

2017 Cellvizio® Optical Endomicroscopy Reimbursement Fact Sheet

The Optical Endomicroscopy (OE) procedure enables a physician to obtain histologic information in vivo in real-time during an endoscopy procedure through the use of a dedicated Cellvizio probe.

Coding and Payment for Cellvizio Optical Endomicroscopy

Optical endomicroscopy procedures in the esophagus or upper GI tract are reported with the American Medical Association established CPT codes 43206 and/or 43252. *Other optical endomicroscopy procedures are reported by using unlisted codes for specific clinical indications.*

OE procedures, when performed, are reported as a separate and distinct procedures from the endoscopy procedure performed.

Physician Coding and Considerations

2017 Physician Coding Consideration*

CPT codes	Code Description
43206	Esophagoscopy with Optical Endomicroscopy (Do not report 43206 in conjunction with 43197, 43198, 43200, 88375).
43239	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) with biopsy, single or multiple
43252	Esophagogastroduodenoscopy with optical endomicroscopy (Do not report 43252 in conjunction with 43197, 43198, 43235, 44360, 44361, 44363, 44364, 44365, 44366, 44369, 44370, 44372, 44376, 44377, 44378, 44379, 88375)
31899	Unlisted procedure, trachea, bronchi
45399	Unlisted procedure, OE Colon
88375	Optical Endomicroscopy Image(s), interpretation and report, real-time or referred, each endoscopic session

*Primary Source: AMA CPT 2017 Professional Edition. 3 Gastroenterology CPT Advisors (AGA, ACG, ASGE), 2016 Coding Updates, "the OE of a pancreatic cyst is reported with CPT 43252" (p 8). Precision on Codes are available in the 2016 Update Coding Updates (https://gi.org/wp-content/uploads/2016/03/2695-007COM_16-1-CPT-Coding-Updates_v3.pdf)

2017 Medicare Physician Payments*

CPT codes	Code Description	Physician Work RVU ⁺ s	Physician Fee when performed in Hospital or ASC
43239	EGD with biopsy, single or multiple	2.39	\$146
43206	Esophagoscopy with Optical Endomicroscopy	2.29	\$141
43252	EGD with Optical Endomicroscopy [†]	2.96	\$178
31899	Unlisted procedure, trachea, bronchi	0	Carrier-priced
45399	Unlisted procedure, OE Colon	0	Carrier-priced
88375	Optical Endomicroscopy Image Interpretations	0.91	\$47

*Source: CMS 2017 Physician Fee Schedule, final rule with the CY17 Conversion Factor = \$35.8887

⁺RVU=Relative Value Unit

[†]Applicable to EUS-FNA

Ambulatory Surgery Center (ASC)*

2017 Medicare ASC Payments

CPT codes	Code Description	APC	Ambulatory Surgery Center (ASC) Payment (National Medicare Avg)
43239	EGD with biopsy, single or multiple	5301	\$378
43206	Esophagoscopy with Optical Endomicroscopy	5302	\$608
43252	EGD with Optical Endomicroscopy*	5303	\$1,134
45399	Unlisted procedure, OE Colon	5311	N/A
88375	Optical Endomicroscopy Image Interpretations	-	N/A

*Source: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1656-FC.html>

Hospital Outpatient Prospective Payment System (HOPPS)*

2017 Medicare HOPPS Payments

CPT codes	Code Description	APC	Outpatient Hospital Payment (National Medicare Avg)
43239	EGD with biopsy, single or multiple	5301	\$699
43206	Esophagoscopy with Optical Endomicroscopy	5302	\$1,334
43252	EGD with Optical Endomicroscopy*	5303	\$2,509
45399	Unlisted procedure, OE Colon	5311	N/A
31899	Unlisted proc, trachea, bronchi	5151	\$146
0397T	ERCP with OE	-	Status Indicator = N
88375	Optical Endomicroscopy Image Interpretations	-	Status Indicator = B

*Source: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1656-FC.html>

The coding list is not all-inclusive and is not intended to represent all coding options. The information contained in this document is provided for informational purposes only and represents no statement, promise, or guarantee by Mauna Kea Technologies of the levels of reimbursement, payment, or charge. The information is not intended to increase or maximize reimbursement by any payer. Providers are responsible for exercising their independent clinical judgment in selecting the codes that most accurately reflect the patient's condition and procedures performed for a patient. Providers should refer to current, complete, and authoritative publications such as AMA HCPCS Level II, CPT publications or insurer policies for selecting codes based on the care rendered to an individual patient, and may wish to contact individual carriers, fiscal intermediaries, or other third-party payers as needed.