



2022 Coding & Payment Quick Reference

Endoscopic Submucosal Dissection (ESD)

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.

Medicare Hospital Outpatient Coding & Payment

The Centers for Medicare & Medicaid Services (CMS) has established a new HCPCS Code describing the Endoscopic Submucosal Dissection (ESD) procedure during an endoscopy or colonoscopy. Effective October, 1, 2021, HCPCS Code C9779 may be used by hospitals to report ESD procedures performed in the outpatient setting.

HCPCS Code	Short Descriptor	Long Descriptor	SI	APC	2022 Medicare National Average Payment Facility ³
					Hospital Outpatient
C9779	ESD endoscopy or colonoscopy	Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed	J1	5313–Level 3 Lower GI Procedures	\$2,495

R10997CP.pdf (cms.gov)

Medicare Physician Coding & Payment

Currently, there are no unique Current Procedural Terminology (CPT) codes for ESD. In the absence of a unique ESD code, physicians may bill an unlisted procedure code. Physicians should submit a cover letter with the claim that explains the nature of the procedure, equipment required, estimated practice cost, and a comparison of physician work (time, intensity, risk) with other comparable services for which the payer has an established value. Reimbursement information is being provided for illustrative purposes only. Providers are solely responsible for all procedure, coding and billing decisions.

CPT® Code ¹	Code Description	Work	RVUs			2022 Medicare National Average Payment Physician ^{1,2}	
			Total Office	Total Facility	In-Office	In-Facility	
ESD							
43499	Unlisted procedure, esophagus	NA	NA	NA	NA	NA	
43999	Unlisted procedure, stomach	NA	NA	NA	NA	NA	
44799	Unlisted procedure, small intestine	NA	NA	NA	NA	NA	
45399	Unlisted procedure, colon	NA	NA	NA	NA	NA	
45999	Unlisted procedure, rectum	NA	NA	NA	NA	NA	

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

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‡ The 2022 National Average Medicare physician payment rates have been calculated using a 2022 conversion factor of \$34.6062. Rates subject to change.

N/A Medicare has not developed a rate for the ASC setting.

NA "NA" indicates that relative value units are not assigned to unlisted codes.

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- 2 Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - December 2021 release <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1751-f>.
- 3 January 2022 Federal Register CMS-1753-CN <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpsaddendum-and-addendum-b-updates/january-2022-0>.

SEQUESTRATION DISCLAIMER: Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in an across-the-board reduction to ALL Medicare rates.

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