

2018 Cellvizio® Optical Endomicroscopy Reimbursement Fact Sheet

The Optical Endomicroscopy (OE) procedure enables a physician to image the internal microstructures of tissues and to identify cells and vessels and their organization or architecture in vivo in real-time during an endoscopy procedure through the use of a dedicated Cellvizio probe.

Coding and Payment for Cellvizio Optical Endomicroscopy

OE procedures in the esophagus or upper GI tract are reported with the American Medical Association established CPT codes 43206 and/or 43252. *Other OE 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.

2018 Physician Coding and Considerations*	
CPT code	Code Description
ESOPHAGOSCOPY	
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple
43206	Esophagoscopy, flexible, transoral; with OE (Do not report 43206 in conjunction with 43197, 43198, 43200, 88375).
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection (EMR)
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
ESOPHAGOGASTRODUODENOSCOPY (EGD)	
43239	EGD, flexible, transoral; with biopsy, single or multiple
43252	EGD, flexible, transoral; with OE (Do not report 43252 in conjunction with 43197, 43198, 43235, 44360, 44361, 44363, 44364, 44365, 44366, 44369, 44370, 44372, 44373, 44376, 44377, 44378, 44379, 88375) ¹
43254	EGD, flexible, transoral; with endoscopic mucosal resection (EMR)
43270	EGD, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
OTHER	
31899	Unlisted procedure, trachea, bronchi
45399	Unlisted procedure, colon
88375	OE image(s), interpretation and report, real-time or referred, each endoscopic session
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with OE (List separately in addition to code for primary procedure)

*Primary Source: AMA CPT® 2018 Professional Edition, 1 Gastroenterology CPT Advisors (AGA, ACG, ASGE), 2016 CPT Coding Updates, "the OE of a pancreatic cyst is reported with CPT 43252" (p 8). Additional detailed information will be available at https://gi.org/wp-content/uploads/2016/03/2695-007COM_16-1-CPT-Coding-Updates_v3.pdf

2018 Medicare Physician Payments				
CPT code	Code Description	Physician Work RVUs	Total NON-Facility RVUs & Payment	Total Facility RVUs & Payment
ESOPHAGOSCOPY				
43202	Esophagoscopy with biopsy	1.72	8.75 = \$315	3.02 = \$109
43206	Esophagoscopy with OE	2.29	7.60 = \$274	3.91 = \$141
43211	Esophagoscopy with EMR	4.20		6.90 = \$248
43229	Esophagoscopy with ablation of tumor	3.49	18.47 = \$665	5.80 = \$209
ESOPHAGOGASTRODUODENOSCOPY (EGD)				
43239	EGD with biopsy, single or multiple	2.39	9.78 = \$352	4.06 = \$146
43252	EGD with OE	2.96	8.65 = \$311	4.95 = \$178
43254	EGD with EMR	4.87		7.95 = \$286
43270	EGD with ablation of tumor	4.01	19.04 = \$685	6.60 = \$238
OTHER				
31899	Unlisted procedure, trachea, bronchi	0	0	Carrier-priced
45399	Unlisted procedure, colon	0	0	Carrier-priced
88375	OE image(s), interpretation & report	0.91	1.45 = \$52	1.45 = \$52
0397T	ERCP with OE	0	0	Carrier-priced

Hospital Outpatient Prospective Payment System (HOPPS)*

CPT code	Code Description	APC	Description	National Average
ESOPHAGOSCOPY				
43202	Esophagoscopy with biopsy	5302	Level 2 Upper GI Procedure	\$1,427.29
43206	Esophagoscopy with OE	5302	Level 2 Upper GI Procedure	\$1,427.29
43211	Esophagoscopy with EMR	5302	Level 2 Upper GI Procedure	\$1,427.29
43229	Esophagoscopy with ablation of tumor	5303	Level 3 Upper GI Procedure	\$2,743.26
ESOPHAGOGASTRODUODENOSCOPY (EGD)				
43239	EGD with biopsy, single or multiple	5301	Level 1 Upper GI Procedure	\$743.44
43252	EGD with OE†	5303	Level 3 Upper GI Procedure	\$2,743.26
43254	EGD with EMR	5302	Level 2 Upper GI Procedure	\$1,427.29
43270	EGD with ablation of tumor	5302	Level 2 Upper GI Procedure	\$1,427.29
OTHER				
31899	Unlisted procedure, trachea, bronchi	5151	Level 1 Airway Endoscopy	\$146.14
45399	Unlisted procedure, colon	5311	Level 1 Lower GI Procedure	\$667.40
88375	OE image(s), interpretation & report		Status Indicator = B	
0397T	ERCP with OE		Status Indicator = N	

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

†Applicable for EUS-FNA

Ambulatory Surgery Center (ASC)*

CPT code	Code Description	Final CY 2018 Payment Weight	Final CY 2018 Payment Rate
ESOPHAGOSCOPY			
43202	Esophagoscopy with biopsy	13.7691	\$627.53
43206	Esophagoscopy with OE	13.7691	\$627.53
43229	Esophagoscopy with ablation of tumor	26.5976	\$1,212.19
ESOPHAGOGASTRODUODENOSCOPY (EGD)			
43239	EGD with biopsy, single or multiple	8.4993	\$387.36
43252	EGD with OE†	26.5976	\$1,212.19
43254	EGD with EMR	13.7691	\$627.53
43270	EGD with ablation of tumor	13.7691	\$627.53
OTHER			
0397T	ERCP with OE	N1	

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

†Applicable for EUS-FNA

Cellvizio® 100 Series systems with Confocal Miniprobes™

510(k) Number: K172844

Indications for use:

The Cellvizio® 100 Series systems with Confocal Miniprobes are confocal laser systems with fiber optic probes that are intended to allow imaging of the internal microstructure of tissues including, but not limited to, the identification of cells and vessels and their organization or architecture.

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.