

Table 4: Proportion of Medicare Fee-for-Service Medicare Beneficiaries who Received a Colonoscopy and were Treated in the Emergency Department within 7 Days of the Procedure, 2015			
	Type of Colonoscopy		
	All	Screening	Diagnostic
Number of unique beneficiaries (N)*	1,930,232	392,845	1,542,965
Beneficiaries 7-day ED visits (N)	28,456	3,588	24,902
Beneficiaries with 7-day ED visit (%)	1.47	0.91	1.61

Source: Medicare 100 Percent Research Identifiable Outpatient, Carrier, and Inpatient Files, 2015

* The sum of beneficiaries who received a colonoscopy in each setting does not add to the total as beneficiaries may have received more than one colonoscopy in different settings during the year.

Population includes Medicare beneficiaries with full-year Part A & B coverage. Excluded from this population are those beneficiaries with any months of Medicare Advantage (Part C), patients with End Stage Renal Disease, and beneficiaries residing outside the United States. Population was further restricted to beneficiaries with ICD 9/10 code proposed for inclusion in the Comprehensive Colonoscopy Advanced Alternative Payment (CC AAPM) Proposal: ICD-9 V10.05, V10.06, V12.72, V16.0, V18.51, V76.41, V76.50, V76.51, V84.09, 211.3, 211.4, 555, 556, 558.2, 558.9 OR ICD-10 K50, K51, K52.1, K52.89, K52.9, Z85.038, Z85.048, D12.6, Z12.11, Z12.12, Z15.09, Z80.0, Z83.71, Z86.010.

Colonoscopies were identified using the HCPCS included in the CC AAPM proposal : 44388, 44389, 44391, 44392, 44394, 44403, 44404, 45378, 45380, 45381, 45382, 45384, 45385, 45390, G0105, and G0121. Screening colonoscopies were classified as those with HCPCS G0105 and G0121. All other HCPCS were classified as diagnostic colonoscopies.