



## **IMPORTANT 2017 BILLING UPDATE:**

### **BILL SEPARATELY FOR MODERATE SEDATION WHEN PERFORMED WITH GI ENDOSCOPY SERVICES**

Beginning January 1, 2017, moderate sedation will no longer be included in payment for gastrointestinal endoscopy services.

#### **KEY THINGS TO KNOW WHEN BILLING FOR ENDOSCOPIC PROCEDURES PERFORMED WITH MODERATE SEDATION IN 2017**

1. If you provide moderate (conscious) sedation in conjunction with GI procedures you must now bill sedation separately with HCPCS code G0500 for Medicare. The work value of this service is .10 RVUs. This value has been removed for all GI endoscopy procedure codes.
2. Payment for moderate sedation is no longer included in the allowances for any GI endoscopy codes. Failure to report these new moderate sedation code(s) will result in loss of payment for this service.
3. Documentation for moderate sedation services and time must be maintained in the patient record. Note: The time recorded for moderate sedation is different than the intraservice time (scope in to scope out) for the GI endoscopic service. This time must be documented appropriately.
4. Update charge masters and internal billing documents to account for new code(s) and ensure they are processed correctly by payers. Practices should be prepared to have a conversation with top commercial and Medicaid payers regarding processing of claims.
5. If your GI endoscopy procedures are performed using anesthesia, the value of your GI endoscopy service will be reduced by .10 wRVUs starting January 1, 2017, which translates into roughly 2-4% reduced reimbursement.

#### **BACKGROUND**

In 2014, the Centers for Medicare and Medicaid Services (CMS) announced that the value of moderate sedation services will be separated from procedure codes in all specialties, including gastrointestinal endoscopy procedures, in which the underlying service was originally valued with moderate sedation “inherent.” The Agency noted that anesthesia services were increasingly being separately reported for many procedures.

#### **CODING GUIDANCE**

Effective January 1, 2017, moderate sedation administered by the same provider for most GI endoscopic procedures must be separately reported with the new Healthcare Common Procedure Coding System (HCPCS) code for moderate sedation (G0500) and documented, when performed. This is important as the moderate sedation service was previously included in the relative value units (RVUs) for gastrointestinal endoscopy services. Failure to bill moderate sedation codes separately will result in loss of payment for these services.

There is one base code for most gastrointestinal endoscopic services. Longer procedures will require add-on units of an additional code.

CPT/HCPCS	Description
<b>Moderate Sedation Provided by the Same Physician - Gastrointestinal Endoscopic Services</b>	
G0500	<i>Moderate sedation services provided by the same physician or other qualified health-care professional performing a <i>gastrointestinal endoscopic service</i> 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, <i>patient age 5 years or older. (for Medicare, Medicare Advantage)</i></i>
<b>Moderate Sedation Services Provided by the Same Physician</b>	
99151	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, <u>patient younger than five years of age</u>
99152	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, <u>patient age 5 years or older</u>
+99153*	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)
<b>Moderate sedation provided by a different physician</b>	
99155	Moderate sedation services provided by a physician or other qualified healthcare professional other than the physician or other qualified health-care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intra-service time, <u>patient younger than 5 years of age.</u>
99156	Moderate sedation services provided by a physician or other qualified health-care professional other than the physician or other qualified health-care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intra-service time, <u>patient age 5 years or older.</u>
+99157*	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)

(Emphasis added)

Note:

- +99153 and +99157 contain PE inputs only (i.e., equipment, supplies and staff associated with the provision of moderate sedation).
- Moderate sedation codes 99151, 99152, 99153, 99155, 99156, 99157 and G0500 are not used to report administration of medications for pain control, minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care (00100-01999).

The new moderate sedation CPT codes – 99151-99157 published in CPT 2017 will be recognized by all payers. However, code G0500 for physicians who perform GI endoscopy procedures will apply only to Medicare services. Commercial payers have not yet announced whether they will recognize G0500 and have not determined the value the code will be assigned, nor have they indicated what amount of the endoscopic fee will be removed if moderate sedation is not performed and reported. We urge members to contact your commercial payers now and ask how they plan to implement these codes. ASGE will publish such information as we receive it.

Finally, it is important to note that intraservice time for moderate sedation is different than the intraservice time for the endoscopic procedure. Intraservice time of moderate sedation is used to select the appropriate code(s). Below is an overview of how intraservice time is used to determine the appropriate CPT code to report moderate sedation services:

- Begins with the administration of the sedating agent(s) (i.e., with the start of the first IV push of the sedating drug);
- Ends when the procedure is completed, the patient is stable for recovery status, and the physician or other qualified health care professional providing the sedation ends personal continuous face-to-face time with the patient;
- Includes ordering and/or administering the initial and subsequent doses of sedating agents;
- Requires continuous face-to-face attendance of the physician or other qualified health care professional;
- Requires monitoring patient response to the sedating agents, including:
  - Periodic assessment of the patient;
  - Further administration of agent(s) as needed to maintain sedation; and
  - Monitoring of oxygen saturation, heart rate, and blood pressure.

**The “initial 15 minutes” is interpreted by CPT to refer to the range of 10 minutes (do not report moderate sedation if the service is less than 10 minutes) to 22 minutes. After 22 minutes, one unit of +99153 is reported for the subsequent 15 minutes. If the time of moderate sedation extends to 37 minutes, 2 units of +99153 would be reported.**

#### **STILL HAVE QUESTIONS?**

#### **ASGE Webinar: Moderate Sedation Coding and Documentation for 2017**

Free for ASGE members, the webinar will address:

- Correct coding for endoscopic procedures
- How to correctly determine time for administration of moderate sedation and the time for the total procedure
- Documentation required to report moderate sedation
- The financial impact this new coding procedure will have on practices that use anesthesia professionals

[View now.](#)

#### **Coding Questions**

Coding questions regarding moderate sedation coding and documentation can also be submitted to [codingquestions@asge.org](mailto:codingquestions@asge.org). These questions are answered by Ask Mueller Consulting experts in GI coding, billing and documentation.

**Contact ASGE Staff**

For additional information or questions, please contact Lakitia Mayo, Sr. Director of Health Policy, Quality, and Practice Operations at [lmayo@asge.org](mailto:lmayo@asge.org).