2023 Coding & Payment Quick Reference

Select Percutaneous Endoscopy 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 Percutaneous Endoscopic procedures performed in the hepatobiliary system 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

			RVUs			2023 Medicare National Average Payment			
						Physician[‡, 2]		Facility[3]	
APC	CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Percutaneous Biliary Access									
5341	47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	4.76	NA	9.83	NA	$333	$3,542	N/A
5341	47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	1.30	12.85	2.05	$436	$69	$3,542	$0
5341	47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (e.g., percutaneous transhepatic cholangiogram)	4.25	25.33	6.14	$858	$208	$3,542	$0
5341	47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	5.38	35.27	7.70	$1,195	$261	$3,542	$1,666
5341	47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	7.60	38.63	10.76	$1,309	$365	$3,542	$1,666
5341	47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation	3.95	26.86	5.71	$910	$193	$3,542	$1,666
5341	47536	Exchange of biliary drainage catheter (e.g., external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation	2.61	19.26	3.83	$653	$130	$3,542	$1,666
5301	47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (e.g., with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation	1.84	14.92	2.82	$506	$96	$826	$430
Percutaneous Biliary Stent(s) and Drain Placement									
5361[†,±]	47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	4.75	114.27	6.82	$3,872	$231	$5,212	$3,559
5361[†,±]	47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	8.75	127.38	12.37	$4,317	$419	$5,212	$3,526

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

Medicare Physician, Hospital Outpatient, and ASC Payments

APC	CPT® Code[1]	Code Description	RVUs Work	RVUs Total Office	RVUs Total Facility	2023 Medicare National Average Payment Physician[‡, 2] In-Office	Physician[‡, 2] In-Facility	Facility[3] Hospital Outpatient	Facility[3] ASC
Percutaneous Biliary Stent(s) and Drain Placement (Cont.)									
5361†,±	47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (e.g., external, or internal-external)	9.03	128.51	12.77	$4,355	$433	$5,212	$3,633
5341†	47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (e.g., rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	6.75	35.09	9.79	$1,189	$332	$3,542	$1,666
NA	+47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	2.85	15.07	3.96	$511	$134	$0	$0
NA	+47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (e.g., brush, forceps, and/or needle), including imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	3.00	11.82	4.18	$401	$142	$0	$0
NA	+47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (e.g., mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	3.28	25.31	4.55	$858	$154	$0	$0
Endoscopy (Diagnostic and Surgical)									
NA	+47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	3.02	NA	4.86	NA	$165	$0	N/A
5341†	+47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)	6.03	NA	8.13	NA	$276	$3,542	$1,666
5341†,±	47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	6.34	NA	8.16	NA	$277	$3,542	$2,141
5361†,±	47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	9.05	NA	13.15	NA	$446	$5,212	$3,272
5341†,±	47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	7.55	NA	9.71	NA	$329	$3,542	$2,223
5361†±	47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	8.55	NA	11.00	NA	$373	$5,212	$3,700

+CPT Code 47550 is an Add-On code and must be reported with a primary procedure. CMS categorizes this code as a "Type II Add-on Code". Type II Add-on codes do not have a defined set of primary procedure codes identified by AMA CPT. CMS indicates the primary procedures are "Contractor Defined" and therefore may vary among Medicare Administrative Carriers (MACs) and private payers.

NOTE: CPT Add-On Code +47550 (Choledochoscopy) has been removed from the "*Inpatient Procedures Only List*", *effective January 1, 2023*. Hospitals and ASCs will no longer receive denials due to an outpatient place of service.

C-Code Information

For all C-Code information, please reference the C-Code Finder.

Code[1]	Description	Product Name
C1726	Catheter, balloon dilation, non-vascular	SpyGlass™ Discover Balloon Dilation Catheter
C1769	Guidewire	SpyGlass™ Discover Jagwire™ Guidewire
C1889	Implantable/insertable device, not otherwise classified	
		SpyGlass™ Discover Imager™ II IOC Catheter
		SpyGlass™ Discover Retrieval Basket
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser	Super Sheath CBDE

[1]Suggested Revenue Code for use with C-Code C1889 = 0278 Medical/Surgical Supplies and Devices-Other Implants.

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

Medicare Hospital Inpatient Coding - Select Procedures

ICD-10 PCS Code	ICD-10-PCS Description
0F2BX0Z	Change Drainage Device in Hepatobiliary Duct, External Approach
0F753DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Percutaneous Approach
0F753ZZ	Dilation of Right Hepatic Duct, Percutaneous Approach
0F754DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F754ZZ	Dilation of Right Hepatic Duct, Percutaneous Endoscopic Approach
0F763DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Percutaneous Approach
0F763ZZ	Dilation of Left Hepatic Duct, Percutaneous Approach
0F764DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F764ZZ	Dilation of Left Hepatic Duct, Percutaneous Endoscopic Approach
0F773DZ	Dilation of Common Hepatic Duct with Intraluminal Device, Percutaneous Approach
0F773ZZ	Dilation of Common Hepatic Duct, Percutaneous Approach
0F774DZ	Dilation of Common Hepatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F774ZZ	Dilation of Common Hepatic Duct, Percutaneous Endoscopic Approach
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
0F783DZ	Dilation of Cystic Duct with Intraluminal Device, Percutaneous Approach
0F783ZZ	Dilation of Cystic Duct, Percutaneous Approach
0F784DZ	Dilation of Cystic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F784ZZ	Dilation of Cystic Duct, Percutaneous Endoscopic Approach
0F793DZ	Dilation of Common Bile Duct with Intraluminal Device, Percutaneous Approach
0F793ZZ	Dilation of Common Bile Duct, Percutaneous Approach
0F794DZ	Dilation of Common Bile Duct with Intraluminal Device, Percutaneous Endoscopic Approach
0F794ZZ	Dilation of Common Bile Duct, Percutaneous Endoscopic Approach
0F7C3ZZ	Dilation of Ampulla of Vater, Percutaneous Approach
0F9430Z	Drainage of Gallbladder with Drainage Device, Percutaneous Approach
0F9530Z	Drainage of Right Hepatic Duct with Drainage Device, Percutaneous Approach
0F9630Z	Drainage of Left Hepatic Duct with Drainage Device, Percutaneous Approach
0F9730Z	Drainage of Common Hepatic Duct with Drainage Device, Percutaneous Approach
0F9830Z	Drainage of Cystic Duct with Drainage Device, Percutaneous Approach
0F9930Z	Drainage of Common Bile Duct with Drainage Device, Percutaneous Approach
0FB44ZX	Excision of Gallbladder, Percutaneous Endoscopic Approach, Diagnostic
0FB53ZX	Excision of Right Hepatic Duct, Percutaneous Approach, Diagnostic
0FB54ZX	Excision of Right Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FB63ZX	Excision of Left Hepatic Duct, Percutaneous Approach, Diagnostic
0FB64ZX	Excision of Left Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FB73ZX	Excision of Common Hepatic Duct, Percutaneous Approach, Diagnostic
0FB74ZX	Excision of Common Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FB83ZX	Excision of Cystic Duct, Percutaneous Approach, Diagnostic
0FB84ZX	Excision of Cystic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FB93ZX	Excision of Common Bile Duct, Percutaneous Approach, Diagnostic
0FC43ZZ	Extirpation of Matter from Gallbladder, Percutaneous Approach
0FC44ZZ	Extirpation of Matter from Gallbladder, Percutaneous Endoscopic Approach
0FC53ZZ	Extirpation of Matter from Right Hepatic Duct, Percutaneous Approach
0FC54ZZ	Extirpation of Matter from Right Hepatic Duct, Percutaneous Endoscopic Approach
0FC63ZZ	Extirpation of Matter from Left Hepatic Duct, Percutaneous Approach
0FC64ZZ	Extirpation of Matter from Left Hepatic Duct, Percutaneous Endoscopic Approach
0FC73ZZ	Extirpation of Matter from Common Hepatic Duct, Percutaneous Approach
0FC74ZZ	Extirpation of Matter from Common Hepatic Duct, Percutaneous Endoscopic Approach
0FC83ZZ	Extirpation of Matter from Cystic Duct, Percutaneous Approach
0FC84ZZ	Extirpation of Matter from Cystic Duct, Percutaneous Endoscopic Approach
0FC93ZZ	Extirpation of Matter from Common Bile Duct, Percutaneous Approach
0FC94ZZ	Extirpation of Matter from Common Bile Duct, Percutaneous Endoscopic Approach
0FD44ZX	Extraction of Gallbladder, Percutaneous Endoscopic Approach, Diagnostic
0FD53ZX	Extraction of Right Hepatic Duct, Percutaneous Approach, Diagnostic
0FD54ZX	Extraction of Right Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic

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

Medicare Hospital Inpatient Coding - Select Procedures

ICD-10 PCS Code	ICD-10-PCS Description
0FD63ZX	Extraction of Left Hepatic Duct, Percutaneous Approach, Diagnostic
0FD64ZX	Extraction of Left Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FD73ZX	Extraction of Common Hepatic Duct, Percutaneous Approach, Diagnostic
0FD74ZX	Extraction of Common Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FD83ZX	Extraction of Cystic Duct, Percutaneous Approach, Diagnostic
0FD84ZX	Extraction of Cystic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FD93ZX	Extraction of Common Bile Duct, Percutaneous Approach, Diagnostic
0FD94ZX	Extraction of Common Bile Duct, Percutaneous Endoscopic Approach, Diagnostic
0FHB4DZ	Insertion of Intraluminal Device into Hepatobiliary Duct, Percutaneous Endoscopic Approach
0FJ44ZZ	Inspection of Gallbladder, Percutaneous Endoscopic Approach
0FJB4ZZ	Inspection of Hepatobiliary Duct, Percutaneous Endoscopic Approach
0FPBX0Z	Removal of Drainage Device from Hepatobiliary Duct, External Approach
BF000ZZ	Plain Radiography of Bile Ducts using High Osmolar Contrast
BF001ZZ	Plain Radiography of Bile Ducts using Low Osmolar Contrast
BF00YZZ	Plain Radiography of Bile Ducts using Other Contrast
BF030ZZ	Plain Radiography of Gallbladder and Bile Ducts using High Osmolar Contrast
BF031ZZ	Plain Radiography of Gallbladder and Bile Ducts using Low Osmolar Contrast
BF03YZZ	Plain Radiography of Gallbladder and Bile Ducts using Other Contrast
BF0C0ZZ	Plain Radiography of Hepatobiliary System, All using High Osmolar Contrast
BF0C1ZZ	Plain Radiography of Hepatobiliary System, All using Low Osmolar Contrast
BF0CYZZ	Plain Radiography of Hepatobiliary System, All using Other Contrast
BF100ZZ	Fluoroscopy of Bile Ducts using High Osmolar Contrast
BF101ZZ	Fluoroscopy of Bile Ducts using Low Osmolar Contrast
BF10YZZ	Fluoroscopy of Bile Ducts using Other Contrast
BF110ZZ	Fluoroscopy of Biliary and Pancreatic Ducts using High Osmolar Contrast
BF111ZZ	Fluoroscopy of Biliary and Pancreatic Ducts using Low Osmolar Contrast
BF11YZZ	Fluoroscopy of Biliary and Pancreatic Ducts using Other Contrast
BF130ZZ	Fluoroscopy of Gallbladder and Bile Ducts using High Osmolar Contrast
BF131ZZ	Fluoroscopy of Gallbladder and Bile Ducts using Low Osmolar Contrast
BF13YZZ	Fluoroscopy of Gallbladder and Bile Ducts using Other Contrast

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 percutaneous endoscopy procedures may include (but are not limited to):

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment[4]
356	Other Digestive System O.R. Procedures with MCC[5]	$28,964
357	Other Digestive System O.R. Procedures with CC[5]	$15,408
358	Other Digestive System O.R. Procedures without CC/MCC	$9,515
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
408	Biliary Tract Procedures Except Only Cholecystectomy with or without C.D.E. with MCC[5]	$25,171
409	Biliary Tract Procedures Except Only Cholecystectomy with or without C.D.E. with CC[5]	$14,620
410	Biliary Tract Procedures Except Only Cholecystectomy with or without C.D.E. without CC/MCC	$11,645
411	Cholecystectomy with C.D.E. with MCC[5]	$23,173
412	Cholecystectomy with C.D.E. with CC[5]	$15,747
413	Cholecystectomy with C.D.E. without CC/MCC	$11,115
420	Hepatobiliary Diagnostic Procedures with MCC[5]	$22,370
421	Hepatobiliary Diagnostic Procedures with CC[5]	$12,427
422	Hepatobiliary Diagnostic Procedures without CC/MCC	$9,505

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

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): CMS implemented their C-APC policy with the goal of identifying certain high-cost device-related outpatient procedures (formerly "device intensive" APCs). CMS identifies 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. Certain exceptions are defined under CMS's C-APC "complexity adjustment" policy and can be found in the OPPS Addenda files (Addendum J).

± 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.

\+ Add-on codes are always listed in addition to the primary procedure code.

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.

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Effective: 1JAN2023
Expires: 31DEC2023
MS-DRG Rates Expire: 30SEP2023
ENDO-926001-AD