



## 2023 Coding & Payment Quick Reference

### Select Enteral Feeding 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.

The following codes are thought to be relevant to Enteral Feeding procedures and are referenced throughout this guide.

All rates shown are 2023 Medicare national averages; actual rates will vary geographically and/or by individual facility.

### Medicare Physician, Hospital Outpatient, and ASC Payments

| APC  | CPT® Code <sup>1</sup> | Code Description  | Work | RVUs         |                | 2023 Medicare National Average Payment |       |                       |       |
|--|------------------------|---|------|--------------|----------------|--|-------|-----------------------|-------|
|  |                        |   |      | Total Office | Total Facility | Physician <sup>†, 2</sup>              |       | Facility <sup>3</sup> |       |
|  |                        |   |      | In-Office    | In-Facility    | Hospital Outpatient                    | ASC   |                       |       |
| <b>Gastrostomy Tube Initial Placement</b>      |                        |   |      |              |                |  |       |                       |       |
| 5302†  | 43246                  | Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube   | 3.56 | NA           | 5.89           | NA                                     | \$200 | \$1,742               | \$752 |
| 5302†  | 49440                  | Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report  | 3.93 | 25.21        | 5.95           | \$854                                  | \$202 | \$1,742               | \$752 |
| <b>Gastrostomy Tube Replacement/Reposition</b> |                        |   |      |              |                |  |       |                       |       |
| 5371   | 43761                  | Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition  | 2.01 | 3.71         | 3.09           | \$126                                  | \$105 | \$215                 | \$112 |
| 5371   | 43762                  | Replacement of gastrostomy tube, with no revision   | 0.75 | 6.85         | 1.09           | \$232                                  | \$37  | \$215                 | \$112 |
| 5371   | 43763                  | Replacement of gastrostomy tube, with revision  | 1.41 | 10.16        | 2.59           | \$344                                  | \$88  | \$215                 | \$112 |
| 5301   | 49450                  | Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report  | 1.36 | 18.13        | 1.95           | \$614                                  | \$66  | \$826                 | \$430 |
| <b>Jejunostomy Tube</b>                        |                        |   |      |              |                |  |       |                       |       |
| 5302†  | 44373                  | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube   | 3.39 | NA           | 5.62           | NA                                     | \$190 | \$1,742               | \$752 |
| 5302†  | 49441                  | Insertion of duodenostomy of jejunostomy tub, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report   | 4.52 | 28.63        | 7.01           | \$970                                  | \$238 | \$1,742               | \$752 |
| 5302†  | 49446                  | Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report  | 3.06 | 24.19        | 4.28           | \$820                                  | \$145 | \$1,742               | \$752 |
| 5301   | 49452                  | Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report   | 2.86 | 23.51        | 4.00           | \$797                                  | \$136 | \$826                 | \$430 |
| <b>Other Procedures</b>                        |                        |   |      |              |                |  |       |                       |       |
| 5301   | 49460                  | Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report | 0.96 | 21.29        | 1.46           | \$721                                  | \$49  | \$826                 | \$430 |

## C-Code Information

For all C-Code information, please reference the [C-Code Finder](#).

## Medicare Hospital Inpatient Payment

Inpatient payment information not shown because enteral feeding procedures will rarely, if ever, be the primary reason for a hospital admission.

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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† Comprehensive APCs (C-APCs): CMS implemented their C-APC policy with the goal of identifying certain high-cost device-related outpatient procedures (formerly "device intensive" APCs). CMS identifies 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. Certain exceptions are defined under CMS's C-APC "complexity adjustment" policy and can be found in the OPPS Addenda files (Addendum J).

‡ The 2023 National Average Medicare physician payment rates have been calculated using a 2023 conversion factor of \$33.8872. Rates subject to change.

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

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2. Centers for Medicare and Medicaid Services. CMS Physician Fee Schedule - January 2023 release [CMS-1772-FC | CMS](#).
3. Center for Medicare and Medicaid Services. CMS Hospital Outpatient and Ambulatory Surgery Center Payment Schedules - January 2023 release, [CMS-1772-FC | CMS](#).



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