

GUIDEPOINT
Reimbursement Resources

2015 Coding & Payment Quick Reference
Select Dilation 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.

Rates referenced in this guide 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, 2015.

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	2015 Medicare National Average Payment								Comments
		RVUs			Physician ^{2,2}		Facility ³			
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC		
Balloon										
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	3.07	5.39	5.39	\$193	\$193	\$1,064	\$584	The endoscope remains in place as balloon dilation occurs ⁴	
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	3.50	5.86	5.86	\$210	\$210	\$1,064	\$584	Typically used for achalasia ⁵	
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	2.10	32.49	3.67	\$1,162	\$131	\$1,064	\$584	The endoscope remains in place as balloon dilation occurs ⁴	
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	4.17	6.91	6.91	\$247	\$247	\$1,064	\$584	Typically used for achalasia ⁵	
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	2.77	31.03	4.75	\$1,109	\$170	\$1,064	\$584	Does not require a guidewire for balloon dilation	
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	Facility only for 2015 Reporting	Facility only for 2015 Reporting	Facility only for 2015 Reporting	Facility only for 2015 Reporting	Facility only for 2015 Reporting	\$852	\$467		
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	1.89	13.86	3.33	\$496	\$119	\$827	\$454	Does not require a guidewire for balloon dilation	

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

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MS-DRG Rates Expire: 30SEP2015
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CPT® Code ¹	Code Description	RVUs			Physician ^{2,2}		Facility ³		Comments
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC	
Balloon (Continued)									
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	4.57	18.96	7.60	\$678	\$272	\$790	\$433	Does not require a guidewire for balloon dilation
44405	Colonoscopy through stoma; with transendoscopic balloon dilation	Facility only for 2015 Reporting	Facility only for 2015 Reporting	Facility only for 2015 Reporting	Facility only for 2015 Reporting	Facility only for 2015 Reporting	\$790	\$433	
Balloon or Rigid									
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	3.31	5.71	5.71	\$204	\$204	\$1,064	\$584	Guidewire must be used with balloon dilator
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	4.73	35.34	7.85	\$1,264	\$281	\$1,064	\$584	Retrograde dilation
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	2.34	10.91	4.04	\$390	\$144	\$1,064	\$584	Guidewire must be used with balloon dilator
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	3.18	17.69	5.39	\$633	\$193	\$1,064	\$584	Utilized to report dilation of gastric outlet, native or post-op (e.g. gastro-jejunal bypass) ⁵
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	3.01	11.83	5.14	\$423	\$184	\$745	\$409	Guidewire must be used with balloon dilator
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	1.50	27.58	2.69	\$986	\$96	\$827	\$454	

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.

C-Code Information

For all C-Code information, please reference the C-Code Reference Guide: www.bostonscientific.com/reimbursement

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‡ The 2015 National Average Medicare physician payment rates have been calculated using a 2015 conversion factor of \$35.7547 which reflects changes for January 1, 2015 through March 31, 2015. Rates subject to change.

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2 Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - January 8, 2015 revised release, RVU15A file <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU15A.html?DLPage=1&DLSort=0&DLSortDir=descending>

3 Source: November 10, 2014 Federal Register CMS-1613-FC.

4 General Surgery/Gastroenterology 2008 Coding Companion. Ingenix. p. 245-9

5 Source: ASGE 2014 CPT Coding Updates

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Boston Scientific Corporation
300 Boston Scientific Way
Marlboro, MA 01752
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