Table 2: Colonoscopy-related Costs, Medicare Fee-for-Service Beneficiaries who Received a Screening or Diagnostic Colonoscopy, Diagnostic **All Colonoscopies** Screening **Average Costs Average Costs Average Costs** (\$) per Total (\$) per Total (\$) per Total Colonoscopy Colonoscopy Colonoscopy Number of unique beneficiaries* 1,930,232 393,211 1.542.610 Number of colonoscopies† 1,972,424 395,766 1,576,658 Number (%) of incomplete colonoscopies 34,449 (1.75%) 11,739 (2.97%) 22,710 (1.44%) Colonoscopy costs \$ Colonoscopy, total 681.18 635.60 \$ 251,548,303 692.62 \$ 1,343,572,440 \$ 1,092,024,137 \$ Colonoscopy, professional 211.18 194.43 \$ 215.39 416,543,544 76,948,270 \$ 339,595,273 \$ 469.99 Colonoscopy, facility 441.17 477.23 Ś \$ \$ \$ 927,028,897 \$ 174,600,033 752,428,863 Anesthesia/sedation (HCPCS 00810, 008X1, Ś 83.77 78.69 85.05 165,229,121 \$ 008X2) 31,141,165 134,087,956 \$ Pathology 75.01 12.44 \$ 90.72 \$ \$ 147.958.131 4.922.169 143.035.962 \$ Lab/tests/imaging \$ 7.60 6.82 3.72 \$ \$ 13,451,699 1,471,635 11,980,063 Radiology (HCPCS 74261, 74262, 74270, \$ 0.32 0.59 0.25 74280) 233,046 623,831 390,785 \$ Other Part B 103.21 \$ 203,582,151 84.02 \$ 33,253,223 \$ 108.03 \$ 170,328,928 \$ **Evaluation & Management** 0.89 \$ 0.36 \$ 144,358 \$ 1.02 \$ 1,757,362 1,613,004 \$ 0.96 Other physician/practitioner 0.88 \$ 0.56 \$ \$ \$ 1,731,575 221,601 1,509,974 \$ 258,690 \$ 1.28 **Emergency Department** 1.16 \$ 0.65 \$ \$ 2,284,273 2,025,583 \$ Other procedures 33.87 \$ 66,800,837 30.89 12,225,485 34.61 54,575,352 \$ Other anesthesia 5.56 \$ 10,964,947 3.34 \$ 1,321,134 \$ 6.12 \$ 9,643,813 \$ Part B drugs 0.39 \$ 776,230 0.37 147,789 \$ 0.40 \$ 628,441 \$ \$ 60.47 Ś 47.84 63.64 119,266,927 18,934,166 Other, not otherwise listed 100,332,761 \$ Total 950.31 \$ 1,874,417,373 815.05 322,569,541 984.26 1,551,847,831

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

†Includes both complete and incomplete colonoscopies. Incomplete colonoscopies were identified using the following claims modifiers: 52 - Reduced service; 53 - Discontinued Procedure; 73 - Discontinued outpatient hospital/ambulatory surgery center procedure prior to administration of anesthesia; 74 - Discontinued outpatient hospital/ambulatory surgery center procedure after administration of anesthesia.

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 Comprehensive Colonoscopy Advanced Alternative Payment Model Proposal: 44388, 44389, 44391, 44392, 44394, 44403, 44404, 45378, 45380, 45381, 45382, 45384, 45385, 45390, G0105, and G0121. Only includes colonoscopies rendered in an outpatient hospital, ambulatory surgical center or a physician office. Colonoscopies performed in an inpatient hospital were excluded.

Services were identified using the HCPCS included in the Comprehensive Colonoscopy Advance Alternative Payment Model Proposal, as follows: Anesthesia and sedation - 00810, 008X1, 008X2, 99152, 99153, 99156, 99517, G0500; Pathology - 88305, 88313, 88341, 88342; Radiology - 74261, 74262, 74270, 74280; Emergency Room - 99281-99285; Evaluation & Management - 99201-99205, 99211-99215, 99241-99245. Screening colonoscopies were classified as those with HCPCS G0105 and G0121. All other HCPCS were classified as diagnostic colonoscopies. Diagnostic colonoscopies that began as screening colonoscopies are classified as diagnostic colonoscopies. Diagnostic colonoscopies that began as screening colonoscopies are classified as diagnostic colonoscopies.

^{*} The sum of beneficiaries who received a screening and diagnostic colonoscopy does not add to the total as beneficiaries may have received more than one type of colonoscopy in the year.