

Table 3: Colonoscopy-related Costs, Medicare Fee-for-Service Beneficiaries who Received a Colonoscopy in an Ambulatory Surgical Center (ASC), Hospital Outpatient Department, or Physician Office, 2015								
	All Settings		ASC		Outpatient		Office	
	Average Costs (\$) per Colonoscopy	Total	Average Costs (\$) per Colonoscopy	Total	Average Costs (\$) per Colonoscopy	Total	Average Costs (\$) per Colonoscopy	Total
Number of unique beneficiaries*		1,930,232		919,266		952,263		64,755
Number of colonoscopies†		1,972,424		932,416		974,437		65,571
Number (%) of incomplete colonoscopies		34,449 (1.75%)		14,500 (1.56%)		19,131 (1.96%)		818 (1.25%)
<b>Colonoscopy costs</b>								
Colonoscopy, total	\$ 681.18	\$ 1,343,572,440	\$ 556.04	\$ 518,460,320	\$ 820.32	\$ 799,350,351	\$ 392.88	\$ 25,761,769
Colonoscopy, professional	\$ 211.18	\$ 416,543,544	\$ 213.72	\$ 199,271,585	\$ 196.53	\$ 191,510,190	\$ 392.88	\$ 25,761,769
Colonoscopy, facility	\$ 469.99	\$ 927,028,897	\$ 342.32	\$ 319,188,735	\$ 623.79	\$ 607,840,162	--	--
Anesthesia/sedation (HCPCS 00810, 008X1, 008X2)	\$ 83.77	\$ 165,229,121	\$ 90.40	\$ 84,294,965	\$ 76.33	\$ 74,377,057	\$ 100.00	\$ 6,557,099
Pathology	\$ 75.01	\$ 147,958,131	\$ 97.20	\$ 90,630,907	\$ 51.77	\$ 50,450,294	\$ 104.88	\$ 6,876,930
Lab/tests/imaging	\$ 6.82	\$ 13,451,699	\$ 10.95	\$ 10,213,636	\$ 2.60	\$ 2,529,704	\$ 10.80	\$ 708,358
Radiology (HCPCS 74261, 74262, 74270, 74280)	\$ 0.32	\$ 623,831	\$ 0.25	\$ 231,675	\$ 0.38	\$ 366,314	\$ 0.39	\$ 25,843
Evaluation & Management	\$ 0.89	\$ 1,757,362	\$ 0.38	\$ 350,877	\$ 1.39	\$ 1,351,991	\$ 0.83	\$ 54,493
Other physician/practitioner	\$ 0.88	\$ 1,731,575	\$ 0.63	\$ 591,051	\$ 0.78	\$ 757,127	\$ 5.85	\$ 383,397
Emergency Department	\$ 1.16	\$ 2,284,273	\$ 1.02	\$ 948,755	\$ 1.32	\$ 1,289,289	\$ 0.71	\$ 46,229
Other Part B	\$ 100.29	\$ 197,808,942	\$ 60.15	\$ 56,088,959	\$ 142.84	\$ 139,186,584	\$ 38.64	\$ 2,533,399
Other procedures	\$ 33.87	\$ 66,800,837	\$ 51.90	\$ 48,389,440	\$ 16.77	\$ 16,343,275	\$ 31.54	\$ 2,068,121
Other anesthesia	\$ 5.56	\$ 10,964,947	\$ 3.77	\$ 3,518,331	\$ 7.38	\$ 7,193,847	\$ 3.85	\$ 252,769
Part B drugs	\$ 0.39	\$ 776,230	\$ 0.36	\$ 333,401	\$ 0.38	\$ 371,183	\$ 1.09	\$ 71,647
Other, not otherwise listed	\$ 60.47	\$ 119,266,926	\$ 4.13	\$ 3,847,787	\$ 118.30	\$ 115,278,279	\$ 2.15	\$ 140,862
<b>Total</b>	<b>\$ 950.31</b>	<b>\$ 1,874,417,374</b>	<b>\$ 817.03</b>	<b>\$ 761,811,145</b>	<b>\$ 1,097.72</b>	<b>\$ 1,069,658,711</b>	<b>\$ 654.98</b>	<b>\$ 42,947,517</b>

Source: Medicare 100 Percent Research Identifiable Outpatient and Carrier 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.

†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 CC AAPM proposal: 44388, 44389, 44391, 44392, 44394, 44403, 44404, 45378, 45380, 45381, 45382, 45384, 45385, 45390, G0105, and G0121. Colonoscopies performed in an inpatient hospital were excluded.

Services were identified using the HCPCS included in the CC AAPM 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.