

# 2021 Cellvizio® Optical Endomicroscopy Reimbursement Fact Sheet

The Optical Endomicroscopy (OE) procedure enables a physician to use Cellvizio® to obtain real-time cellular information *in vivo* during an endoscopy procedure through the use of a dedicated 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	10.88 = \$379.64	2.99 = \$104.33	5302	\$1625.02	A2	\$689.85
43206 <sup>e</sup>	Esophagoscopy, flexible, transoral; with optical endomicroscopy	2.29	9.06 = \$316.13	3.87 = \$135.04	5302	\$1625.02	G2	\$689.85
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	4.20	NA	6.82 = \$237.97	5302	\$1625.02	G2	\$689.85
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	22.16 = \$773.23	5.74 = \$200.29	5303	\$3080.79	J8	\$1799.38
<b>ESOPHAGOGASTRODUODENOSCOPY (EGD)</b>								
43238	EGD, 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	6.76 = \$235.88	5302	\$1625.02	A2	\$689.85
43239	EGD, flexible, transoral; with biopsy, single or multiple	2.39	11.49 = \$400.92	4.02 = \$140.27	5301	\$809.60	A2	\$409.11
43242	EGD, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine-needle aspiration/biopsy(s), (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	4.73	NA	7.63 = \$266.23	5302	\$1625.02	A2	\$689.85
43252 <sup>f,g</sup>	EGD, flexible, transoral; with optical endomicroscopy	2.96	10.16 = \$354.51	4.90 = \$170.98	5303	\$3080.79	G2	\$1374.26
43254	EGD, flexible, transoral; with endoscopic mucosal resection	4.87	NA	7.85 = \$273.91	5302	\$1625.02	G2	\$689.85

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				
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)	4.01	22.66 = \$790.68	6.53 = \$227.85	5302	\$1625.02	G2	\$689.85
<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	\$164.39	-	-
44799	Unlisted procedure, small intestine	0	0	Carrier-priced	5301	\$809.60	-	-
45399	Unlisted procedure, colon	0	0	Carrier-priced	5311	\$793.65	-	-
88375 <sup>i</sup>	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	0.91	1.41 = \$49.20	1.41 = \$49.20	-	-	-	-

<sup>a</sup> The Calendar Year (CY) 2021 Medicare Physician Fee Schedule (MPFS) Final Rule (CMS-1734-F) was placed on display at the Federal Register on December 2, 2020. This final rule updates payment policies, payment rates, and other provisions for services on or after January 1, 2021. On December 27, the Consolidated Appropriations Act of 2021 modified the CY 2021 MPFS. The Centers for Medicare & Medicaid Services (CMS) recalculated the payment rates and conversion factor to reflect these changes. See the Downloads section at <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f>

<sup>b</sup> The 2021 National Average Medicare physician payment rates have been calculated using a conversion factor of \$34.8931.

<sup>c,d</sup> The final rule with comment period (CMS-1736-FC) revises the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2021. The correction notice (CMS-1736-CN) published in the Federal Register on February 25, 2021, and supporting files can be found at <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-cn> and <https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notices/cms-1736-cn>

<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) at <https://www.asge.org/docs/default-source/default-document-library/cpt-gi-coding-update-201634e67d641d27683997ebff000074820c.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. This CPT code cannot be reported by the same physician who codes for the endoscopy with OE. It provides a code for reporting the pathology service when one is required to assist in the procedure.

**(\*) Mauna Kea Technologies received U.S. Food and Drug Administration (FDA) 510(k) clearances for Cellvizio® devices. Indications for use are the following:** Cellvizio® 100 Series System and Cellvizio® I.V.E. 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, vessels and their organization or architecture. **For further details, please refer to 510(k) Numbers e.g. K191144 and K193416 at [https://www.accessdata.fda.gov/cdrh\\_docs/pdf19/K191144.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf19/K191144.pdf) or [https://www.accessdata.fda.gov/cdrh\\_docs/pdf19/K193416.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf19/K193416.pdf) and subsequent notifications.**

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CPT® is a registered trademark of the American Medical Association (AMA).

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.