

2009 CODING & PAYMENT QUICK REFERENCE

MEDICARE PHYSICIAN, HOSPITAL OUTPATIENT and ASC PAYMENTS

CPT® Code ¹	Code Description	Physician ²		Facility ³	
		MD Payment In-office	MD Payment In-facility	Hospital Outpatient Payment	ASC Payment
Diagnostic					
43260	ERCP; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	NA*	\$336	\$1,449	\$660
Therapeutic					
43261	ERCP; with biopsy, single or multiple	NA*	\$354	\$1,449	\$660
43262	ERCP; with sphincterotomy/papillotomy	NA*	\$415	\$1,449	\$660
43263	ERCP; with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)	NA*	\$411	\$1,449	\$660
43264	ERCP; with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts	NA*	\$499	\$1,449	\$660
43265	ERCP; endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method	NA*	\$560	\$1,449	\$660
43267	ERCP; endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	NA*	\$414	\$1,449	\$660
43271	ERCP; endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	NA*	\$415	\$1,449	\$660
43272	ERCP; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	NA*	\$414	\$1,449	\$660
Stenting					
43268	ERCP; with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct ⁴	NA*	\$421	\$1,698	\$736
43269	ERCP; with endoscopic retrograde removal of foreign body and/or change of tube or stent ⁴	NA*	\$461	\$1,698	\$736

Fluoroscopy is often performed in conjunction with ERCP procedures. Possible CPT Codes include the following:

CPT® Code ¹	Code Description	Physician ²		Facility ³	
		MD Payment In-office	MD Payment In-facility	Hospital Outpatient Payment	ASC Facility Payment
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation.	\$36**	\$36**	No additional payment***	No additional payment***
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation.	\$36**	\$36**	No additional payment***	No additional payment***
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation.	\$46**	\$46**	No additional payment***	No additional payment***

*NA= Medicare has not developed a MD rate for the In-Office setting as the procedure is typically performed in the hospital setting. If the contractor determines the service can be performed in-office, it will be paid at the MD In-facility rate.

** When submitting one of the above mentioned radiology codes, physicians should bill with the -26 modifier to denote the professional component.

***No additional payment will be made to the facility, as the payment for the radiology service is packaged into the ERCP payment rate.

¹Source: Beebe et al. (2008). *CPT®2009 Professional Edition*. Chicago: American Medical Association. CPT® is a registered trademark of American Medical Association. All Rights Reserved.

²Source: November 19, 2008 Federal Register. MD payments calculated using the 2009 conversion factor of \$36.066.

³Source: November 18, 2008 Federal Register.

⁴Wallflex®, Percuflex® C-Flex® and Flexima® Biliary RX Stent Systems as well as Wallstent® Biliary Endoprostheses are not FDA- cleared for use in the pancreatic ducts. Boston Scientific does not have a biliary stenting device that is FDA- cleared for use in the pancreatic ducts.

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MEDICARE HOSPITAL INPATIENT

- Effective October 1, 2007, the Center for Medicare and Medicaid Services (CMS) replaced the Diagnosis Related Groups (DRG) System with the Medicare Severity DRG (MS-DRG) classification system to recognize severity of illness among patients. The new system, which will be phased in over a two-year period, expands the current list of 538 DRGs to a new list of 745 "severity-adjusted" DRGs.
- MS-DRGs used in connection with endoscopic biliary devices may include (but are not limited to):

MS-DRG	Description	Hospital Inpatient Payment ⁵
435	Malignancy of hepatobiliary system or pancreas with Major Complication or Comorbidity (MCC ⁶)	\$9,553
436	Malignancy of hepatobiliary system or pancreas with Complication or Comorbidity (CC ⁶)	\$6,619
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,292
438	Disorders of pancreas except malignancy with MCC ⁶	\$9,447
439	Disorders of pancreas except malignancy with CC ⁶	\$5,686
440	Disorders of pancreas except malignancy without CC/MCC	\$3,874
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC ⁶	\$9,239
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC ⁶	\$5,458
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	\$3,877
444	Disorders of the biliary tract with MCC ⁶	\$8,653
445	Disorders of the biliary tract with CC ⁶	\$5,769
446	Disorders of the biliary tract without CC/MCC	\$4,015

⁵National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5552.58). Source: October 3, 2008 Federal Register

⁶The patient's medical record must support the existence and treatment of the complication or comorbidity.

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