

# Outpatient Facility Coding Alert

## CPT® 2017: Wake Up to These Moderate Sedation Changes

**Your scope and vascular coding is different this year.**

Subtle adjustments in coding definitions from year to year can turn into glaring problems if you're not careful, and that's the case this year with moderate sedation being removed from more than 300 CPT® codes for procedures. Read on to find out what's what with your scope and vascular reporting—and whether you've coded properly up to now—in the wake of this change.

**Goodbye, indicator:** The change involves removing the "bull's eye" symbol from the codes, meaning that the codes no longer include conscious (moderate) sedation services.

- 45380 (Colonoscopy, flexible; with biopsy, single or multiple)
- 36561 (Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older)

**Notice:** CPT® 2017 deleted all codes from Appendix G, which previously listed all the codes that included moderate sedation. Instead, a new note directs coders, "For information/guidance on reporting moderate (conscious) sedation services with codes formerly listed in Appendix G, please refer to the guidelines for codes 99151, 99152, 99153, 99155, 99156, 99157."

### Understand Endoscopy Transformation

Removing conscious sedation from hundreds of codes "will have a big impact on physicians who do scopes frequently," says **Lisa Center, CPC**, Physician Practice Manager, Via Christi Hospital Pittsburg, Inc. Pittsburg, KS.

There is a great "concern over removal of moderate sedation from endoscopy procedures because of reduction in reimbursement," echoes **Catherine Brink, BS, CMM, CPC, CMSCS, CPOM**, president, Healthcare Resource Management, Inc. Spring Lake, NJ.

**How the change came about:** "The landscape for ambulatory endoscopy procedures has changed over the past decade," says **Michael Weinstein, MD**, former representative of the AMA's CPT® Advisory Panel. Physicians have recognized benefits in using Propofol sedation administered by an anesthetist, compared to the benzodiazepine and narcotic combination sedation method administered by the physician-nurse team. "More than half of ambulatory procedures are now performed with Propofol sedation and the change in the coding rules reflects the change in practice."

Under the old code configuration that included moderate sedation in the primary procedure, the anesthetist could submit a claim for sedation administration services, but the surgeon performing the endoscopy could not submit a separate claim for administering sedation. That changes with the CPT® 2017 update.

Endoscopy codes that have been revised to remove the conscious sedation symbol include:

- 43200 to 43232 (Esophagoscopy, flexible, transoral; ...)
- 43235 to 43259 (Esophagogastroduodenoscopy flexible, transoral;...)
- 43260 to 43278 (Endoscopic retrograde cholangiopancreatography [ERCP]; ...)
- 44360 to 44379 (Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; ...)
- 44380 to 44384 (Ileoscopy, through stoma; ...)
- 44385 to 44386 (Endoscopic evaluation of small intestinal pouch (e.g., Kock pouch, ileal reservoir [S or J]); ...)

- 44388 to 44408 (Colonoscopy through stoma; ...)
- 45300 to 45327 (Proctosigmoidoscopy, rigid; ...)
- 45330 to 45350 (Sigmoidoscopy, flexible; ...)
- 45378 to 45398 (Colonoscopy flexible; ...).

### **Look for Vascular Impact, Too**

In addition to the many endoscopy codes impacted by the removal of moderate sedation services, your surgeons should expect a similar change if they perform vascular procedures.

For instance, you'll see the conscious sedation symbol removed from the following codes in CPT® 2017:

- 36010 to 36254, Catheter placement services
- 36481 to 36590, Central venous access device services
- 37184 to 37218, Transcatheter procedures for thrombosis treatment, stenting
- 37220 to 37239, Endovascular revascularization
- 37241 to 37244, Vascular embolization and occlusion.