

# 2019 Cellvizio® Optical Endomicroscopy Reimbursement Fact Sheet

The Optical Endomicroscopy (OE) procedure enables a physician to obtain cellular information *in vivo* in real-time during an endoscopy procedure through the use of a dedicated Cellvizio® probe<sup>(\*)</sup>.

OE procedures in the esophagus or upper gastrointestinal tract are reported with the American Medical Association (AMA) 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 separate and distinct procedures from the endoscopy procedure performed.

CPT Code	Current Procedural Terminology (CPT) Description	Physician Services			Hospital Outpatient Department (OPPS)		Ambulatory Surgery Center (ASC)	
		RVU	Relative Value Unit (RVU) & Payment <sup>a,b</sup>		Ambulatory Payment Classification (APC)	Medicare National Average Payment (facility) <sup>c</sup>	Payment Indicator	Medicare National Average Payment (facility) <sup>d</sup>
		Work	Total Non-Facility (Office)	Total Facility				
<b>ESOPHAGOSCOPY</b>								
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1.72	9.16 = \$330.12	3.00 = \$108.12	5302	\$1 483.35	A2	\$642.40
43206 <sup>e</sup>	Esophagoscopy, flexible, transoral; with optical endomicroscopy	2.29	7.85 = \$282.91	3.90 = \$140.55	5302	\$1 483.35	G2	\$642.40
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	4.20	NA	6.87 = \$247.59	5302	\$1 483.35	G2	\$642.40
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)	3.49	19.09 = \$687.99	5.77 = \$207.95	5303	\$2 824.69	G2	\$1 245.46
<b>ESOPHAGOGASTRODUODENOSCOPY</b>								
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	4.16	NA	6.81 = \$245.43	5302	\$1 483.35	A2	\$642.40
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	2.39	10.19 = \$367.24	4.05 = \$145.96	5301	\$761.55	A2	\$392.11
43252 <sup>f,g</sup>	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	2.96	8.96 = \$322.91	4.95 = \$178.39	5303	\$2 824.69	G2	\$1 245.46
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	4.87	NA	7.91 = \$285.07	5302	\$1 483.35	G2	\$642.40
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	4.01	19.65 = \$708.17	6.57 = \$236.78	5302	\$1 483.35	G2	\$642.40

CPT Code	Current Procedural Terminology (CPT) Description	Physician Services			Hospital Outpatient Department (OPPS)		Ambulatory Surgery Center (ASC)	
		RVU	Relative Value Unit (RVU) & Payment <sup>a,b</sup>		Ambulatory Payment Classification (APC)	Medicare National Average Payment (facility) <sup>c</sup>	Payment Indicator	Medicare National Average Payment (facility) <sup>d</sup>
		Work	Total Non-Facility (Office)	Total Facility				
<b>OTHER PROCEDURES</b>								
0397T <sup>h</sup>	Endoscopic retrograde cholangiopancreatography, with optical endomicroscopy	0	0	Carrier-priced	-	-	N1	-
31899	Airways surgical procedure (trachea and bronchi)	0	0	Carrier-priced	5151	\$163.97	-	-
44799	Unlisted procedure, small intestine	0	0	Carrier-priced	5301	\$761.55	-	-
45399	Unlisted procedure, colon	0	0	Carrier-priced	5311	\$744.89	-	-
88375 <sup>i</sup>	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	0.91	1.42 = \$51.18	1.42 = \$51.18	-	-	-	-

<sup>a</sup> Centers for Medicare and Medicaid Services (CMS). Calendar year (CY) 2019 Physician Fee Schedule Final Rule (CMS-1693-F), as published on 23<sup>rd</sup> November 2018, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html>

<sup>b</sup> The 2019 National Average Medicare physician payment rates have been calculated using a conversion factor of \$36.0391.

<sup>c</sup> Final Changes with comment to the Hospital Outpatient Prospective Payment System (CMS-1695-FC) and CY 2019 NFRM OPPS Payment Rate addenda are available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html>

<sup>d</sup> Final Changes with comment to the Ambulatory Surgical Center Payment System (CMS-1695-FC) and CY 2019 NFRM ASC Payment Rate addenda and wage index files are available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1695-FC.html>

<sup>e</sup> Do not report 43206 in conjunction with 43197, 43198, 43200, 88375.

<sup>f</sup> 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.

<sup>g</sup> Endoscopic ultrasound with optical endomicroscopy and fine needle aspiration of a pancreatic cyst is reported using code 43252. For further details, please read the 2016 CPT Coding Update published by the American College of Gastroenterology (ACG), American Gastroenterological Association (AGA) and American Society for Gastrointestinal Endoscopy (ASGE), [https://gi.org/wp-content/uploads/2016/03/2695-007COM\\_16-1-CPT-Coding-Updates\\_v3.pdf](https://gi.org/wp-content/uploads/2016/03/2695-007COM_16-1-CPT-Coding-Updates_v3.pdf)

<sup>h</sup> List separately in addition to code for primary procedure. Do not report 0397T in conjunction with 88375.

<sup>i</sup> Do not report 88375 in conjunction with 43206, 43252, 0397T.

**(\*) Mauna Kea Technologies received U.S. Food and Drug Administration (FDA) 510(k) clearances for Cellvizio® devices. Indications for use are the following:** the Cellvizio® 100 Series systems (400 and/or 800) 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. **For further details, please refer to 510(k) Number K172844 at [https://www.accessdata.fda.gov/cdrh\\_docs/pdf17/K172844.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf17/K172844.pdf)**

Cellvizio® is a registered trademark and Confocal Miniprobe™ is a trademark of Mauna Kea Technologies.

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. Physicians and hospitals should refer to current, complete, and authoritative publications such as AMA Healthcare Common Procedure Coding System (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.