



The RECORDER

The American Motility Society Newsletter-Winter 2004

Message from our AMS President: Chung Owyang, MD

Happy New Year! The past year has been a busy and exciting time for the American Motility Society. An International conference devoted to studies of the enteric nervous system was held in Banff, Alberta, Canada from July 9-13, 2003. This meeting was organized by Keith Sharkey, Gary Mawe, and Joe Szurszewski and the American Motility Society was the principal supporter of the meeting. The conference was a huge success. It was attended by 240 delegates from 18 countries and over 70 junior investigators for whom 15 were granted travel awards presented their data at this meeting. Some of the topics that were highlighted in the program include: development, maturation and aging of the ENS; plasticity and function of the enteric neural networks; molecular targets for therapeutics in the ENS; and the ENS in the inflamed and infected gut. The Second Biennial American Motility Society Course in Gastrointestinal Motility will be held on January 30, 31 and Feb 1, 2004 in Nashville, Tennessee. The Course Directors are Henry Parkman, Richard McCallum and Satish Rao. The course will highlight major advances in diagnostic evaluation and treatment of motility disorders. We are pleased to report that we were able to fund 81 travel awards for young investigators. There will be a symposium of patient support groups on the services that they can provide for patients. Prior to the AMS Motility course, there will be a one-day workshop on the interstitial cell of Cajal (ICC) and electrogastrography (EGG) research and clinical implications. The workshop will help to identify important areas to be investigated.

The 13th Biennial meeting of the AMS will be held September 9-12, 2004 in Rochester, Minnesota. The organizer of the meeting is Gianrico Farrugia of Mayo Clinic. Preparations are well underway and the preliminary program looks like it will be one of the best presented by AMS. I strongly urge your attendance as you will find it to be an extraordinary experience.

The 14th Biennial meeting of the AMS is planned for September 14-17, 2006 in Boston, Massachusetts. This is going to be the first time the European Gastrointestinal Motility Society, and Functional Brain Gut Research Group and AMS will jointly sponsor an international meeting together.

Recently the AMS has received a generous donation of \$1 million from Novartis Pharmaceuticals. To ensure that this gift is used to achieve our mission in the most effective manner, I have appointed a special committee chaired by our former AMS President, Dr. Joseph Szurszewski to oversee the investment strategies and spending policy.

On January 31, 2004, an AMS council meeting will take place in Nashville, Tennessee during the second Biennial AMS Course in GI Motility. The council will chart the future course of the AMS. This is a very exciting time for the organization. The AMS' enthusiasm for science and discovery still remains a cornerstone for the organization. The AMS will continue to encourage translational research and promote basic science discovery which ultimately may have clinical implications.

In the new year, I look forward to working with all of you

Upcoming Meetings:

ICC/EGG Workshop. A 1-day workshop will be held on January 29, 2004. The goals of the workshop are (1) to review the role of interstitial cells of Cajal (ICC) as pacemaker cells of the stomach, (2) to correlate ICC defects with dysmotility syndromes in the stomach, (3) to objectively review the role of electrogastrography (EGG) in the management of patients with unexplained nausea, and (4) to identify new avenues of investigation to explore the pathogenic importance of myoelectric rhythm disturbances in human disease. Topics to be covered include discussions of excitation-contraction coupling in the stomach, ICC coupling with gastric myocytes and the effects of ICC loss on rhythmicity, the neural regulation of gastric slow waves and both in vitro and in vitro mechanisms of gastric slow wave rhythm disruption. The workshop will conclude with expert opinions regarding performance of EGG in clinical settings, therapy of gastric slow wave dysrhythmias, and a debate about whether EGG serves a useful clinical role in directing therapy in patients with nausea.

The Second Biennial American Motility Society Course in Gastrointestinal Motility (The AMS 2004 Motility Course) Held January 30, 31 and February 1, 2004. Gaylord Opyrland. Nashville, Tennessee. Course Directors: Henry Parkman, Richard McCallum, Satish Rao. After an introductory overview of motility procedures, advances in diagnostic evaluation and treatments will be covered. A symposium of patient support groups will be held on the services that they can provide for patients.

DDW. May 15-19, 2004. New Orleans, LA. Visit our AMS Booth, #543!

Twelfth International Workshop on

Electrogastrography (EGG) will be held May 19-20, 2004 in New Orleans, LA. Immediately following the DDW Meeting. This meeting will feature clinical and scientific presentations as well as state of the art lectures. This annual meeting, although primarily focuses on electrogastrography (EGG), has expanded into the areas of evaluation and treatment of gastroparesis, functional dyspepsia, and obesity. For further updates regarding the meeting you can visit the IEGSS website: <http://www.ieggs.org> or email admin@medpubinc.com.

13th Biennial AMS Meeting will be held September 9-12, 2004 in Rochester MN on the Mayo Clinic campus. Visit the AMS website for updated information. The sponsor of the meeting is Gianrico Farrugia, M.D. of Mayo Clinic. The program and call for abstracts will be made available soon with an abstract deadline of June 4, 2004. Electronic submission of abstracts will be possible through the AMS web site. Any questions can be directed to Gianrico Farrugia at 507-284-4695 or AMS2004@mayo.edu.

A 2005 AMS Meeting is being planned. It will be held on September 23-25, 2005 at the Fairmont Miramar Hotel in Santa Monica, California. The meeting organizers are Henry Lin and

Mark Pimentel. Please visit the AMS website www.motilitysociety.org for updated information.

14th Biennial Joint AMS/EGMS/FBG Meeting is planned for September 14-17, 2006 at the Seaport Hotel in Boston, Massachusetts. Visit the AMS website for future updates.

AMS Web site

Visit our web site at <http://www.motilitysociety.org>
We have been working to build a website for our Society under the domain name "motilitysociety.org". The initial phase of this website construction is directed at providing information to prospective new members so that the process of joining our organization becomes easy. The website also provides to our current members an on-line mechanism for renewing their membership, on-line access to the *Journal of Neurogastroenterology and Motility*, voting, and a place for news about our Society. In future phases, the AMS website will be developed to be a resource for fostering communications between AMS members on both clinical and research matters as well as a portal of access to the expertise of our membership.

AMS Newsletter

Suggestions and contributions for the AMS Newsletter can be directed to Henry Parkman (henry.parkman@temple.edu).

AMS Ballot

Current members can cast their vote for president-elect on-line by going to www.motilitysociety.org by **February 27th**. If you have renewed your membership, you click on the Current Member link in the Membership Box to cast your vote. Our two nominees for president-elect are:

Peter Kahrilas of Northwestern University
Henry Parkman of Temple University

Clinical Practice Committee: Robert Summers, MD

The AMS is working to broaden and improve compensation for motility testing

Billing, coding and reimbursement are critically important issues for the clinical discipline of motility. Without compensation, it is difficult to provide motility testing to the patients with symptoms of unknown cause. Currently there are only limited numbers of procedures that can be compensated because only a few codes exist. Additionally, there are new procedures such as the Bravo pH monitoring system that will require separate codes for placement and analysis. A committee consisting of Alin Botoman, Satish Rao, Henry Lin, Edy Soffer, Adil Bharucha and Bob Summers is working on these issues with Joel Brill and Elizabeth Adams from the AGA. The instrument manufacturers Sandhill and Medtronic are also involved in the process. The process is a lengthy, complex and time-consuming one that is outlined in the recent Botoman article in the *American Journal of Gastroenterology*. It is necessary to anticipate the use of new technologies early in their development and use so that the applications can be submitted. Even if the application and approval are accomplished expeditiously, the process takes several years before it is implemented. Beyond that, relative value units must be assigned to the new code because they will determine the level of compensation. That is a different process that requires a number of laboratories to keep a log of the procedure, how much time is required to set up, calibrate, and perform the test and what resources that are required. The following tests are being considered for code applications

1. Esophageal balloon provocation
2. Esophageal Impedance Testing (non-acid reflux & transit)
3. Gastric Barostat with and without provocation
4. Colonic Manometry with and without provocation
5. Rectal barostat
6. Pudendal Nerve Latency
7. Antroduodenal manometry with/without provocation
8. Hydrogen breath test- Bacterial Overgrowth
9. Hydrogen breath test-Orocecal transit
10. Hydrogen breath test for fructose intolerance
11. Colonic Barostat
12. Balloon expulsion

Our time frame is as follows. Applications for procedures that require CPT codes need to be submitted by the beginning of October 2003 for presentation at the February 2004 CPT and April 2004 RUC meetings. This is the deadline for inclusion into the 2005 CPT book. Any applications submitted to the CPT Editorial Panel after this deadline will not be considered until the 2006 CPT book.

If you feel that there are additional codes that should be established, please let one of the committee know. In addition, we will need interested persons to volunteer to help in the development of RVU's and if you would like to be involved, please let us know of your willingness to participate.

R W Summers, MD

AMS Membership Drive

Members of the AMS receive *Neurogastroenterology and Motility* as a benefit, that is to say, for the membership fee of only \$100 for Non-Trainee and \$50 for Trainee a year, you get a \$250 journal subscription! Share this opportunity with your colleagues. Direct them to the AMS website and help them join the AMS.

Billing and Diagnostic Code Update

Christine C. Ebert, MS and Michael P. Jones, M.D

Several new service codes exist for gastroenterologic procedures. These codes allow for more explicit definition of the actual procedures being done. While expanding the procedure codes to give more precise definition as to the procedure and intervention performed, the number of codes becomes increasingly unwieldy. However, this year's increase in the total number of new procedure codes is a modest 8%. Three of the new codes involve screening procedures in Medicare patients. Careful documentation of Medicare claims has become of great importance in the environment of decreasing funds for public health and increasing vigilance by governing authorities like the DHHS Office of the Inspector General and HFCA (the Health Care Financing Administration). The new codes are:
Esophagoscopy with submucosal injections of botox (43201)
Upper GI endoscopy with submucosal injections (43236)
Sigmoidoscopy with submucosal injections (45335)
Sigmoidoscopy with balloon dilation (45340)
Colonoscopy with submucosal injection of any substance (this includes India ink injections to "tattoo" lesions)(45381)
Colonoscopy with balloon dilation (45386)
Sigmoidoscopy for stent placement (45345)
Sigmoidoscopy, screening, Medicare only (G0104)
Colonoscopy, screening, Medicare only (high risk) (G0105)
Colonoscopy, screening, Medicare only (not high risk) (G0121)

Several new diagnostic codes have been added:

Barrett's Esophagus	530.85
Early Satiety	780.94
Esophageal Ulcer w/o Bleeding	530.20
Esophageal Ulcer with Bleeding	530.21
Dieulafoy lesion (hemorrhagic) of stomach or duodenum (537.84)	
Dieulafoy lesion (hemorrhagic) of intestine (569.86)	

Lastly, the new year brought about a change in reimbursement rates. Since March 1, 2003, there has been a change in the conversion factor used to calculate reimbursement by Medicare from \$36.1992 to \$34.5920. Using the AGA reimbursement rate chart for the top 39 CPT codes historically billed by gastroenterologists to Medicare, the average change in reimbursement for Facility rates is -5.4%. The effect on reimbursement by third-party payers is similarly affected. As the costs of procedures and of maintaining a functional practice continue to climb, a decrease of 5.4% in reimbursement is significant. Since the conversion factor is re-calculated yearly, yet another change will be expected for 2004.

Information on Patient Support Organizations

Gastroparesis Patient Association for Cures and Treatments, or G-PACT, was founded on August 23, 2001 by several people in an online support group. G-PACT is striving towards many important goals. We are dedicated to assisting patients, medical professionals, and the general population. Our main goals include:

1. Increasing awareness of gastroparesis among patients, the medical profession, and general population
2. Providing financial assistance to patients in need of better care but cannot afford it
3. Funding and assisting in gastroparesis research studies
4. Establishing community support groups nationwide
5. Maintaining a network of doctors who treat GI motility disorders

G-PACT strives to provide resources for patients to get through each day with this condition, while working towards providing hope for better treatment options in the future. We do as much as possible to help people on a daily basis learn how to cope with this illness. Our website is very patient oriented and provides many options to learn more about others battling this condition. It also provides ways for patients to express their feelings, meet people battling gastroparesis, and share their stories and pictures with others. G-PACT's newest program, sponsored by Medtronic, provides patients with access to people with gastroparesis by phone almost around the clock. These people are readily available to assist those in need of someone to provide a listening ear. The personal nature of our organization stems from the fact that most G-PACT personnel are battling gastroparesis personally. Those who are not personally battling it have a loved one who is suffering from it. This experience is what makes us so strong. We are able to relate to the needs of patients, which provides us with a unique opportunity to be the voice for patients. G-PACT is working to bridge the gap between patients and medical professionals so that doctors and researchers are better able to understand the needs of those struggling with this on a daily basis. The existence of G-PACT aids medical professionals in many aspects as well. By being available to answer basic questions, we are able to reduce the amount of time that medical staff spend answering certain questions. In addition, we work with patients who have been denied certain treatments by their insurance companies. We have been successful in getting patients approved rather quickly for certain procedures when otherwise it would take a lot of time and effort on the part of patient and medical staff. We are working on establishing a professional portion of our website

in which medical professionals will be able to read publications written by doctors experienced in this field. This will assist many doctors in learning more about gastroparesis so that they can better understand the needs of patients, and be informed of treatment options and current research studies. We also maintain a list of doctors and surgeons in our network for patients to contact, and list current research opportunities on our website for patients to review. It is our desire that through this, patients will quickly be connected with researchers and speed up the research process in order to reach better treatment options rapidly and efficiently. We work with medical professionals to ensure that the information provided on our website and publications is complete, updated, and accurate. All of our services are provided free of charge to anyone seeking our assistance. We are funded primarily through donations, and work throughout the entire United States.

G-PACT is a growing organization which has been established and maintained under very unique and complicated situations. All G-PACT personnel are scattered across the country in various states including PA, VA, FL, MI, OH, OR, WA, IL, and WV. We operate primarily through the Internet, phone, and faxes. Most of the G-PACT personnel have never met in person. This adds a difficult twist to what we do, but also proves our dedication to our cause as we are rapidly approaching our two year anniversary. G-PACT is stronger than ever, and has received recognition in many ways including appearances on local news stations and in newspapers on several occasions. We recently spoke at a conference in Orlando held by Medtronic to alert doctors that an organization for gastroparesis is available to assist them and their patients as needed. We have helped many patients and medical professionals to date, and will continue to do so for years to come.

If you would like to learn more about G-PACT, you may review our website at www.g-pact.org. We may also be contacted at 1-888-820-0729 or P.O. Box 197, Lewisberry, PA 17339-0197. We look forward to serving you in the future.

Officers of the American Motility Society (AMS)

Chung Owyang, MD	President
Robert W. Summers, MD	Past-President
Joseph H. Szurszewski, PhD	Past-Past President
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