

Transendoscopic Ultrasound-Guided Fine Needle Biopsy

2024 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 for transendoscopic ultrasound-guided fine needle aspiration/biopsy. If you have any questions, please contact our reimbursement team at 833.585.2688 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 contact their carriers' medical directors (www.cms.hhs.gov/apps/contacts) or commercial insurers to determine if a procedure is covered.

Coding

The coding suggestions provided include procedures in which the EchoTip ProCore® HD Ultrasound Biopsy Needle is used.

When the EchoTip ProCore® is used as part of fine needle biopsy and/or aspiration of a lesion, it would be appropriate to use the respective endoscopic ultrasound procedure code associated with a fine needle aspiration/biopsy(s) procedure.

Transendoscopic ultrasound-guided fine needle biopsies are typically reported using the following CPT® code(s):

43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
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)
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

NOTE: Do not report the above codes more than once per session.



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.

Payment

2024 Medicare Reimbursement for Transendoscopic Ultrasound-Guided Fine Needle Biopsy

CPT Code	Description	Ambulatory Surgery Center		Outpatient Hospital		Physician Services	
		Facility Payment (National Medicare Avg) ¹	APC	Facility Payment (National Medicare Avg) ²	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³	Fee When Procedure Is Performed in Office (National Medicare Avg) ³	
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	\$831.84	5302	\$1,814.88	\$192.21	N/A*	
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)	\$831.84	5302	\$1,814.88	\$223.97	N/A*	
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	\$831.84	5302	\$1,814.88	\$253.44	N/A*	
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	\$612.16	5312	\$1,125.53	\$265.23	N/A*	

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Payment

2024 Medicare Reimbursement for Transendoscopic Ultrasound-Guided Fine Needle Biopsy (Cont.)

CPT Code	Description	Ambulatory Surgery Center		Outpatient Hospital		Physician Services	
		Facility Payment (National Medicare Avg) ¹	APC	Facility Payment (National Medicare Avg) ²	APC	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³	Fee When Procedure Is Performed in Office (National Medicare Avg) ³
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	\$612.16	5312	\$1,125.53		\$165.03	N/A*
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	\$612.16	5312	\$1,125.53		\$293.39	N/A*

Note: Alternative payment policies may apply when multiple services are performed at the same encounter, including but not limited to, multiple procedure payment reductions and comprehensive ambulatory payment classifications (C-APC).

¹2024 Medicare Ambulatory Surgery Center Fee Schedule

²2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

³2024 Medicare Physician Fee Schedule

*N/A - 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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2024 physician fees for your local area can be found at the following CMS links:

<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

or

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



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