

2010 Esophageal Dilation Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT FACILITY ²	NATIONAL AVERAGE MEDICARE PAYMENT NON-FACILITY ²
43220	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with balloon dilation (<30mm diameter)	\$128	NA
43226	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with insertion of guide wire followed by dilation over guide wire	143	NA
43248	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) with insertion of guide wire followed by dilation of esophagus over guide wire	191	NA
43249	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) with balloon dilation of esophagus (<30mm diameter)	176	NA
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	90	\$152
43453	Dilation of esophagus, over guide wire (direct visualization use CPT code: 43220)	97	283
43456	Dilation of esophagus, by balloon or dilator, retrograde	157	571
43458	Dilation of esophagus with balloon (>30mm diameter) for achalasia	183	373
43460	Esophagogastric tamponade, with balloon (Sengstaaken type)	223	NA

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0140	Esophageal Dilation without Endoscopy (CPT codes: 43450, 43453, 43456)	\$401
0141	Upper GI Procedures (CPT codes: 43220, 32226, 43248, 43249, 43458)	588

Freestanding Ambulatory Surgery Center

CPT CODES	MEDICARE PAYMENT ⁴
For CPT codes: 43220, 43226	\$342
For CPT codes: 43248, 43249	369
For CPT codes: 43450, 43453, 43456	258
For CPT code: 43456	259
For CPT code: 43458	343

INPATIENT FACILITY

ICD-9 CODE ⁵	DESCRIPTION
42.33	Endoscopic excision or destruction of lesion or tissue of esophagus
42.92	Dilation of esophagus
43.41	Endoscopic excision or destruction of lesion or tissue of stomach (applies to DRG 412)
45.30	Endoscopic excision or destruction of lesion of duodenum (applies to DRG 412)
96.06	Insertion of Sengstaken tube (applies to CPT code:t 43460)

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.

DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) ⁶	NATIONAL AVERAGE DRG PAYMENT ⁶
844	Other myeloprofil fis or poorly differentiated neoplasm diagnosis with CC	6.0	\$6,771

¹ All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2009 American Medical Association. All Rights Reserved.

² Federal Register, Vol. 74, No. 226, Wednesday, November 25, 2009/ Rules and Regulations. The 2010 Physician Reimbursement Conversion Factor = \$36.8729; Federal Register.

³ Federal Register, Vol. 74, No. 223, Friday, November 20, 2009/ Rules and Regulations; Hospital Outpatient Payment.

⁴ Federal Register, Vol. 74, No. 223, Friday, November 20, 2009/ Rules and Regulations; ASC Reimbursement.

⁵ Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2009 Saunders, an imprint of Elsevier, Inc.

⁶ Federal Register, Vol. 74, No. 165, Thursday, August 27, 2009/ Rules and Regulations; National Average DRG Payment.

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

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