

2012 Upper GI / Colonoscopy Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT FACILITY ²	NATIONAL AVERAGE MEDICARE PAYMENT NON-FACILITY ²
43250	Upper GI endoscopy including esophagus, stomach and either duodenum and/or jejunum as appropriate; with removal of tumors, polyps, or other lesions by hot biopsy forceps or bipolar cautery	\$192	NA
43251	Upper GI endoscopy including esophagus, stomach and either duodenum and/or jejunum as appropriate; with removal of tumors, polyps, or other lesions by snare technique	222	NA
43255	Upper GI endoscopy including esophagus, stomach and either duodenum and/or jejunum as appropriate; diagnostic, with control of bleeding any method	287	NA
43256	Upper GI endoscopy including esophagus, stomach and either duodenum and/or jejunum as appropriate; diagnostic, with transendoscopic stent placement (includes predilation)	258	NA
43258	Upper GI endoscopy including esophagus, stomach and either duodenum and/or jejunum as appropriate; with ablation of tumors, polyps, or other lesions not amenable by hot biopsy forceps, bipolar cautery or snare technique	271	NA
43259	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate	308	NA
45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	341	\$579
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	275	477
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	313	541
91110	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus through ileum, with physician interpretation and report (Visualization of the colon is not reported separately.)	NA	940

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0419	Level II Upper GI Procedures (CPT codes: 43250, 43251, 43255, 43258, 43259)	\$885
0142	Small Intestine Endoscopy (CPT code: 91110)	724
0143	Lower GI Procedures (CPT codes: 45383, 45384, 45385)	655
0384	GI Procedures with Stents (CPT code: 43256)	2,044

ASC Ambulatory Surgery Center

CPT CODE	MEDICARE PAYMENT ⁴
For CPT codes: 43250, 43251, 43255	\$511
For CPT code: 43256	1,180
For CPT codes: 43258, 43259	511
For CPT codes: 45383, 45384, 45385	378

INPATIENT FACILITY

ICD-9 CODE ⁵	DESCRIPTION
42.33	Endoscopic excision or destruction of the lesion or tissue of esophagus (CPT codes: 43250, 43251, 43255, 43258)
42.81	Insertion of permanent tube into esophagus (CPT code: 43256)
43.41	Endoscopic excision or destruction of the lesion or tissue of stomach (CPT codes: 43250, 43251, 43258)
44.43	Endoscopic control of gastric or duodenal bleeding (CPT code: 43255)
45.19	Other diagnostic procedures on small intestine (CPT code: 91110)
45.30	Endoscopic excision or destruction of lesion of duodenum (CPT codes: 43250, 43251, 43258)
45.33	Local excision of lesion or tissue of small intestine except duodenum (CPT codes: 43250, 43251, 43258)
45.34	Other destruction of lesion of small intestine, except duodenum (CPT code: 43258)
45.42	Endoscopic polypectomy of large intestine (CPT codes: 45383, 45384, 45385)
45.43	Endoscopic destruction of other lesion or tissue of large intestine (CPT codes: 45383, 45384, 45385)

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.



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INPATIENT FACILITY			
DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) ⁶	NATIONAL AVERAGE DRG PAYMENT ⁶
843	Other myeloprolif disorder or poorly differentiated neoplasm diagnosis with MCC	7.8	\$10,642
844	Other myeloprolif disorder or poorly differentiated neoplasm diagnosis with CC	5.4	6,617
845	Other myeloprolif disorder or poorly differentiated neoplasm diagnosis without CC/MCC	3.6	4,486
344	Minor small & large bowel procedures with MCC	11.2	18,436
345	Minor small & large bowel procedures with CC	6.7	9,565
346	Minor small & large bowel procedures without CC/MCC	4.5	6,577
347	Anal & stomal procedures with MCC	8.8	14,264
348	Anal & stomal procedures with CC	5.4	7,901
349	Anal & stomal procedures without CC/MCC	2.8	4,547
826	Myeloprolif disorder or poorly differentiated neoplasm with major O.R. procedure with MCC	14.2	28,458
827	Myeloprolif disorder or poorly differentiated neoplasm with major O.R. procedure with CC	7.2	12,759
828	Myeloprolif disorder or poorly differentiated neoplasm with major O.R. procedure without CC/MCC	3.4	7,367

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 2011 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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