

# 2026 Coding and Billing Guide

## Physician Payment

Qualifying APM (QP)

Non-Qualifying APM (Non-QP)

CPT Code	Official	Medicare 2026 Physician Rate Non-Facility	Medicare 2026 Physician Rate Non-Facility	Medicare 2026 Physician Rate Non-Facility	Medicare 2026 Physician Rate Non-Facility
91110	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus through ileum, with interpretation and report.	\$806.96	N/A 91110-26 = \$118.49	\$802.96	N/A 91110-26 = \$117.91
91111	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with interpretation and report.	\$962.72	N/A 91110-26 = \$48.00	\$957.94	N/A 91110-26 = \$47.76
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report.	\$1,777.40	N/A 91110-26 = \$111.44	\$1,768.58	N/A 91110-26 = \$110.89

### Setting

Non-Facility = Physician Office

Facility = Hospital Outpatient, ASC, etc.

All procedures are comprised of a Professional Component (PC) and Technical Component (TC), eg. TC would be for administering and collecting the GI tract imaging data and PC would be for the physician interpretation, documentation, and diagnosis. Medicare is presuming that these procedures are predominantly done in the Non-facility setting, and therefore if done in a Facility setting, modifier -26 (Professional Component only) would be required for physician payment. There is no Medicare payment for the Technical Component (modifier -TC) in the Facility setting, as this would be paid for already under the APC assignment. >5 years too.

### CPT Procedure Codes

**T:** Procedure or Service, Multiple Procedure Reduction Applies. Paid under OPPS; separate APC payment.

**Z2:** Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS relative payment weight.

\*Note: Applicable to all 3 codes

Coding and payment information contained herein is intended for informative purposes. It is the provider's responsibility to determine and submit the appropriate codes, billing amounts, and modifiers for services provided.



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## Facility Payment

CPT Code	Official	APC	HOPD Setting	ASC Setting
			Medicare 2026 HOPD Rate Payment Indicator	Medicare 2026 ASC Rate
91110	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus through ileum, with interpretation and report.	<b>5301 – Level 1 Upper GI Procedures</b>  Given all procedures are grouped into the same APC (5301), facility payment for each of these procedures will be the same in each setting of care (HOPD vs. ASC).	<b>\$926.63</b>	<b>\$497.85</b>
91111	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with interpretation and report.			
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report.			

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To speak with a certified coding and billing professional please contact the NaviCam Hotline Program with any questions.

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