



Reimbursement Codes– Reflux Testing

Information reflects National Medicare Coverage and Payment Averages. Coverage and payment may vary by region and payer.

Acid/pH Reflux Monitoring

A. Hospital Outpatient				
CPT	Description	Physician Pymt	APC	Hospital Pymt
91034-26	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation.	\$48.00	0361	\$239.03
* Technical component may also be billed under the – TC modifier code, when applicable				
B. Physician Office				
CPT	Description	Facility (Global) payment		
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation.	\$225.49		

Impedance/pH Reflux Monitoring

A. Hospital Outpatient				
CPT	Description	Physician Pymt	APC	Hospital Pymt
91038-26	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	\$55.00	0361	\$239.03
* Technical component may also be billed under the – TC modifier code, when applicable				
B. Physician Office				
CPT	Description	Facility (Global) payment		
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	\$131.50		
C. ASC-Ambulatory Surgery Center				
No Coverage in this setting for any of the above procedures.				

Coverage + Coding + Payment = Reimbursement

Coverage - The terms and conditions set by payers (insurers) that specify if a product/procedure will be paid and under what circumstances it will be paid. Location of service is one aspect that affects coverage.

Primary Locations of Service

Hospital Outpatient Facility	Hospital service w/o admittance i.e. <24hr stay
ASC	Physician Office or Clinic.
Hospital Inpatient	Facility specifically licensed as an Ambulatory Surgery Center
	Hospital service w/ admittance i.e. >24hr stay

Coding - CPT and APC codes are most applicable to reflux and motility testing. Procedure trays used in testing may be reimbursable using appropriate HCPCS codes. Appropriate ICD-9 diagnostic codes are also required for reimbursement.

Payment - Actual payment is dependent on geographic location, and payer. Medicare policy is used as a guide by private insurers. Private insurers may reimburse less or more than Medicare. Providers that serve a large percentage of an insurer’s patient population may negotiate more favorable terms.

Overview of how this applies to reflux and motility diagnostics:

Motility and reflux testing are covered in 2 settings, Hospital Outpatient and Facility, i.e. physician office. These tests are not typically covered in an ASC (Ambulatory Surgery Center).

Hospital Outpatient - Equipment and practice expenses are billed using APC codes that are mapped to the appropriate CPT code for the test performed. CPT modifiers may be required to appropriately bill the procedure.

CPT modifier -26 represents the professional (physician) component of a service or procedure and includes the physician analysis and interpretation.

HCPCS Level II modifier -TC represents the technical component of a service or procedure and includes the cost of equipment and supplies to perform that service or procedure.

This modifier corresponds to the equipment/facility part of a given service or procedure.

Facility - Equipment and practice expenses are billed using global CPT codes, which cover both physician services and practice expense.

Coding Restrictions - Medicare sets guidelines as to which CPT and APC codes may be combined and which must be billed separately. Combinable codes are noted on the front of this document. In some cases, usually with CPT codes, the second payment is subject to a discount rate.