

2022 Billing and Coding Guidelines Bravo™ reflux testing system

The Bravo™ reflux testing system allows physicians to evaluate the frequency and duration of acid reflux to better understand a patient's symptoms. The capsule device attaches to the esophageal tissue to assess pH levels and transmits data to the recorder. A report is generated which is reviewed by the physician.

CPT^{®1} code 91035, *Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis, and interpretation.*

Placement in the Ambulatory Surgical Center (ASC)

Patient presents to the ASC for Bravo™ reflux testing system. At the encounter, a diagnostic EGD is performed for specimen or biopsy collection. All Bravo™ reflux testing equipment is owned by the ASC and located within this service setting. Up to 96 hours after placement, the patient returns to the ASC with the Bravo™ reflux testing system recorder and the data is downloaded and interpreted by the physician.

Bravo™ reflux testing system at the ASC	Diagnostic EGD	Bravo™ reflux testing system
Professional charge	43235³ or 43239³	91035-26⁴
Site of service	24	24 ⁵
Date of service	Date procedure is performed ⁶	Date of report interpretation ⁶
Facility charge	43235² or 43239²	91035^{2,7}
Date of service	Date procedure is performed	Date procedure is performed

Medicare covers 91035 in the ASC setting only as an ancillary service integral to a covered surgical procedure. Both diagnostic procedures 43235 and 43239 meet the Medicare definition of a covered surgical procedure. Facility claims submitted for 91035 without a covered surgical procedure will likely result in a denial. Some payers may require the use of modifier TC on the facility charge for 91035. TC is generally a physician service only modifier; providers are encouraged to review payer requirements at the time of benefit verification to determine if required on a case-by-case basis. Use of modifier TC on the facility charge may result in a denial if not specifically mandated by the payer.

Placement in the Hospital Outpatient Department (HOPD)

Patient presents to the HOPD for Bravo™ reflux testing system placement. At the encounter, a diagnostic EGD is performed for specimen or biopsy collection. All Bravo™ reflux testing system equipment is owned by the HOPD and located within this service setting. Up to 96 hours after placement, the patient returns to the HOPD with the Bravo™ reflux testing system recorder and the data is downloaded and interpreted by the physician.

Bravo™ reflux testing system at the HOPD	Diagnostic EGD	Bravo™ reflux testing system
Professional charge	43235 or 43239	91035-26
Site of service	19 or 22	19 or 22
Date of service	Date procedure is performed	Date of report interpretation
Facility charge	43235² or 43239²	91035²
Date of service	Date procedure is performed	Date procedure is performed

Placement in the Physician Office

Patient presents to the physician's office for Bravo™ reflux testing system placement. At the encounter, a diagnostic EGD is performed for specimen or biopsy collection. Up to 96 hours after placement, the patient returns to the physician's office with the Bravo™ reflux testing system recorder, and the data is downloaded and interpreted by the physician.

Bravo™ reflux testing system at the Physician Office	Diagnostic EGD	Bravo™ reflux testing system
Professional charge	43235 or 43239	91035-26
Site of service	11	11
Date of service	Date procedure is performed	Date of report interpretation

All rates provided are for the Medicare national unadjusted average rounded to the nearest whole number for 2022 and do not represent adjustment specific to the provider's location or facility.

CPT® Code	Description	Physician ⁸	Ambulatory Surgery Center ⁹	Hospital Outpatient Department ⁹
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	Physician office: \$497 HOPD/ASC: \$82 Work RVUs* 1.59	\$253	\$499
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Physician office: \$315 HOPD/ASC: \$124 Work RVUs* 2.09	\$419	\$826
43239	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) with biopsy, single or multiple	Physician office: \$402 HOPD/ASC: \$140 Work RVUs* 2.39	\$419	\$826

*RVU = Relative Value Unit

Providers may choose to combine the Bravo™ reflux testing system with other procedures on the same date of service. Bundling rules may apply which affect reimbursement. Please consult your internal coding guidelines.

For information related to medical policy for this product, please contact your Medtronic Reimbursement support team at 888-389-5200, option 1 or contact us via email at Rs.MedtronicGIreimbursement@medtronic.com.

Additional support materials are available at <http://www.medtronic.com/covidien/en-us/support/gastrointestinal-reimbursement.html>.

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²For facility reporting of 43235 and 91035 on the same date National Correct Coding Initiative (NCCI) edits dictate that modifier 59 be amended to 43235. The medical record must support the use of modifier 59 to indicate that the EGD is a separate and identifiable procedure from the Bravo placement. CPT 43239 does not require a modifier when reported at the same encounter as 91035. NCCI edits are updated quarterly. Rules should be verified at the time of service. Physician charges are likely not affected by these modifier requirements since their professional services are not typically reported on the same date of service.

³ The Physician service code for both 43235 and 43239 is 0. The concept of technical/professional service does not apply to either 43235 or 43239. The use of a modifier 26 is not recommended.

⁴ For physician interpretation of the test in the facility setting modifier 26 is used to report that only the professional component of the procedure has been provided.

⁵CMS 7631 Transmittal- Revised and Clarified Place of Service (POS) Coding Instructions: In April 2013 CMS clarified that for services furnished to a Medicare beneficiary and paid under the Medicare Physician Fee Schedule (MPFS) the place of service for the procedure should reflect the location where the face-to-face encounter occurred. "In cases where the face-to-face encounter is obviated such as those when a physician/practitioner provides the PC/interpretation of a diagnostic test, from a distant site, the point of service code assigned by the physician/practitioner will be the setting in which the beneficiary received the (Technical Component (TC)) of the service."

⁶CMS has not issued definitive guidance as to the accurate date of service when services containing both a technical and professional component are not provided on the same date. Coding convention suggests that procedure charges should be reported on the day the work was completed. Please consult your internal coding guidelines.

⁷There is no multiple procedure discount applied when reporting both 91035 with either 43235 or 43239 based on the status indicator of the procedures listed.

⁸Centers for Medicare and Medicaid Services. Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Federal Register (86 Fed. Reg. No. 221 64996-66031) <https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf> Published November 19, 2021. Physician Fee Schedule - January 2022 Release. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-relative-value-files/rvu22a>

⁹Centers for Medicare and Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Final Rule, Federal Register (86 Fed. Reg. No.218 63458-63477), <https://www.govinfo.gov/content/pkg/FR-2021-11-16/pdf/2021-24011.pdf> Published November 16, 2021. ASC Payment Rates - Addenda January 2022 ASC Approved HCPCS Code and Payment Rates-Updated January 4, 2022. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates

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