



## alpHaONE Reimbursement Guide

GASTROENTEROLOGY Wireless pH Capsule Reflux Monitoring System



# alpHaONE

### alpHaONE Wireless pH Capsule Reflux Monitoring System for the Treatment of GERD

As options for detecting gastroesophageal reflux disease (GERD) continue to increase, patients and healthcare providers are faced with the challenge of selecting the best solution for a clear and accurate diagnosis. The alpHaONE system offers wireless reflux testing for up to 96 hours, transmitting data via radio frequency to a recorder that is then analyzed using the pH Capsule System's software. This data provides healthcare professionals with the necessary information for accurate diagnoses and effective treatment plans.

	Description	2024 Medicare Nat'l Average Physician's Payment and RVU			2024 Medicare Nat'l Average Facility Payment		
CPT Code		Physician Office	HOPD/ASC	Work RVUs	Ambulatory Surgery Center	Hospital Outpatient Department	
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	\$470	\$81	1.59	\$251	\$438	
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43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$283	\$119	2.09	\$470	\$865	
OR							
43239	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) with biopsy, single or multiple	\$369	\$134	2.39	\$470	\$865	

- 43235 or 43239. The use of a modifier 26 is not recommended.
- the procedure has been provided.
- these modifier requirements since their professional services are not typically reported on the same date of service.
- Component (TC)) of the service."
- CMS has not issued definitive guidance as to the accurate date of service when services containing both a technical and reported on the day the work was completed.
- indicator of the procedures listed.

#### Understanding Reimbursement Based off on Site of Service

#### Facility (Hospital Outpatient (HOP) and Ambulatory Surgical Center (ASC))

The patient arrives at the facility for a reflux testing system. A diagnostic EGD is conducted during the encounter to collect specimens or biopsies. The facility owns and operates all of the reflux testing equipment in this service environment. The patient returns to the facility with the reflux testing system recorder within 96 hours following placement, and the data is retrieved and reviewed by the clinician.

CPT code 91035 is the only ancillary service that Medicare will pay for in an ASC setting as part of a covered surgical operation. The Medicare definition of a covered surgical procedure includes both the diagnostic procedures CPT codes 43235 and 43239. The facility claims for CPT code 91035 that are submitted without a covered surgical procedure will probably result in a rejection. Modifier TC may need to be used on the facility fee for CPT code 91035 according to some payers. Providers are urged to assess payer criteria at the time of benefit verification to ascertain whether they are necessary on a case-by-case basis because modifier TC is often a physician service-only modifier. If not expressly required by the payer, the use of modifier TC on the facility charge may lead to a refusal.

#### **Physician's Office:**

The patient arrives at the physician's office for a reflux testing system. A diagnostic EGD is conducted during the encounter to collect specimens or biopsies. The physician owns and operates all of the reflux testing equipment in his/her office. The patient returns to the facility with the reflux testing system recorder within 96 hours following placement, and the data is retrieved and reviewed by the clinician.

On the same day of service, providers may choose to combine the reflux testing system with additional procedures. Bundling rules that influence reimbursement may apply. Please refer to the patient's healthcare plan coding requirements.

• The Physician service code for both 43235 and 43239 is 0. The concept of technical/professional service does not apply to either

· For physician interpretation of the test in the facility setting modifier 26 is used to report that only the professional component of

• For 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

 CMS 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

professional component are not provided on the same date. Coding convention suggests that procedure charges should be

• There is no multiple procedure discount applied when reporting both 91035 with either 43235 or 43239 based on the status



#### alpHaONE Ordering Information

Item Number	Description	Unit
A1-1000	alpHaONE pH Capsule Monitoring System (Recorder and Software)	1 Recorder
A1-2005	alpHaONE pH Capsules	Box of 5
A1-3000	Starter Kit (includes A1-1000, A1-2005)	1 unit and box of 5

Please Contact Your Laborie Representative or Scan the QR Code Below to Learn More.

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Hospital Outpatient Prospective Payment- Final Rule – CMS-1772-FC, Addendum B.

ASC Payment Rates – Final Rule – CMS-1772-FC, Addendum AA.

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