT and HCPCS coding proposals that reflect contemporary gastroenterology practice. Through this unified structure, the societies review member- and stakeholder-submitted coding requests—including those from industry—assess clinical need, analyze utilization and coding implications, and determine whether a coordinated CPT or HCPCS submission is warranted. The process promotes consistency across the specialty, prevents conflicting or duplicative proposals, ensures that coding changes are evidence-based and aligned with GI clinical workflows, and strengthens the specialty's voice before the AMA CPT Editorial Panel, CMS, and other payers. By working collaboratively with practicing clinicians and industry partners, the three societies can more effectively identify coding gaps, prioritize emerging technologies and procedures, and support accurate valuation, coverage, and reimbursement for gastrointestinal services.

To conduct this review, the Tri-Society has developed processes for each phase -

i) **Sponsorship or feedback on a CPT Cat I or III application**: When seeking feedback or sponsorship, applicants must submit should take the form of the fully completed CPT draft application form and must be received at least eight weeks prior to the published submission deadline for the meeting at which the applicant plans to submit the proposal for consideration by the AMA CPT Editorial Panel. If the applicant would like feedback on certain elements of the CPT application, those materials must be submitted at least 8 weeks prior to the proposal submission deadline.

   If the applicant is submitting a full CPT application (not certain elements of the application), the following information must accompany the fully completed CPT application:
   (1) Status of FDA review, consistent with AMA requirements for category I or III applications. PDF copies of referable documents.
   (2) A review of safety data regarding the device/procedure.
   (3) A review of outcome/efficacy data regarding the device/procedure/diagnostic. For category I code application consideration, this means peer-reviewed, published literature (not abstracts). For category III consideration, applicable studies either published or protocols of study(s) underway.

(4) Clear information regarding physician (qualified healthcare professional) work for the procedure, clarifying what time and effort are required for the pre-, intra- and post-time aspects of the procedures. Practice expense for both the facility (outpatient hospital, ambulatory surgical center) and non-facility (office, independent diagnostic testing facility) settings should be submitted, preferably with copies of applicable invoices. If CMS or other payers are providing coverage/reimbursement already, include information about relevant coding and reimbursement information.

(5) A clinical vignette that describes the typical patient who would receive the procedure(s)/service(s) including diagnosis and relevant conditions should be submitted for the device/procedure.

(6) The names of at least one physician the company feels can comfortably analyze the procedure/device/diagnostic test, indicating if the individual(s) have a disclosable interest with the company, and/or advisory/employee/partner relationship with a venture capital/private equity/hedge fund or a private or public company that may be a competitor or acquirer of the company.

ii) **General feedback**: For those not yet ready to submit an application but seeking our feedback on an idea, guidance can be provided as the development matures. Once all available information is submitted, a minimum of eight weeks will be required to reciew and evaluate the information. Commonly, society staff will hold a discussion with an interested company to clarify needs and indicate next steps the societies might take. This might include discussion with coding/reimbursement physician advisors of the societies when appropriate.

iii) **Guidance for industry interactions with CPT advisors and staff**: After a CPT application has been submitted, whether by industry or by specialty societies or in coordination, industry and other stakeholders must abide by the AMA Statement on Lobbying regarding contacts with CPT Editorial Panel member and specialty society advisors. Unless industry is collaborating with society(s) on an application, industry must not contact society CPT advisors directly to initiate or follow-up on the status of a request. All communications must coordinated by AMA CPT staff.

iv) **Preliminary guidance for industry, interactions with CPT advisors:** Prior to formal consideration by society(s) as described above, we highly encourage industry to first meet with the specialty society staff first. However, CPT advisors may, at their own discretion, have informal discussions with industry about developing technology and about potential pathways to coding and reimbursement. It is important to note that these discussions are unofficial and any such advice or consultation given to industry is not official society advice or positions or a representation of the other societies' position on a potential application. If any consulting relationship is established or consultancy fees are involved, the advisor will disclose such in advance of any society discussion of the matters in question.