



2023 Coding & Payment Quick Reference

Select Gastroenterology (GI) Stenting Procedures

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

The following codes are thought to be relevant to GI Stenting procedures and are referenced throughout this guide.

All rates shown are 2023 Medicare national averages; actual rates will vary geographically and/or by individual facility.

Medicare Physician, Hospital Outpatient, and ASC Payments

APC	CPT® Code ¹	Code Description	Work	RVUs			2023 Medicare National Average Payment			
				Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC	
Biliary Stenting										
5331†:±	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	8.48	NA	13.53	NA	\$458	\$5,241	\$2,970	
5303†	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	6.86	NA	11.00	NA	\$373	\$3,261	\$1,501	
5331†:±	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	8.84	NA	14.09	NA	\$477	\$5,241	\$2,987	
Esophageal Stenting										
5331†:±	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	3.40	NA	5.58	NA	\$189	\$5,241	\$3,519	
5331†:±	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	3.92	NA	6.38	NA	\$216	\$5,241	\$3,607	
Colonic and Duodenal Stenting										
5331†:±	44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes pre-dilation)	4.69	NA	7.82	NA	\$265	\$5,241	\$3,913	
5331†	44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes pre-dilation)	7.36	NA	11.97	NA	\$406	\$5,241	\$2,273	
5303†	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2.85	NA	4.55	NA	\$154	\$3,261	\$1,501	
5331†:±	44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	4.70	NA	7.67	NA	\$260	\$5,241	\$3,828	
5331†:±	45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes pre-dilation)	1.90	NA	3.47	NA	\$118	\$5,241	\$3,653	
5331†:±	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2.72	NA	4.51	NA	\$153	\$5,241	\$3,677	
5331†:±	45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	5.24	NA	8.51	NA	\$288	\$5,241	\$3,691	

Medicare Physician, Hospital Outpatient, and ASC Payments

APC	CPT® Code ¹	Code Description	Work	RVUs		2023 Medicare National Average Payment			
				Total Office	Total Facility	Physician ^{†, 2}		Facility ³	
						In-Office	In-Facility	Hospital Outpatient	ASC
Foreign Body Removal									
5302†	43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	3.51	NA	5.72	NA	\$194	\$1,742	\$752
5302†	43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.44	11.85	4.15	\$402	\$141	\$1,742	\$752
5301	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.11	11.53	5.19	\$391	\$176	\$826	\$430
5303†	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	6.86	NA	11.00	NA	\$373	\$3,261	\$1,501
5302†	44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	3.39	NA	5.62	NA	\$190	\$1,742	\$752
5313†	45307	Proctosigmoidoscopy, rigid; with removal of foreign body	1.60	6.48	2.98	\$220	\$101	\$2,569	\$1,235
5312	45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	8.33	3.08	\$282	\$104	\$1,083	\$564
5312	45379	Colonoscopy, flexible; with removal of foreign body(s)	4.28	13.05	7.00	\$442	\$237	\$1,083	\$564

Medicare Hospital Inpatient Coding – Select Procedures

One of the following ICD-10 PCS Procedure Codes may be used to report the procedure:

ICD-10 PCS Code	ICD-10 PCS Description
0F758DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F768DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F778DZ	Dilation of Common Hepatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F778ZZ	Dilation of Common Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0F788DZ	Dilation of Cystic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F798DZ	Dilation of Common Bile Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F7C8DZ	Dilation of Ampulla of Vater with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F7D8DZ	Dilation of Pancreatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F7F8DZ	Dilation of Accessory Pancreatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0FHB8DZ	Insertion of Intraluminal Device into Hepatobiliary Duct, Via Natural or Artificial Opening Endoscopic
0FHD8DZ	Insertion of Intraluminal Device into Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FC58ZZ	Extirpation of Matter from Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FC68ZZ	Extirpation of Matter from Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FC78ZZ	Extirpation of Matter from Common Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FC88ZZ	Extirpation of Matter from Cystic Duct, Via Natural or Artificial Opening Endoscopic
0FC98ZZ	Extirpation of Matter from Common Bile Duct, Via Natural or Artificial Opening Endoscopic
0FCC8ZZ	Extirpation of Matter from Ampulla of Vater, Via Natural or Artificial Opening Endoscopic
0FCD8ZZ	Extirpation of Matter from Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FCF8ZZ	Extirpation of Matter from Accessory Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FPB8DZ	Removal of Intraluminal Device from Hepatobiliary Duct, Via Natural or Artificial Opening Endoscopic
0FPD8DZ	Removal of Intraluminal Device from Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0D718DZ	Dilation of Upper Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D728DZ	Dilation of Middle Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D738DZ	Dilation of Lower Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D748DZ	Dilation of Esophagogastric Junction with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D758DZ	Dilation of Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DH58DZ	Insertion of Intraluminal Device into Esophagus, Via Natural or Artificial Opening Endoscopic
0D768DZ	Dilation of Stomach with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D778DZ	Dilation of Stomach, Pylorus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic

Medicare Hospital Inpatient Coding – Select Procedures

One of the following ICD-10 PCS Procedure Codes may be used to report the procedure:

ICD-10 PCS Code	ICD-10 PCS Description
0D798DZ	Dilation of Duodenum with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DH68DZ	Insertion of Intraluminal Device into Stomach, Via Natural or Artificial Opening Endoscopic
0DH98DZ	Insertion of Intraluminal Device into Duodenum, Via Natural or Artificial Opening Endoscopic
0DH88DZ	Insertion of Intraluminal Device into Small Intestine, Via Natural or Artificial Opening Endoscopic
0DHB8DZ	Insertion of Intraluminal Device into Ileum, Via Natural or Artificial Opening Endoscopic
0DHE8DZ	Insertion of Intraluminal Device into Large Intestine, Via Natural or Artificial Opening Endoscopic
0DHP8DZ	Insertion of Intraluminal Device into Rectum, Via Natural or Artificial Opening Endoscopic
0DC18ZZ	Extirpation of Matter from Upper Esophagus, Via Natural or Artificial Opening Endoscopic
0DC28ZZ	Extirpation of Matter from Middle Esophagus, Via Natural or Artificial Opening Endoscopic
0DC38ZZ	Extirpation of Matter from Lower Esophagus, Via Natural or Artificial Opening Endoscopic
0DC58ZZ	Extirpation of Matter from Esophagus, Via Natural or Artificial Opening Endoscopic
0DC48ZZ	Extirpation of Matter from Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic
0DC68ZZ	Extirpation of Matter from Stomach, Via Natural or Artificial Opening Endoscopic
0DC78ZZ	Extirpation of Matter from Stomach, Pylorus, Via Natural or Artificial Opening Endoscopic
0DC88ZZ	Extirpation of Matter from Small Intestine, Via Natural or Artificial Opening Endoscopic
0DC98ZZ	Extirpation of Matter from Duodenum, Via Natural or Artificial Opening Endoscopic
0DCA8ZZ	Extirpation of Matter from Jejunum, Via Natural or Artificial Opening Endoscopic
0DCN8ZZ	Extirpation of Matter from Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0DCP8ZZ	Extirpation of Matter from Rectum, Via Natural or Artificial Opening Endoscopic
0DCC8ZZ	Extirpation of Matter from Ileocecal Valve, Via Natural or Artificial Opening Endoscopic
0DCE8ZZ	Extirpation of Matter from Large Intestine, Via Natural or Artificial Opening Endoscopic
0DCF8ZZ	Extirpation of Matter from Right Large Intestine, Via Natural or Artificial Opening Endoscopic
0DCG8ZZ	Extirpation of Matter from Left Large Intestine, Via Natural or Artificial Opening Endoscopic
0DCH8ZZ	Extirpation of Matter from Cecum, Via Natural or Artificial Opening Endoscopic
0DCK8ZZ	Extirpation of Matter from Ascending Colon, Via Natural or Artificial Opening Endoscopic
0DCL8ZZ	Extirpation of Matter from Transverse Colon, Via Natural or Artificial Opening Endoscopic
0DCM8ZZ	Extirpation of Matter from Descending Colon, Via Natural or Artificial Opening Endoscopic

Medicare Hospital Inpatient Payment

MS-DRG assignment is based on a combination of diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG. MS-DRGs resulting from inpatient stenting procedures may include (but are not limited to):

MS-DRG	Description	Inpatient Hospital Medicare National Average Payment ⁴
329	Major Small & Large Bowel Procedures with MCC ⁵	\$31,714
330	Major Small & Large Bowel Procedures with CC ⁵	\$16,843
331	Major Small & Large Bowel Procedures without CC/MCC	\$11,722
374	Digestive Malignancy with MCC ⁵	\$13,673
375	Digestive Malignancy with CC ⁵	\$8,263
376	Digestive Malignancy without CC/MCC	\$6,021
391	Esophagitis, Gastroent, & Misc Digest Disorders with MCC ⁵	\$8,808
392	Esophagitis, Gastroent, & Misc Digest Disorders without MCC	\$5,403
377	GI Hemorrhage with MCC ⁵	\$12,196
378	GI Hemorrhage with CC ⁵	\$6,757
379	GI Hemorrhage without CC/MCC	\$4,348
405	Pancreas, liver and shunt procedures with MCC ⁵	\$38,015
406	Pancreas, liver and shunt procedures with CC ⁵	\$20,096
407	Pancreas, liver and shunt procedures without CC/MCC	\$15,267

See important notes on the uses and limitations of this information on page 5.

Medicare Hospital Inpatient Payment (Continued)

MS-DRG	Description	Inpatient Hospital Medicare National Average Payment ⁴
432	Cirrhosis & alcoholic hepatitis with MCC ⁵	\$12,952
433	Cirrhosis & alcoholic hepatitis with CC ⁵	\$7,133
434	Cirrhosis & alcoholic hepatitis without CC/MCC	\$4,306
435	Malignancy of hepatobiliary system or pancreas with MCC ⁵	\$11,992
436	Malignancy of hepatobiliary system or pancreas with CC ⁵	\$7,548
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,802

C-Code Information

For all C-Code information, please reference the [C-Code Finder](#).

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

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† Comprehensive APCs (C-APCs): In 2014, CMS implemented their C-APC policy with the goal of identifying certain high-cost device-related outpatient procedures (formerly "device intensive" APCs). CMS has fully implemented this policy and has identified these high-cost, device-related services as the primary service on a claim. All other services reported on the same date will be considered "adjunctive, supportive, related or dependent services" provided to support the delivery of the primary service and will be unconditionally packaged into the OPPS C-APC payment of the primary service with minor exceptions.

± Device Intensive ASC Payment Indicator (Addendum AA)

‡ The 2023 National Average Medicare physician payment rates have been calculated using a 2023 conversion factor of \$33.8872. Rates subject to change.

NA "NA" indicates that there is no in-office differential for these codes.

N/A Medicare has not developed a rate for the ASC setting as the procedure is typically performed in the hospital setting.

WallFlex™, Percuflex™ C-Flex™ and Flexima™ Biliary RX Stent Systems as well as WALLSTENT™ Biliary Endoprotheses are not FDA-cleared for use in the pancreatic ducts.

1. Current Procedural Rate (CPT) 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
2. Centers for Medicare and Medicaid Services. CMS Physician Fee Schedule - January 2023 release [CMS-1770-F | CMS](#).
3. Center for Medicare and Medicaid Services. CMS Hospital Outpatient and Ambulatory Surgery Center Payment Schedules - January 2023 release, [CMS-1772-FC | CMS](#).
4. National average (wage index greater than one) DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$6,859.50).
5. The patient's medical record must support the existence and treatment of the complication or comorbidity.



Effective: 1JAN2023
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SEQUESTRATION DISCLAIMER: Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates.