

# 2025 EvoEndo® Coding and Payment Guide

## Intended Use / Indications for Use

The EvoEndo® Model LE Gastroscope is intended for the visualization of the upper digestive tract in adults and pediatric patients, specifically for the observation, diagnosis, and endoscopic treatment of the esophagus, stomach, and duodenal bulb. The gastroscope is a sterile single-use device and can be inserted orally or transnasally.

The EvoEndo® Controller is intended for use with an EvoEndo® Endoscope for endoscopic diagnosis, treatment, and video observation.

## Table of Contents

|   |          |
|---|----------|
| <b>Physician</b>  | <b>2</b> |
| Esophagoscopy/Esophagoscopy   | 2        |
| AMA Coding and Procedure Guidance   | 2        |
| CPT Codes for Flexible, Transnasal and Transoral Esophagoscopy              | 2        |
| Physician Facility Relative Value Units Esophagoscopy                       | 2        |
| <b>Esophagogastroduodenoscopy</b>   | <b>3</b> |
| AMA Coding and Procedure Guidance   | 3        |
| CPT Codes for Flexible, Transnasal and Transoral Esophagogastroduodenoscopy | 3        |
| Physician Facility Relative Value Units Esophagogastroduodenoscopy          | 4        |
| <b>Hospital Outpatient</b>  | <b>5</b> |
| Hospital Outpatient Payment Category References                             | 5        |
| <b>Select Revenue Codes</b>   | <b>6</b> |
| <b>Diagnosis Coding</b>   | <b>6</b> |
| Select ICD-10-CM Diagnosis Codes  | 6        |
| <b>References</b>   | <b>7</b> |

### CPT Disclaimer

CPT©2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

This information is provided by EvoEndo Inc.® for illustrative purposes only and does not constitute legal or coding advice. All criteria supplied in this guide are for information purposes only and represent no statement or guarantee of coverage or payment at any amount by EvoEndo Inc.®. EvoEndo Inc.® does not guarantee that this information will be appropriate, error free, or that reimbursement will be made in a specific situation. EvoEndo® assumes no liability for information contained or not contained herein. EvoEndo® recommends that you consult with your payers, reimbursement specialist, and/or legal counsel regarding coding, coverage, and payment matters. EvoEndo® specifically disclaims and excludes any representation or warranty relating to reimbursement. Please note that the information in this document is subject to change without notice.

# Physician

## Endoscopy/Esophagoscopy

### AMA Coding and Procedure Guidance

**Endoscopy/Esophagoscopy** guidelines describe esophagoscopy as an examination from the cricopharyngeus muscle (upper esophageal sphincter) to and including the gastroesophageal junction. It may also include examination of the proximal region of the stomach via retroflexion when performed.

The distinction between the codes for rigid and flexible esophagoscopy is necessary because different devices, means of sedation, and/or anesthesia are used, and physician work (including risk) is different. Transoral rigid esophagoscopy is typically performed under general anesthesia; transoral flexible esophagoscopy is typically performed under moderate sedation; and transnasal flexible esophagoscopy is typically performed using topical anesthesia.<sup>1</sup>

### CPT Codes for Flexible, Transnasal and Transoral Esophagoscopy<sup>2</sup>

| CPT Code | Long Description  |
|----------|---|
| 43197    | Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimens(s) by brushing or washing, when performed (separate procedure) |
| 43198    | Esophagoscopy, flexible, transnasal; with biopsy, single or multiple  |
| 43202    | Esophagoscopy, flexible, transoral; with biopsy, single or multiple   |
| 43220    | Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)  |
| 43226    | Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guidewire                                 |

### Physician Relative Value Units (RVUs) when Esophagoscopy is performed in a hospital setting<sup>3</sup>

| CPT Code | Short Description            | CY 2025 Facility (Hospital)<br>Physician <u>Work</u> Relative Value Units<br>(RVUs) | CY 2025 Facility (Hospital)<br>Physician <u>Total</u> Relative Value Units<br>(RVUs) |
|----------|------------------------------|---|--|
| 43197    | Esophagoscopy flex dx brush  | 1.52  | 2.45   |
| 43198    | Esophagosc flex trnsn biopsy | 1.82  | 2.93   |
| 43202    | Esophagoscopy flex biopsy    | 1.72  | 3.06   |
| 43220    | Esophagoscopy balloon <30mm  | 2.00  | 3.53   |
| 43226    | Esoph endoscopy dilation     | 2.24  | 3.91   |

This information is provided by EvoEndo Inc.® for illustrative purposes only and does not constitute legal or coding advice. All criteria supplied in this guide are for information purposes only and represent no statement or guarantee of coverage or payment at any amount by EvoEndo Inc.®. EvoEndo Inc.® does not guarantee that this information will be appropriate, error free, or that reimbursement will be made in a specific situation. EvoEndo® assumes no liability for information contained or not contained herein. EvoEndo® recommends that you consult with your payers, reimbursement specialist, and/or legal counsel regarding coding, coverage, and payment matters. EvoEndo® specifically disclaims and excludes any representation or warranty relating to reimbursement. Please note that the information in this document is subject to change without notice.

# Esophagogastroduodenoscopy

## AMA Coding and Procedure Guidance

Once an endoscope traverses the pyloric channel and enters the small intestine, the procedure is then described as **esophagogastroduodenoscopy, or EGD**. A complete esophagogastroduodenoscopy includes examination of the duodenum and/or jejunum.<sup>4</sup>

## CPT Codes for Flexible, Transnasal and Transoral Esophagogastroduodenoscopy<sup>5</sup>

| CPT Code | Long Description   |
|----------|--|
| 0652T    | Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimens(s) by brushing or washing, when performed (separate procedure) |
| 0653T    | Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple  |
| 0654T    | Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter  |
| 43235    | Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimens(s) by brushing or washing, when performed (separate procedure)  |
| 43236    | Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance  |
| 43239    | Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple   |
| 43241    | Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter   |
| 43243    | Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices  |
| 43245    | Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)  |
| 43247    | Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)   |
| 43248    | Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire              |
| 43249    | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)                                 |

This information is provided by Evoendo Inc.® for illustrative purposes only and does not constitute legal or coding advice. All criteria supplied in this guide are for information purposes only and represent no statement or guarantee of coverage or payment at any amount by Evoendo Inc.®. Evoendo Inc.® does not guarantee that this information will be appropriate, error free, or that reimbursement will be made in a specific situation. Evoendo® assumes no liability for information contained or not contained herein. Evoendo® recommends that you consult with your payers, reimbursement specialist, and/or legal counsel regarding coding, coverage, and payment matters. Evoendo® specifically disclaims and excludes any representation or warranty relating to reimbursement. Please note that the information in this document is subject to change without notice.

## Physician Relative Value Units (RVUs) when Esophagogastroduodenoscopy is performed in a hospital setting<sup>6</sup>

| CPT Code | Short Description            | CY 2025 Facility Physician <u>Work</u> Relative Value Units (RVUs) | CY 2025 Facility Physician <u>Total</u> Relative Value Units (RVUs) |
|----------|------------------------------|--|---|
| 0652T    | Egd flx transnasal dx br/wa  | Determined by Payer  | Determined by Payer   |
| 0653T    | Egd flx transnasal bx 1/mlt  |  |   |
| 0654T    | Egd flx transnasal tube/cath |  |   |
| 43235    | Egd diagnostic brush wash    | 2.09   | 3.65  |
| 43236    | Uppr gi scope w/submuc inj   | 2.39   | 4.10  |
| 43239    | Egd biopsy single/multiple   | 2.39   | 4.10  |
| 43241    | Egd tube/cath insertion      | 2.49   | 4.23  |
| 43243    | Egd injection varices        | 4.27   | 7.04  |
| 43245    | Egd dilate stricture         | 3.08   | 5.24  |
| 43247    | Egd remove foreign body      | 3.11   | 5.23  |
| 43248    | Egd guide wire insertion     | 2.91   | 4.92  |
| 43249    | Esoph egd dilation <30 mm    | 2.67   | 4.55  |

This information is provided by Evoendo Inc.® for illustrative purposes only and does not constitute legal or coding advice. All criteria supplied in this guide are for information purposes only and represent no statement or guarantee of coverage or payment at any amount by Evoendo Inc.®. Evoendo Inc.® does not guarantee that this information will be appropriate, error free, or that reimbursement will be made in a specific situation. Evoendo® assumes no liability for information contained or not contained herein. Evoendo® recommends that you consult with your payers, reimbursement specialist, and/or legal counsel regarding coding, coverage, and payment matters. Evoendo® specifically disclaims and excludes any representation or warranty relating to reimbursement. Please note that the information in this document is subject to change without notice.

# Hospital Outpatient

## Hospital Outpatient Payment Category References<sup>7,8</sup>

| CPT Code | Short Description            | Medicare (APC) | Commercial              | Medicaid (EAPG)                      |
|----------|------------------------------|----------------|-------------------------|--------------------------------------|
| 43197    | Esophagoscopy flex dx brush  | 5301 (T)       | Payer Contract Specific | 134 Level I<br>Upper GI<br>Endoscopy |
| 43198    | Esophagosc flex trnsn biopsy | 5301 (T)       |                         |                                      |
| 43202    | Esophagoscopy flex biopsy    | 5302 (J1)      |                         |                                      |
| 0652T    | Egd flx transnasal dx br/wa  | 5302 (J1)      |                         |                                      |
| 0653T    | Egd flx transnasal bx 1/mlt  | 5302 (J1)      |                         |                                      |
| 0654T    | Egd flx transnasal tube/cath | 5303 (J1)      |                         |                                      |
| 43220    | Esophagoscopy balloon <30mm  | 5302 (J1)      |                         |                                      |
| 43226    | Esoph endoscopy dilation     | 5302 (J1)      |                         |                                      |
| 43235    | Egd diagnostic brush wash    | 5301 (T)       |                         |                                      |
| 43236    | Uppr gi scope w/submuc inj   | 5301 (T)       |                         |                                      |
| 43239    | Egd biopsy single/multiple   | 5301 (T)       |                         |                                      |
| 43241    | Egd tube/cath insertion      | 5302 (J1)      |                         |                                      |
| 43243    | Egd injection varices        | 5302 (J1)      |                         |                                      |
| 43245    | Egd dilate stricture         | 5302 (J1)      |                         |                                      |
| 43247    | Egd remove foreign body      | 5301 (T)       |                         |                                      |
| 43248    | Egd guide wire insertion     | 5301 (T)       |                         |                                      |
| 43249    | Esoph egd dilation <30 mm    | 5302 (J1)      |                         |                                      |

Status Indicators T- Multiple Procedure Discounts Apply J1- Comprehensive APC

APCs 5301 Level 1 Upper GI Procedures, 5302 Level 2 Upper GI Procedures, 5303 Level 3 Upper GI Procedures

This information is provided by EvoEndo Inc.® for illustrative purposes only and does not constitute legal or coding advice. All criteria supplied in this guide are for information purposes only and represent no statement or guarantee of coverage or payment at any amount by EvoEndo Inc.®. EvoEndo Inc.® does not guarantee that this information will be appropriate, error free, or that reimbursement will be made in a specific situation. EvoEndo® assumes no liability for information contained or not contained herein. EvoEndo® recommends that you consult with your payers, reimbursement specialist, and/or legal counsel regarding coding, coverage, and payment matters. EvoEndo® specifically disclaims and excludes any representation or warranty relating to reimbursement. Please note that the information in this document is subject to change without notice.

## Select Revenue Codes<sup>9</sup>

The EvoEndo® Gastroscope is a sterile single patient use device. For billing, assign and report use of the Gastroscope with one or more revenue code(s) on insurance claims with facility charges.

Possible revenue code categories for EvoEndo® Gastroscopes. Others may apply.

|      |  |
|------|--|
| 027X | <b>Medical/Surgical Supplies and Devices (Also see 062X, an extension of 027X)</b><br>0270 – General<br>0271 – Nonsterile<br>0272 – Sterile<br>0279 – Other supplies/devices |
| 062X | <b>Medical/Surgical Supplies – Extension of 027X</b><br>0621 – Incident to Radiology<br>0622 – Incident to Other Diagnostic services   |
| 075X | 0750 - Gastrointestinal Services, General  |

## Diagnosis Coding

### Select ICD-10-CM Diagnosis Codes<sup>10</sup>

The code sections below are a reference for diagnosis coding that may be relevant to patients undergoing the procedures described. Other diagnosis codes may apply. **Not an all-inclusive list**; for specificity refer to the most current edition of ICD-10-CM codes and please code to the highest level of specificity based on the patient's condition.

#### Section K20-K31 – Diseases of esophagus, stomach and duodenum (K20–K31)

|     |   |
|-----|---|
| K20 | Esophagitis   |
| K21 | Gastro-esophageal reflux disease                        |
| K22 | Other diseases of esophagus                             |
| K23 | Disorders of esophagus in diseases classified elsewhere |
| K25 | Gastric ulcer   |
| K26 | Duodenal ulcer  |
| K27 | Peptic ulcer, site unspecified                          |
| K28 | Gastrojejunal ulcer                                     |
| K29 | Gastritis and duodenitis                                |
| K30 | Functional dyspepsia                                    |
| K31 | Other diseases of stomach and duodenum                  |

#### Symptoms and signs involving the digestive system and abdomen (R10–R19)

|     |   |
|-----|---|
| R10 | Abdominal and pelvic pain   |
| R11 | Nausea and vomiting   |
| R12 | Heartburn   |
| R13 | Aphagia and dysphagia   |
| R14 | Flatulence and related conditions                                   |
| R16 | Hepatomegaly and splenomegaly, not elsewhere classified             |
| R17 | Unspecified jaundice  |
| R18 | Ascites   |
| R19 | Other symptoms and signs involving the digestive system and abdomen |
| R19 | Other symptoms and signs involving the digestive system and abdomen |

This information is provided by EvoEndo Inc.® for illustrative purposes only and does not constitute legal or coding advice. All criteria supplied in this guide are for information purposes only and represent no statement or guarantee of coverage or payment at any amount by EvoEndo Inc.®. EvoEndo Inc.® does not guarantee that this information will be appropriate, error free, or that reimbursement will be made in a specific situation. EvoEndo® assumes no liability for information contained or not contained herein. EvoEndo® recommends that you consult with your payers, reimbursement specialist, and/or legal counsel regarding coding, coverage, and payment matters. EvoEndo® specifically disclaims and excludes any representation or warranty relating to reimbursement. Please note that the information in this document is subject to change without notice.

# References

- 1 CPT Assistant Archives (4th Quarter 1990–present) – Copyright American Medical Association 2014. Reporting Rigid and Transnasal Esophagoscopy (February 2014, Volume 24, Issue 2, page 9)
- 2 2025 AMA CPT 2025 Professional Edition
- 3 Calendar Year 2025 Medicare Physician Fee Schedule, Final Rule [CMS-1807-F and CMS-4201-F5], Federal Register, published December 09, 2024, posted on the CMS website November 1, 2024. No geographic adjustments have been made to the reported payment rates. Updated Conversion Factor \$32.35. 2025 National Physician Fee Schedule Relative Value File January Release, November 2, 2023. Addendum B Relative Value Units.
- 4 CPT Assistant Archives (4th Quarter 1990–present) – Copyright American Medical Association 2008, Esophagoscopy, Esophagogastroduodenoscopy (October 2008)
- 5 2025 AMA CPT 2025 Professional Edition
- 6 Calendar Year 2025 Medicare Physician Fee Schedule, Final Rule [CMS-1807-F and CMS-4201-F5], Federal Register, published December 09, 2024, posted on the CMS website November 1, 2024. No geographic adjustments have been made to the reported payment rates. Updated Conversion Factor \$32.35. 2025 National Physician Fee Schedule Relative Value File January Release, November 1, 2024. Addendum B Relative Value Units.
- 7 Calendar Year 2025 Medicare Outpatient Prospective Payment System, Final Rule [CMS-1809-FC]], Federal Register, published November 1, 2025 and its associated addenda posted on the Centers for Medicare and Medicaid Services (CMS) web site on November 1, 2024. 2024 Final NFRM Addenda A and B, 2024.
- 8 (version 3.18.24.4) © 3M. All rights reserved. As used herein, the term «EAPG Materials» shall mean the 3M EAPG listings, maps and codesets, including their respective content (the logic, formulas, and algorithms for selecting a particular code for defining or assigning a particular patient classification or subset of patient classifications or selecting a particular code or subset of codes contained or reflected in such EAPG Materials). Title to the EAPG Materials, and the ownership of all copyright, trademark, patent, trade secret, or any other right of a similar kind or nature arising under the laws of any country in the world (collectively, «Intellectual Property Rights») thereto, are the property of 3M and/or its suppliers. 3M grants you the limited, non-transferable, non-exclusive permission to use the EAPG Materials for your organization's internal purposes. Any other use requires 3M's prior written permission.
- 9 <https://www.nubc.org>; <https://www.nubc.org/system/files/media/file/2020/04/Guidance%20on%20Other%20Implant%20RC0278.pdf>
- 10 ICD-10-CM Diagnosis Codebook-2025