

# DILATION

## Reimbursement Information



### 2009 CODING & PAYMENT QUICK REFERENCE

#### MEDICARE PHYSICIAN, HOSPITAL OUTPATIENT and ASC PAYMENTS

CPT® Code <sup>1</sup>	Code Description	Physician <sup>2</sup>		Facility <sup>3</sup>		May be appropriate for:		Comments
		MD Payment In-office	MD Payment In-facility	Hospital Outpatient Payment	ASC Payment	Balloon	Rigid	
<b>Balloon</b>								
43220	Esophagoscopy, rigid or flexible; with balloon dilation (< 30-mm diameter)	NA*	\$122	\$572	\$337	•		The endoscope remains in place as balloon dilation occurs <sup>4</sup>
43249	Upper GI endoscopy; with balloon dilation of esophagus (< 30-mm diameter)	NA*	\$168	\$572	\$392	•		Does not require a guide wire for balloon dilation
43458	Dilation of esophagus with balloon (30-mm or larger) for achalasia	\$362	\$175	\$572	\$338	•		A diagnosis of achalasia is required
45340	Sigmoidoscopy, flexible; with balloon dilation	\$400	\$110	\$603	\$347	•		Does not require a guide wire for balloon dilation
45386	Colonoscopy, flexible; with balloon dilation	\$616	\$256	\$594	\$399	•		Does not require a guide wire for balloon dilation
<b>Balloon and Rigid</b>								
43226	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire	NA*	\$136	\$572	\$337	•	•	Guide wire must be used with balloon or rigid dilator
43245	Upper GI endoscopy; with dilation of gastric outlet obstruction (e.g., wire guided balloon, balloon, bougie)	NA*	\$181	\$572	\$392	•	•	A diagnosis of gastric outlet obstruction is required
43248	Upper GI endoscopy; with insertion of guide wire followed by dilation of esophagus over guide wire	NA*	\$183	\$572	\$392	•	•	Guide wire must be used with balloon or rigid dilator

#### MEDICARE HOSPITAL INPATIENT PAYMENT

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.

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

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

<sup>3</sup>Source: November 18, 2008 Federal Register.

<sup>4</sup>Gastroenterology Coding Alert May 2003.

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