

2009 CODING & PAYMENT QUICK REFERENCE

MEDICARE PHYSICIAN, HOSPITAL OUTPATIENT and ASC PAYMENTS

It is important to remember that surgical endoscopy always includes a diagnostic endoscopy (CPT Code 43200). Therefore, when a diagnostic endoscopy is performed during the same session as a surgical endoscopy, the diagnostic endoscopy code is not separately reported. (CPT Assistant, October 2001)

CPT® Code ¹	Code Description	Physician ²		Facility ³	
		MD Payment In-office	MD Payment In-facility	Hospital Outpatient Payment ²	ASC Facility Payment
43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	\$260	\$110	\$572	\$337
43239	Upper GI endoscopy; with biopsy, single or multiple	\$323	\$166	\$572	\$392
43261	ERCP; with biopsy, single or multiple	NA*	\$354	\$1,449	\$660
43600	Biopsy of stomach; by capsule, tube, peroral (one or more specimens)	NA*	\$103	\$572	\$337
44361	Small intestine endoscopy; with biopsy, single or multiple	NA*	\$168	\$632	\$411
44377	Small intestine endoscopy, including ileum; with biopsy, single or multiple	NA*	\$311	\$632	\$411
44382	Ileoscopy, through stoma; with biopsy, single or multiple	NA*	\$80	\$632	\$356
44386	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple	\$320	\$120	\$594	\$344
44389	Colonoscopy, through stoma; with biopsy, single or multiple	\$370	\$178	\$594	\$344
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	\$158	\$70	\$603	\$347
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	\$159	\$72	\$371	\$259
45380	Colonoscopy, flexible; with biopsy, single or multiple	\$443	\$251	\$594	\$399

MEDICARE HOSPITAL INPATIENT

- Inpatient payment information not shown because the dilation procedure will rarely, if ever, be the primary reason for a hospital admission.

* NA = Medicare has not developed a rate for the In-Office setting as the procedure is typically performed in the hospital setting. If the contractor determines the service can be performed in-office, it will be paid at the MD In-facility rate.

¹Source: Beebe et al. (2008). *CPT®2009 Professional Edition*. Chicago: American Medical Association. CPT® is a registered trademark of American Medical Association. All Rights Reserved.

²Source: November 19, 2008 Federal Register. MD payments calculated using the 2009 conversion factor of \$36.066.

³Source: November 18, 2008 Federal Register.

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