

2012 MEDICARE PAYMENT RATES¹: GASTROSTOMY/JEJUNOSTOMY PLACEMENT PROCEDURES

CPT CODE	DESCRIPTION	PHYSICIAN IN FACILITY	PHYSICIAN IN OFFICE	HOSPITAL OUTPATIENT	AMBULATORY SURGERY CENTER
PLACEMENT W/FLUOROSCOPIC GUIDANCE					
49440	Insertion of a gastrostomy tube, percutaneous, under fluoroscopic guidance	\$223.29	\$1058.57	\$886.90	\$511.73
49441	Insertion of a duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance	\$254.60	\$1,180.08	\$886.90	\$511.73
49446	Conversion of gastrostomy tube to gastrojejunostomy tube, percutaneous under fluoroscopic guidance	\$161.68	\$999.34	\$886.90	\$511.73
49450	Replacement of gastrostomy tube, percutaneous, under fluoroscopic guidance	\$66.37	\$661.01	\$434.96	\$250.67
49451	Replacement of tube, duodenostomy or jejunostomy, percutaneous, under fluoroscopic guidance	\$90.88	\$722.62	\$434.96	\$250.67
PLACEMENT W/ ENDOSCOPIC GUIDANCE					
43246	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube	\$255.28	\$255.28	\$886.90	\$511.73
44372	Small intestinal endoscopy, enteroscopy beyond the second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	\$260.05	\$260.05	\$1,104.99	\$636.81
44373	Small intestinal endoscopy, enteroscopy beyond the second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to jejunostomy tube	\$208.99	\$208.99	\$1,104.99	\$636.81
LAPAROSCOPIC PLACEMENT					
43653	Laparoscopy, surgical gastrostomy, without construction of gastric tube (e.g. Stamm procedure) (separate procedure)	\$557.28	\$577.28	\$3,356.53	\$1,934.39
REPLACEMENT PROCEDURE					
43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	\$47.65	\$497.28	\$161.18	\$92.89
¹ These are estimated payment rates from Medicare obtained from public information. Actual payment will vary by geographical location and carrier. This information is not intended to increase or maximize reimbursement by any payer. It is the responsibility of the provider to determine the appropriate CPT code that best describes the procedure performed.					