

# Transendoscopic Ultrasound-Guided Fine Needle Biopsy

## 2012 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 for transendoscopic ultrasound-guided fine needle aspiration/biopsy.

### 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

The coding suggestions provided include procedures in which the EchoTip® ProCore™ HD Ultrasound Biopsy Needle, Quick-Core® Endoscopic Ultrasound Needle and/or EchoTip Endoscopic Ultrasound Brush are used.

The AGA/ACG/ASGE recommendations for procedures using the EchoTip Endoscopic Ultrasound Brush include the following: "[W]hen the [EchoTip Endoscopic Ultrasound Brush] is used as part of fine needle biopsy and/or aspiration of a lesion, it would be appropriate to use the respective endoscopic ultrasound procedure code associated with a fine needle aspiration/biopsy(s) procedure." The following table displays the endoscopic ultrasound-guided FNA/biopsy procedures in which the EchoTip ProCore, brush and Quick-Core are most likely to be used, along with current (2012) national Medicare average fee schedule amounts.

Transendoscopic ultrasound-guided fine needle biopsies are typically reported using the following CPT code(s):

43232	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43238	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)
43242	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate)
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)



*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, ICD-9 and MS-DRG coding systems; 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, AHA, 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.*

# Payment

## 2012 Medicare Reimbursement

CPT Code	Description	Ambulatory Surgery Center		Outpatient Hospital		Physician Services	
		Facility Fee (National Medicare Avg <sup>1</sup> )	APC	Facility Fee Schedule (National Medicare Avg <sup>2</sup> )	Facility Fee Schedule (National Medicare Avg <sup>2</sup> )	Fee When Procedure is Performed in Hospital or ASC (National Medicare Avg <sup>2</sup> )	Fee When Procedure is Performed in Office (National Medicare Avg <sup>2</sup> )
43232	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	\$510.84	0419	\$885.37	\$885.37	\$265.15	N/A*
43238	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	\$510.84	0419	\$885.37	\$885.37	\$297.49	N/A*
43242	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate)	\$510.84	0419	\$885.37	\$885.37	\$429.89	N/A*
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	\$447.03	0147	\$774.78	\$774.78	\$243.37	N/A*
45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	\$378.10	0143	\$655.31	\$655.31	\$385.99	N/A*

<sup>1</sup>2012 Medicare Ambulatory Surgery Center Fee Schedule

<sup>2</sup>2012 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

<sup>3</sup>2012 Medicare Physician Fee Schedule

\*NA - 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.

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2012 physician fees for your local area can be found at the following CMS links:

[http://www.cms.hhs.gov/PFSlookup/02\\_PFSsearch.asp#TopOfPage](http://www.cms.hhs.gov/PFSlookup/02_PFSsearch.asp#TopOfPage)

or

<http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/list.asp#TopOfPage>



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