EchoTip® Insight™ Portosystemic Pressure Gradient Measurement System

2026 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 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 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

HCPCS Code Established

Important

The following HCPCS code should be reported in addition to the primary procedure (i.e., the endoscopic procedure):

C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)

This code should be reported for Medicare patients in the hospital outpatient and ambulatory surgery center settings. Physicians should continue to report CPT codes as outlined below.

Private payers may or may not accept this code for claims processing. Please contact your local payers for guidance.

ICD-10 Coding

The following ICD-10 code may be reported for endoscopic measurement of portosystemic pressure gradient:

4A044B2	Measurement of Venous Pressure, Portal, Percutaneous Endoscopic Approach

CPT 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 2026 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

[1] American Medical Association. Instructions for use of the CPT codebook. In: CPT 2026 Professional Edition. Chicago, IL: American Medical Association.

Payment

2026 Medicare Reimbursement for Endoscopic Measurement of Portosystemic Pressure Gradient

		Ambulatory Surgery Center	*Outpatient Hospital*		*Physician Services*	
CPT Code	Description	Facility Payment (National Medicare Avg)[2]	APC	Facility Payment (National Medicare Avg)[3]	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)	$894.33	5302	$1,960.47	$173.88	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)	$894.33	5302	$1,960.47	$205.43	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					
C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)	Packaged service; no separate payment when performed in conjunction with 43237 or 43238			Code not reported under Physician Fee Schedule	

[2] 2026 Medicare Ambulatory Surgery Center Fee Schedule
[3] 2026 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule
[4] 2026 Medicare Physician Fee Schedule. The rates shown in this guide reflect the CY 2026 qualifying APM conversion factor of $33.57. For reference, the CY 2026 nonqualifying APM conversion factor is $33.40.

*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.

2026 physician fees for your local area can be found at the following CMS link:

https://www.cms.gov/medicare/physician-fee-schedule/search