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Medicare National Rates

OFFICE – SITE OF SERVICE 11

Esophagoscopy, flexible; transnasal	CPT® Code ¹	Physician Payment ^{2, 3}
Diagnostic, includes collection of specimen(s) by brushing or washing, when performed (separate procedure)	43197	\$192.72
With biopsy, single or multiple	43198	\$213.54

HOSPITAL – SITE OF SERVICE 21, 22 AND 23

Esophagoscopy, flexible; transnasal	CPT® Code	Physician Payment	APC Code	Hospital Outpatient Payment ⁵
Diagnostic, includes collection of specimen(s) by brushing or washing, when performed (separate procedure)	43197	\$86.49	5301	\$699.79
With biopsy, single or multiple	43198	\$103.36	5301	\$699.79

AMBULATORY SURGICAL CENTER – SITE OF SERVICE 24

Esophagoscopy, flexible; transnasal	CPT® Code	Physician Payment	ASC Payment ⁸
Diagnostic, includes collection of specimen(s) by brushing or washing, when performed (separate procedure)	43197	\$86.49	\$129.56
With biopsy, single or multiple	43198	\$103.36	\$138.17

Relative Value Units

Coding	Office Based			Facility Based		
	Physician Reimbursement			Facility Reimbursement		
CPT® Code	Work RVU	Practice RVU	Malpractice RVU	Work RVU	Practice RVU	Malpractice RVU
43197	1.52	3.61	0.24	1.52	0.66	0.24
43198	1.82	3.85	0.28	1.82	0.78	0.28
92612	1.27	3.96	0.08	1.27	0.60	0.08

¹ CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT) is a copyright 2017 American Medical Association. All rights reserved. No fee schedules, basic units, relative values, or related listing are included in CPT. ² CY 2017 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Medicare Part B. CMS-1654-F. Final Rule with Comment Period. 2016-11-15. [CY 2017 PFS Final Rule Addenda](#). ³ "Allowed Amount" is the payment Medicare determines to be the maximum allowance for any Medicare covered service. Actual payment will vary based on the geographically adjusted maximum allowed amount less any applicable deductible, coinsurance, etc. ⁴ Hospital Outpatient Prospective Payment- Final Rule with Comment Period and CY2017 Payment Rates. 2016-11-14. CMS-1654-FC. [CY 2017 OPFS Addenda](#). ⁵ January 2017 ASC Approved HCPCS Code and Payment Rates (Updated 01/01/17). [CY 2017 ASC Payment Rate](#). Federal law (USA) restricts this device to sale by or on the order of a physician. For complete instructions for use, storage, warnings, indications, contraindications, precautions, adverse reactions and disclaimer of warranties, please refer to the insert accompanying each product or online at www.cogentixmedical.com. 10117C 02/17 © 2015 Cogentix Medical. All rights reserved.