CPT code 31250. This procedure was performed 90 percent of the time in the physician's office setting, thus failing to meet our criterion for inclusion on the ASC list.

## Digestive System

*Comment:* Two commenters proposed the following codes for addition to the ASC list:

CPT Code	Description
43030 43830	Cricopharyngeal myotomy. Gastrostomy, temporary (tube, rubber or plastic) (separate procedure).

Response: CPT code 43030 is performed 79 percent of the time on an inpatient basis, and CPT 43830 is performed 90 percent of the time on an inpatient basis. There is concern about complications with these procedures, and both also require a 23-hour observation period before discharge. They are therefore not appropriate to the ASC list.

Comment: Commenters proposed adding the following 19 gastrointestinal endoscopy codes that were new CPT codes January 1, 1994: CPT codes 43205, 43216, 43244, 43248, 43250, 43259, 43261, 43458, 44365, 44376, 44377, 44378, 44394, 44500, 45308, 45309, 45338, 45339, and 45384. Some of the codes involved editorial changes of existing CPT procedures, and some were new CPT procedures.

Response: We have added 12 of these 19 gastrointestinal codes to the ASC list by our manual instructions. They are CPT codes 43216, 43248, 43250, 43261, 43458, 43465, 44394, 45308, 45309, 45338, 45339, and 45384. These 12 CPT codes with their descriptions are listed in Addendum C, part 6, at the end of this notice. We were able to cross-refer CPT codes deleted from our ASC list (which were identified in Appendix B of the 1994 CPT, a summary of additions, deletions, and revisions applicable to CPT 1994 codes) to these 12 codes. These codes were replacement codes to codes previously on the ASC list. They were cross-referred from existing codes in the 1994 CPT and have been added to the list by our manual instructions.

With this notice, we are also adding from Appendix B of the CPT another code that meets our criteria, CPT code 43259 (Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination). We are not, however, adding CPT codes 43205 (Esophagoscopy, rigid or flexible; with band ligation of esophageal

varices) and 43244 (Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices) because the treatment of varices risks complications of severe, sudden bleeding, which may require an immediate blood transfusion or the introduction of a special tube to control the bleeding. These remedies would not necessarily be available as quickly in the ASC setting. If complications develop, the patient might require air evacuation to the hospital setting. Also, the medical community does not fully accept the use of band ligation in the treatment of varices because its success and comparison to the standard treatment is yet to be completed.

We are not adding the following CPT codes to the ASC list:

CPT Code	Description
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure).
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding, any method.
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure).

These procedures require that an endoscopy tube be passed through the gastrointestinal system while the patient waits 4 to 6 hours before the physician performs the endoscopic study. The patient would need to be in the ASC from 6 to 10 hours. We believe that this extended time period for the procedure exceeds the spirit, if not the letter, of the regulations set forth at § 416.65(b), which establish 5 1/2 hours as a maximum procedure/recovery time. In conclusion, our medical consultants have determined that CPT codes 43205, 53244, 44376, 44378, and 44500 are not appropriate for Medicare patients in the ASC setting.

Comment: Commenters proposed adding CPT code 45330 (flexible sigmoidoscopy) to the ASC list.

Response: This procedure is performed 73 percent of the time in the physician's office and is appropriate to that setting. Therefore, it does not meet the criteria for the ASC list and will not be added.

## Urinary System

Comment: One commenter recommended CPT code 51040

(cystostomy tube replacement) for addition to the ASC list.

Response: This procedure meets our criteria and will be added to the ASC list (see Addendum B).

Comment: One commenter proposed CPT code 51715 (injection of implant material into the urethra) for addition to the ASC list.

Response: CPT code 51715 is a new CPT code effective January 1, 1994. This procedure was previously coded as "unlisted" and was not covered under any other procedure on the ASC list. Our medical staff are knowledgeable of this procedure, and we therefore do not require a year of billing data to make a determination. Our medical staff advise us that this is a physicians' office procedure, and it is not appropriate to add it to the ASC list.

Comment: One commenter suggested CPT code 51845 (abdomino-vaginal vesical neck suspension) for addition to the ASC list.

Response: CPT code 51845 is performed on an inpatient basis 92 percent of the time. Generally, there is also a 23-hour observation period before discharge. Thus, it exceeds our criterion for the 4-hour recovery time in § 416.65(b)(1)(ii). We are, therefore, not adding it to the ASC list.

Comment: Commenters proposed CPT code 52450 (transurethral incision of prostate) for addition to the ASC list.

Response: CPT code 52450 is performed 1 percent of the time in a physician's office and 70 percent of the time on an inpatient basis. It thus meets our criteria and will be added to the ASC list.

Comment: Commenters proposed the addition to the ASC list of CPT code 52601 (transurethral resection of the prostate (TURP)) when a laser is used.

Response: CPT code 52601 does not specify use of a laser in its coding description. Thus, the code represents TURPs done by all methods, and it is not possible to identify those performed by laser. CPT code 52601 is commonly performed on an inpatient basis with a 94 percent inpatient hospital site of service. Most cases require over 4 hours recovery time, and, thus, the procedure does not meet our criteria for coverage in an ASC in § 416.65(b)(1)(ii). Should the CPT develop a new laser TURP code, we would consider this procedure's appropriateness in the ASC.

## Male Genital System

*Comment:* One commenter suggested the addition of radioactive seed implantation to treat prostate cancer.

Response: There is presently no single surgical procedure code in the CPT describing this procedure and