

2012 GERD Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ³ FACILITY	NATIONAL AVERAGE AVERAGE PAYMENT ² NON-FACILITY
Traditional Open Procedure			
43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$107	\$222
43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	118	293
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	148	305
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	175	352
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	326	NA
43325	Esophagogastric fundoplasty with fundic patch (Thal-Nissen procedure)	1,349	NA
43327	Esophagogastric fundoplasty partial or complete; laparotomy	823	NA
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	1,204	NA
43332	Repair paraesophageal hiatal hernia, via laparotomy except neonatal; without implantation of mesh or other prosthesis	1,171	NA
43333	Repair paraesophageal hiatal hernia, via laparotomy except neonatal; with implantation of mesh or other prosthesis	1,271	NA
43334	Repair paraesophageal hiatal hernia, via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	1,282	NA
43335	Repair paraesophageal hiatal hernia, via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	1,380	NA
43336	Repair paraesophageal hiatal hernia, via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	1,514	NA
43337	Repair paraesophageal hiatal hernia, via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	1,658	NA
43338	Esophageal lengthening procedure (eg. Collis gastroplasty or wedge gastroplasty)	132	NA

Laparoscopic Procedure

43280	Laparoscopy, surgical; Esophagogastric fundoplasty (e.g., Nissen, Toupet procedures)	\$1,078	NA
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OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0141	Level I Upper GI Procedures (For CPT codes: 43200, 43202, 43235, 43239)	\$591
0422	Level II Upper GI Procedures (For CPT code: 43257)	1,816
0132	Level III Laparoscopy (For CPT code: 43280)	5,005

Freestanding Ambulatory Surgery Center

CPT CODES	MEDICARE PAYMENT ⁴
For CPT codes: 43200, 43202, 43235	\$341
For CPT code: 43239	341
For CPT code: 43257	1,048



Ethicon
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INPATIENT FACILITY

ICD-9 CODE ⁵	DESCRIPTION
42.23	Other esophagoscopy
42.24	Closed (endoscopic) biopsy of esophagus
42.33	Endoscopic excision or destruction of lesion or tissue of esophagus
44.65	Esophagogastroplasty
44.66	Other procedures for creation of esophagogastric sphincteric competence (Nissen Fundoplication) (Repair stomach)
44.67	Laparoscopic procedures for creation of esophagogastric sphincteric competence
44.69	Other repair of stomach, NOS

NOTE: ICD-9 codes are grouped into Medicare Severity Diagnoses Related Groups (MS-DRGs) for Medicare reimbursement using a patient's diagnoses, procedures performed, age, sex and discharge status. One MS- DRG is assigned to each inpatient stay.

MS-DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) ⁶	NATIONAL AVERAGE DRG PAYMENT ⁶
326	Stomach, esophageal & duodenal procedures with MCC	15.5	\$31,987
327	Stomach, esophageal & duodenal procedures with CC	8.6	15,469
328	Stomach, esophageal & duodenal procedures without CC/MCC	3.5	7,798

¹ All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2011 American Medical Association. All Rights Reserved.

² Federal Register, Vol. 76, No. 228, Monday, November 28, 2011/ Rules and Regulations. The 2012 Final Rule Physician Reimbursement Conversion Factor = \$34,0376.

³ Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Rule - Hospital Outpatient Payment.

⁴ Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Rule - ASC Reimbursement.

⁵ Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2011 Saunders, an imprint of Elsevier, Inc.

⁶ Federal Register, Vol. 76, No. 160, Thursday, August 18, 2011/ Rules and Regulations; Final Rule - National Average DRG Payment.

Physicians should refer to their provider Carrier Manual for their geographic payments.

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