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Gastrostomy Tube Replacement With or Without Revision of the Gastrostomy Tract

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In the Current Procedural Terminology (CPT®) 2019 code set, code 43760, Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance, was deleted, and two new gastrostomy tube (G-tube) replacement codes (43762, 43763) were added. Code 43763 is typically provided by surgeons. Other specialties, such as emergency room physicians, family practice physicians, physician assistants, or nurse practitioners, would not be expected to typically perform code 43763. This article clarifies the requirements for correct reporting of code 43763 and contrasts this procedure with code 43762 and other CPT codes for reporting the replacement of a G-tube.

Esophagus

Endoscopy

Esophagogastroduodenoscopy

43235 Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

43246 with directed placement of percutaneous gastrostomy tube

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(For percutaneous insertion of gastrostomy tube under fluoroscopic guidance, use 49440)

(For percutaneous replacement of gastrostomy tube without imaging or endoscopy, see 43762, 43763)

Stomach

Introduction

43762 Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract

43763 requiring revision of gastrostomy tract

(For percutaneous replacement of gastrostomy tube under fluoroscopic guidance, use 49450)

(For endoscopically directed placement of gastrostomy tube, use 43246)

Abdomen, Peritoneum, and Omentum

Introduction, Revision, Removal

Replacement

49450 Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

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(For percutaneous replacement of gastrostomy tube with removal when performed without imaging or endoscopy, see 43762, 43763)

The article, "Gastrostomy Tube Replacement Without Imaging or Endoscopic Guidance" in the February 2019 issue of CPT® Assistant (p 5) provided the following instruction on when to report code 43762 vs code 43763:

Gastrostomy tubes (G-tubes) may be inadvertently removed if traction is placed on the tube. Inadvertent G-tube removal is a common complication, usually occurring in combative or confused patients who pull on the tube. If the gastrostomy tract has had time to mature (eg, at least four-weeks old), and the G-tube has not been removed for more than four to six hours, a replacement tube may be placed through the same gastrostomy tract. Removal and replacement may also be scheduled for a clogged tube. These procedures are straightforward and would be reported with code 43762. For some patients, however, replacing a G-tube is more complicated, such as when a gastrostomy tract has not matured or when the G-tube has been out for many hours. In such situations, the tract may be difficult to access and require dilation and guidewires to place a new tube. Another example is when gastric contents have leaked and there is maceration, ulceration, or necrosis of the surrounding skin that requires debridement and management of a larger-than-normal gastrostomy tract for tube replacement. Pressure necrosis of the underlying skin also complicates G-tube replacement. These procedures are more complicated and require more physician work than the straightforward procedures described by code 43762. These more complicated procedures would be reported with code 43763.

This guidance indicates that complicated G-tube replacements may appropriately be reported with code 43763. However, a G-tube replacement that only requires debridement or treatment of surrounding skin complications is reported with code 43762 not with code 43763. To be clear, tract revision must be performed in order to report code 43763. The following clinical examples and procedural descriptions reflect typical clinical scenarios for which each procedure would be appropriately reported.

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Clinical Example (43762)

A 76-year-old female suffering from significant malnutrition previously required placement of a percutaneous gastrostomy tube. The gastrostomy catheter has become clogged; attempts to establish luminal patency have been unsuccessful. The physician is requested to remove the obstructed gastrostomy catheter and replace it.

Description of Procedure (43762)

Examine existing tube site. Deflate balloon as appropriate. Remove existing gastrostomy tube by traction. Test, insert, and fill a new balloon tube to specification. Pull back the tube, and secure and check for patency.

Clinical Example (43763)

A patient with severe neurological deficit and high risk for aspiration required placement of a gastrostomy tube. The patient inadvertently dislodged the tube, but this was not recognized until the next day. The gastrostomy tube replacement requires revision of the gastrostomy tract.

Description of Procedure (43763)

Under anesthesia, as required, examine existing tube site and cleanse and debride skin at the abdominal wall as necessary. First probe the insertion site with a hemostat and/or a guidewire to assure that the stomach can be accessed. Open the strictured insertion tract using a scalpel followed by sequential dilators through the strictured tract to provide an adequate lumen to allow replacement of a new gastrostomy tube into the stomach through the original abdominal wall and gastric site openings. Once the new tube is inserted, aspiration is performed through the tube for gastric contents to confirm appropriate position in the stomach. Next, the tube balloon is inflated and pulled back to the appropriate position and secured to the abdominal wall. Final wound closure of the debrided abdominal wall is then performed as necessary. When indicated, water-soluble contrast is injected through the tube and a

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plain film of the abdomen is obtained and reviewed to confirm proper placement of the tube into the stomach and that no leakage into the abdominal cavity occurs.

Additional G-Tube Replacement Codes

Two additional codes may be reported for G-tube replacement. Endoscopic G-tube replacement is reported with code 43246. This code does not specify whether the procedure is an initial G-tube placement or the replacement of a G-tube—the same code is reported in both scenarios. Note that endoscopic G-tube replacement described by code 43246 includes the removal of a G-tube when performed, which may not be separately reported. The percutaneous replacement of a G-tube under fluoroscopic guidance is reported with code 49450. Imaging guidance is not separately reported.

In summary, four codes may be reported for the replacement of a G-tube. Table 1 outlines the criteria that apply to each code.

Table 1. G-Tube Replacement Codes

CPT Code	Approach	Tract Revision?	Imaging Separately Reportable?
43246	Endoscopy	Does not apply	No
43762	Percutaneous	No	Does not apply
43763	Percutaneous	Yes	Does not apply
49450	Percutaneous	Does not apply	No

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