

GERD Reimbursement Facts – 2008

Surgeon

CPT Code ¹	Procedure	2008 National Medicare Payment ² Facility	2008 Average Medicare Payment ² Global
43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$97.12	\$207.96
43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	\$105.50	\$273.08
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)	\$132.16	\$286.41
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	\$156.92	\$329.07
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	\$280.70	NA
43280	Laparoscopy, surgical; Esophagogastric fundoplasty (e.g., Nissen, Toupet procedures)	\$955.60	NA
43324	Esophagogastric fundoplasty (e.g., Nissen, Belsey IV, Hill procedures)	\$1197.84	NA
43325	Esophagogastric fundoplasty with fundic patch (Thal-Nissen procedure)	\$1179.94	NA
43326	Esophagogastric fundoplasty with gastroplasty (e.g., Collis)	\$1203.93	NA

Outpatient Facility

Hospital Outpatient Department		
APC	APC Description	2008 National Average Medicare Payment ³
0141	Level I Upper GI Procedures (For CPT codes 43200, 43202, 43235, 43239)	\$541.59
0422	Level II Upper GI Procedures (For CPT 43257)	\$1,612.94
0132	Level III Laparoscopy (For CPT 43280)	\$4,437.26
Freestanding Ambulatory Surgery Center		
	CPT Codes	2008 Medicare Payment ⁴
	For CPT codes 43200, 43202, 43235	\$337.76
	For CPT codes 43239	\$422.51
	For CPT codes 43257	\$644.66

Inpatient Facility

ICD-9 Code ⁵	Description
42.23	Other esophagoscopy
44.65	Esophagogastric fundoplasty
44.66	Other procedures for creation of esophagogastric sphincter competence (Nissen Fundoplication)(Repair stomach)
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	2008 National Average Payment ⁶
326	Stomach, esophageal & duodenal proc w MCC	13.4	\$27,812.56
327	Stomach, esophageal & duodenal proc w CC	8.1	\$17,734.68
328	Stomach, esophageal & duodenal proc w/o CC/MCC	3.3	\$9,699.94

¹ All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are Copyright 2006 American Medical Association. All Rights Reserved.

² Federal Register, Vol. 72, No. 227, Tuesday, November 27, 2007, and reflects the legislation passed by Congress on December 19, 2007, 2008 Physician Reimbursement Conversion Factor = \$38.087. 2008 conversion factor, Work, PE & MP GPCI geographical averages used (CY 2008 Physician Fee Schedule 11/01/07 RVU values), please see your specific geographical GPCI for more accurate amounts. (Medicare pays 80%; the remaining 20% is the patient's responsibility. Many patients have supplemental insurance).

³ Federal Register, Vol. 72, No. 227, Tuesday, November 27, 2007, 2008 Hospital Outpatient Payment

⁴ Federal Register, Vol. 72, No. 148, August 2, 2007, 2008 ASC Reimbursement.

⁵ 2007 Encoder Pro Professional Hospital & Payor ICD-9-CM Volumes 1, 2 & 3.

⁶ Federal Register, Vol. 72, No. 162, August 22, 2007; 2008 National Average DRG Payment

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

NOTE: 2008 Reimbursement and Billing Codes for these procedures have been validated by Princeton Reimbursement Group.

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The information contained in this document is provided to help you understand the reimbursement process. It is not intended to increase or maximize reimbursement by any payor. We strongly recommend that providers consult their Payor organization with regard to local reimbursement policies.

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ICD-9 is based on the official version of the World Health Organization's Ninth Revision, International Classification of Diseases. CPT codes and descriptions only are copyright 2007 American Medical Association. All Rights Reserved.

CPT does not include fee schedules, relative values or related listings. The source for this information is the Center for Medicare and Medicaid Services and various commercial Payors. The content provided by the Center for Medicare and Medicaid Services is updated frequently. It is the responsibility of the health services provider to confirm the appropriate coding required by their local Medicare carriers, fiscal intermediaries and commercial payors.