

2017 Coding & Payment Quick Reference

Select Endoscopic Ultrasound-Guided Procedures

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Endoscopic Ultrasound-Guided Fine Needle Aspiration Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

2017 Medicare National Average Payment

		RVUs			Physician ^{†,2}		Facility ³	
CPT® Code ¹	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Upper Gastrointestinal Procedures								
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	3.59	11.43	5.81	\$410	\$209	\$1,335 [†]	\$609
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	4.16	NA	6.85	NA	\$246	\$1,335 [†]	\$609
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	4.73	NA	7.73	NA	\$277	\$1,335 [†]	\$609
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	2.96	8.58	4.95	\$308	\$178	\$2,511 [†]	\$1,136
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	4.73	NA	7.73	NA	\$277	\$1,335 [†]	\$609
Lower Gastrointestinal Procedures								
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	4.96	NA	8.09	NA	\$290	\$878	\$475
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	2.98	NA	4.99	NA	\$179	\$878	\$475
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	5.50	NA	8.94	NA	\$321	\$878	\$475

Medicare Hospital Inpatient Payment

Inpatient payment information not shown because the endoscopic ultrasound-guided fine needle aspiration procedure will rarely, if ever, be the primary reason for a hospital admission.

See important notes on the uses and limitations of this information on page 2.

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Effective: 1JAN2017
Expires: 31DEC2017
MS-DRG Rates Expire: 30SEP2017
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Endoscopic Ultrasound-Guided Transluminal Drainage of Pancreatic Pseudocyst Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

2017 Medicare National Average Payment

			RVUs		Physician ^{1,2}		Facility ³	
CPT® Code ¹	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Stent Placement								
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	7.15	NA	11.55	NA	\$415	\$2,511 [†]	\$1,136
Stent Retrieval								
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.11	9.94	5.20	\$357	\$187	\$700	\$378

On claims for Medicare beneficiaries, hospitals should report C-code 1874: Stent, coated/covered with delivery system

Hospital Inpatient Coding

Possible ICD-10-PCS Procedure Codes	ICD-10-PCS Description
0F9G40Z	Drainage of pancreas with drainage device, percutaneous endoscopic approach

Medicare Hospital Inpatient Payment Rates Effective October 1, 2016 - September 30, 2017

Medicare Severity Diagnosis Related Groups (MS-DRGs) resulting from inpatient endoscopic ultrasound-guided transluminal drainage of pancreatic pseudocyst procedures may include (but are not limited to):

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment⁴
407	Pancreas, liver & shunt procedures without CC/MCC	\$11,997

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† Comprehensive APCs (C-APCs): In 2014, CMS implemented their C-APC policy with the goal of identifying certain high-cost device-related outpatient procedures (formerly "device intensive" APCs). CMS has fully implemented this policy and has identified these high-cost, device-related services as the primary service on a claim. All other services reported on the same date will be considered "adjunctive, supportive, related or dependent services" provided to support the delivery of the primary service and will be unconditionally packaged into the OPPS C-APC payment of the primary service with minor exceptions.

‡ The 2017 National Average Medicare physician payment rates have been calculated using a 2017 conversion factor of \$35.8887. Rates subject to change.

NA "NA" indicates that there is no in-office differential for these codes.

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2 Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - January 2017 release, RVU17A file <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU16A.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

3 Source: January 3, 2017 Federal Register CMS-1656-CN.

4 National average (wage index greater than one) DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5,963.44). Source: August 22, 2016 Federal Register.

SEQUESTRATION DISCLAIMER: Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2017.

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