

# Spot<sup>®</sup>Ex

Endoscopic Tattoo

GASTROENTEROLOGY

Not all tattoos are created equal.



# Spot<sup>®</sup> Ex

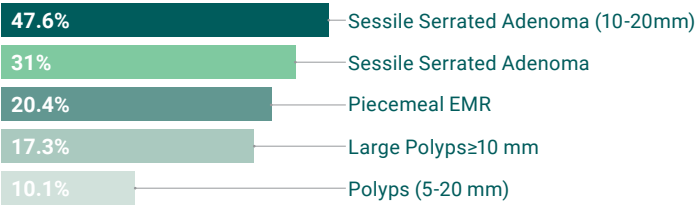
## Endoscopic Tattoo

Spot<sup>®</sup> Ex Endoscopic Tattoo is dual indicated for clinical surveillance and surgical localization.

### Did you know?

- The recurrence rate of complex polyps is 25-32%.<sup>1</sup>
- Up to 27% of interval cancers are attributed to incomplete resections.<sup>2</sup>
- Scar tissue of resected lesions can potentially be difficult to detect.<sup>3</sup>

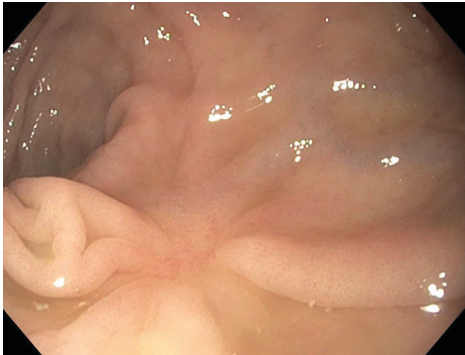
### ▼ Incomplete Resection Rate<sup>2</sup>



## Tattooing Expedites Localization at Follow Up Procedures<sup>4</sup>

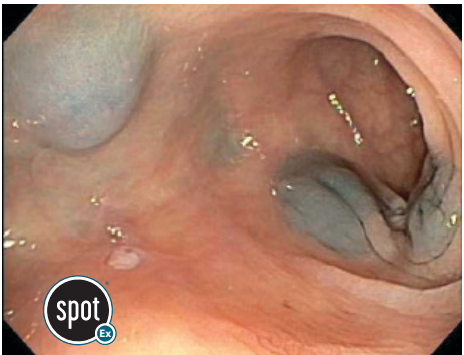
### Follow-Up Procedure Post-Polypectomy<sup>5</sup>

Scar tissue healed at 4 months without endoscopic tattoo.



### Polypectomy Procedure with Spot<sup>®</sup> Ex

Spot Ex is indicated for clinical surveillance ensuring you will be able to locate the area of interest at follow up procedures.



## Spot<sup>®</sup> Ex is Cost Effective: 2025 CMS Tissue Marking National Payment<sup>7</sup>

	Colonoscopy with Polyp Removal, Snare (CPT 45385)		Submucosal Injection (CPT 45381)
Physician (Facility)	\$242.28 Work RVU: 4.57	+	\$190.20 (Total \$432.48) Work RVU 3.56; Total RVU: 5.88
ASC	\$632.96	+	\$632.96 (Total \$1,265.92)
Hospital Outpatient	\$1,179.08	+	\$1,179.08 (Total \$2,358.16)

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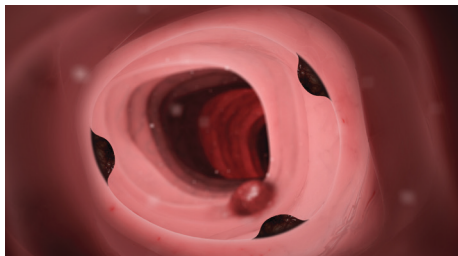
This information is provided for information only and the provider must consult with his/her coding professionals when submitting for reimbursement.

# Guide to Endoscopic Tattooing<sup>3</sup>:

## Tattoo Placement

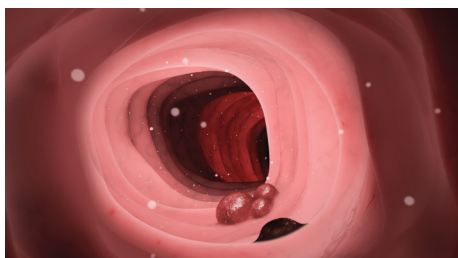
### For Surgical Resection

- Place the tattoos in 2-3 quadrants, circumferentially;
- 3-5 cm from the lesion on the distal (anal) side



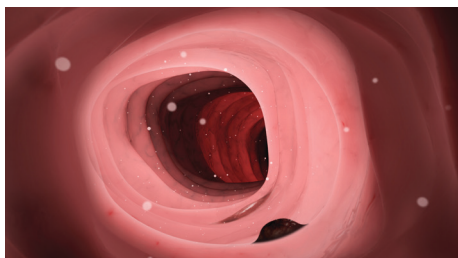
### For Future Endoscopic Resection

- Place a single tattoo;
- 3-5 cm from the lesion on the distal (anal) side



### For Surveillance of Large/ Piecemeal Resected Lesions

- Place a single tattoo after resection of the lesion;
- 3-5 cm from the lesion on the distal (anal) side



Latest society guidelines recommend the use of tattoo, using sterile carbon particle suspension, to demarcate any lesion that may require localization at future endoscopic or surgical procedures<sup>6</sup>

US Multi Society Task Force on  
Colorectal Cancer 2020

Scan the QR code to watch an animation on how to correctly inject & place endoscopic tattoos.





## Use Spot® Ex post resection with EverLift® Submucosal Lifting Agent, for future clinical surveillance

EverLift® is the first submucosal lifting agent to be offered in both a 5mL and 10 mL syringe.

### The lift you've been waiting for:

- Reliable Lift
- Cost Effective
- Conveniently Packaged

## Endoscopic Resection and Tattooing Ordering Information

Item No.	Description	Unit
GIS-45	Spot® Ex Endoscopic Tattoo	10 syringes per box
GIS-55	EverLift® Submucosal Lifting Agent, 5 mL	10 syringes per box
GIS-59	EverLift® Submucosal Lifting Agent, 10 mL	10 syringes per box

### References:

- Gottumukkala R., et al. Outcomes of Endoscopic Mucosal Resection As an Alternative to Surgery in Patients with Complex Colon Polyps. *Gastrointestinal Endoscopy* 2016; 84(2): 315-325
- Pohl H, et al. Incomplete Polyp Resection During Colonoscopy—Results of the Complete Adenoma Resection (CARE) Study. *GASTROENTEROLOGY* 2013;144:74–80
- Medina-prado, et al. When and how to use endoscopic tattoo in the colon *Clinical Gastroenterology and Hepatology* 2021;19:1038–1050
- Acuna SA, et. al., Preoperative localization of colorectal cancer: a systematic review and meta-analysis. *Surg. Endosc.* 2017; 31:2366-2379., AND Arteaga-Gonzalez I, et. al., The use of preoperative endoscopic tattooing in laparoscopic colorectal cancer surgery for endoscopically advanced tumors: a prospective comparative clinical study. *World J. Surg.* 2006. 30(4):605-611.

- Diehl, D. (January 2020). *Procedural Image*
- Kaltenbach et al. Endoscopic Removal of Colorectal Lesions – Recommendations by the US Multi Society Task Force on Colorectal Cancer. Feb 2020
- Current Procedural Terminology (CPT) Copyright 2024 American Medical Association (AMA). Source: CMS-1770-F, CMS-1772-FC Addendum B, and CMS-1772-FC Addendum AA

Note: Payment rates listed represent 2025 Medicare national payment amounts, individual provider payment will vary

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