

EchoTip® Insight™ Portosystemic Pressure Gradient Measurement System

2020 CODING AND REIMBURSEMENT GUIDE

Coverage, coding and payment for medical procedures and devices can be complicated and confusing. This guide was developed to assist with Medicare reporting and reimbursement when performing endoscopic measurement of portosystemic pressure gradient. If you have any questions, please contact our reimbursement team at 800.468.1379 or by e-mail at Reimbursement@CookMedical.com.

Coverage

Medicare carriers may issue local coverage decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies (<http://www.cms.hhs.gov/mcd/search.asp?>) and encouraged to contact their local carrier medical directors (www.cms.hhs.gov/apps/contacts) or commercial insurers to determine if a procedure is covered.

Coding

CPT coding convention requires that you “[S]elect the name of the procedure or service that accurately identifies the service performed. Do not select a CPT code that merely approximates the services provided. If no such specific code exists, then report the service using the appropriate unlisted procedure or service code.”¹ As of 2020, a CPT code that accurately describes an endoscopic procedure for pressure gradient measurement does not exist. As such, the unlisted procedure codes 43999 and 36299 may be reported in addition to an endoscopic ultrasound code to fully capture the procedure. We encourage facilities to contact their patients’ insurance plans for guidance.

The following codes may be reported to describe endoscopic ultrasound-guided measurement of portosystemic pressure gradient:

43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)
43999	Unlisted procedure, stomach
36299	Unlisted procedure, vascular injection

If a liver biopsy is performed in addition to the pressure measurement, the following codes may be reported:

43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)
43999	Unlisted procedure, stomach
36299	Unlisted procedure, vascular injection

Submission of a claim with an unlisted code typically requires: (a) the operative note attached to the claim and (b) a cover letter to the health plan/payer. This cover letter should contain the following information: 1) identification of comparable procedure(s) to assist the insurer in establishing a payment level and (2) an explanation of the procedure, the patient selection, the medical necessity and the clinical benefits. Unlisted codes are not universally accepted by all insurance carriers. To avoid unnecessary claim denials, we encourage you to contact the payer for its coding recommendations prior to claim submission.

¹ American Medical Association. Instructions for use of the CPT codebook. In: CPT 2020 Professional Edition. Chicago, IL: American Medical Association; 2019: xiii.

Payment

2020 Medicare Reimbursement for Endoscopic Measurement of Portosystemic Pressure Gradient

CPT Code	Description	Ambulatory Surgery Center		Outpatient Hospital		Physician Services	
		Facility Payment (National Medicare Avg) ²	APC	Facility Payment (National Medicare Avg) ³	APC	Fee When Procedure Is Performed In Hospital/ASC (National Medicare Avg) ⁴	Fee When Procedure Is Performed In Office (National Medicare Avg) ⁴
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	\$663.06	5302	\$1,557.40	5302	\$203.55	NA*
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	\$663.06	5302	\$1,557.40	5302	\$241.80	NA*
43999	Unlisted procedure, stomach	Procedure excluded from payment in this setting	Packaged service; no separate payment when performed in conjunction with 43237 or 43238			Carrier priced	
36299	Unlisted procedure, vascular injection						

² 2020 Medicare Ambulatory Surgery Center Fee Schedule

³ 2020 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

⁴ 2020 Medicare Physician Fee Schedule

*Medicare has not developed a rate for the in-office setting because these procedures are typically performed in a hospital setting. Physicians should contact the Medicare contractor to determine if the service can be performed in-office. If the contractor determines the service or procedure may be performed in-office, the physician will receive Medicare's physician fee schedule amount for procedures performed in the hospital/ASC.

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2020 physician fees for your local area can be found at the following

CMS links: <http://www.cms.hhs.gov/PFSlookup/>

or

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>



Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.