

# Endoscopic Mucosal Resection with the Duette® Multi-Band Mucosectomy Device

## 2024 CODING AND REIMBURSEMENT GUIDE

The Cook Endoscopy Duette Multi-Band Mucosectomy Device is used for endoscopic mucosal resection in the upper GI tract. The device uses suction and banding to create esophageal mucosal pseudopolyps, which can then be removed in a similar fashion to a standard polypectomy. Resecting multiple pseudopolyps allows the physician to perform an endoscopic mucosal resection.

Coverage, coding and payment for medical procedures and devices can be confusing. This guide was developed to assist with Medicare reporting and reimbursement when performing endoscopic mucosal resection. If you have any questions, please contact our reimbursement team at 833.585.2688 or by e-mail at [reimbursement@cookmedical.com](mailto: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](http://www.cms.hhs.gov/apps/contacts)) or commercial insurers to determine if a procedure is covered.

### Coding

#### Endoscopic Mucosal Resection

The following Current Procedural Terminology (CPT®) codes would apply to the Duette Multi-Band Mucosectomy Device:

|       |   |
|-------|---|
| 43211 | Esophagoscopy, flexible, transoral; with endoscopic mucosal resection<br>(Do not report 43211 in conjunction with 43201, 43202, 43217 for the same lesion)              |
| 43254 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection<br>(Do not report 43254 in conjunction with 43236, 43239, 43251 for the same lesion) |

# Payment

## 2024 Medicare Reimbursement for Endoscopic Mucosal Resection

| CPT Code | Procedure Description   | Ambulatory Surgery Center                                | Outpatient Hospital | Physician Services                                       |  |   |
|----------|---|--|---------------------|--|--|---|
|          |   | Facility Payment<br>(National Medicare Avg) <sup>1</sup> | APC                 | Facility Payment<br>(National Medicare Avg) <sup>2</sup> | Fee When Procedure Is Performed in Hospital or ASC<br>(National Medicare Avg) <sup>3</sup> | Fee When Procedure Is Performed in Office<br>(National Medicare Avg) <sup>3</sup> |
| 43211    | Esophagoscopy, flexible, transoral; with endoscopic mucosal resection             | \$831.84   | 5302                | \$1,814.88   | \$230.35   | N/A*  |
| 43254    | Esphagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection | \$831.84   | 5302                | \$1,814.88   | \$264.64   | 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).

<sup>1</sup>2024 Medicare Ambulatory Surgery Center Fee Schedule

<sup>2</sup>2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

<sup>3</sup>2024 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 that 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>



*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.*