

2009 Coding and Payment Quick Reference

The American Medical Association has approved a new CPT® Code for cholangioscopy that will become effective January 1, 2009. The following add-on code can be used to report for cholangioscopy procedures using the SpyGlass® Direct Visualization System.

CPT Code 43273: Endoscopic cannulation of papilla with direct visualization of common bile duct(s)³
(List separately in addition to code(s) for primary procedure)

MEDICARE PHYSICIAN PAYMENT

| CPT® Code ¹ | Code Description | ERCP MD Payment In-Facility ² | | Cholangioscopy (CPT 43273) MD Payment In-Facility ² | TOTAL MD Payment In-Facility ² |
|------------------------|---|--|---|--|---|
| Diagnostic | | | | | |
| 43260 | ERCP; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | \$336 | + | \$125 | = \$461 |
| Therapeutic | | | | | |
| 43261 | ERCP; with biopsy, single or multiple | \$354 | + | \$125 | = \$479 |
| 43262 | ERCP; with sphincterotomy/papillotomy | \$415 | + | \$0 ³ | = \$415 |
| 43263 | ERCP; with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct) | \$411 | + | \$125 | = \$536 |
| 43264 | ERCP; with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts | \$499 | + | \$125 | = \$624 |
| 43265 | ERCP; endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method | \$560 | + | \$125 | = \$685 |
| 43267 | ERCP; endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube | \$414 | + | \$125 | = \$539 |
| 43271 | ERCP; endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s) | \$415 | + | \$125 | = \$540 |
| 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 | \$414 | + | \$125 | = \$539 |
| Stenting | | | | | |
| 43268 | ERCP; with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct ⁴ | \$421 | + | \$125 | = \$546 |
| 43269 | ERCP; with endoscopic retrograde removal of foreign body and/or change of tube or stent ⁴ | \$461 | + | \$125 | = \$586 |

¹Source: Beebe et al. (2007). *CPT®2008 Professional Edition*. Chicago: American Medical Association. CPT® is a registered trademark of American Medical Association. All Rights Reserved.

²MD payments calculated using the 2009 conversion factor of \$36.066. CMS PFS 2009 Addendum B Final Rule October 30, 2008.

³No additional payment for cholangioscopy 43262 when billed alone without other therapeutic ERCP codes.

⁴SpyGlass® Direct Visualization System is not FDA- cleared for use in the pancreatic ducts. Boston Scientific does not have a SpyGlass® Direct Visualization System device that is FDA- cleared for use in the pancreatic ducts

Important - Please Note: Reimbursement information provided by Boston Scientific Corporation (BSC) is gathered from third-party sources and is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice, and BSC makes no representation or warranty regarding this information or its completeness, accuracy or timeliness. Laws, regulations and payer policies concerning reimbursement are complex and change frequently, and service providers are responsible for all decisions relating to coding and reimbursement submissions. Accordingly, BSC strongly recommends that you consult with your payers, reimbursement specialist and/or legal counsel regarding coding, coverage and reimbursement matters.

2009 Coding and Payment Quick Reference

MEDICARE HOSPITAL OUTPATIENT PAYMENT

| CPT® Code ¹ | Code Description | ERCP Hospital Outpatient Payment ² | | Cholangioscopy (CPT 43273) Hospital Outpatient Payment ² | TOTAL Hospital Outpatient Payment ² |
|------------------------|---|---|---|---|--|
| Diagnostic | | | | | |
| 43260 | ERCP; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | \$1,449 | + | \$724 | = \$2,173 |
| Therapeutic | | | | | |
| 43261 | ERCP; with biopsy, single or multiple | \$1,449 | + | \$724 | = \$2,173 |
| 43262 | ERCP; with sphincterotomy/papillotomy | \$1,449 | + | \$0** | = \$1,449 |
| 43263 | ERCP; with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct) | \$1,449 | + | \$724 | = \$2,173 |
| 43264 | ERCP; with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts | \$1,449 | + | \$724 | = \$2,173 |
| 43265 | ERCP; endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method | \$1,449 | + | \$724 | = \$2,173 |
| 43267 | ERCP; endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube | \$1,449 | + | \$724 | = \$2,173 |
| 43271 | ERCP; endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s) | \$1,449 | + | \$724 | = \$2,173 |
| 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 | \$1,449 | + | \$724 | = \$2,173 |
| Stenting | | | | | |
| 43268 | ERCP; with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct ⁴ | \$1,698 | + | \$724 | = \$2,422 |
| 43269 | ERCP; with endoscopic retrograde removal of foreign body and/or change of tube or stent ⁴ | \$1,698 | + | \$724 | = \$2,422 |

Per coding guidelines, it is possible for hospitals to bill for more than one ERCP CPT code to accurately represent the procedures performed. For one patient visit, highest paying ERCP code paid at 100%, each additional code paid at 50%.³

For example, if the physician performs an ERCP with sphincterotomy, then performs cholangioscopy and takes a biopsy during the cholangioscopy, the following codes may be reported:

| | | |
|--|--|----------------|
| CPT Code 43262: | ERCP; with sphincterotomy, papillotomy | \$1,449 |
| CPT Code 43273: | Endoscopic cannulation of papilla with direct visualization of common bile duct(s) | \$724 |
| CPT Code 43261: | ERCP; with biopsy, single or multiple | \$724 |
| TOTAL Hospital Outpatient Payment | | \$2,897 |

* When billed in addition to the primary ERCP code, payment for CPT Code 43273 will equal 50% of APC payment of \$1,449 (\$724).

** No additional payment for cholangioscopy 43262 when billed alone without other therapeutic ERCP codes

¹Source: Beebe et al. (2007). *CPT® 2008 Professional Edition*. Chicago: American Medical Association. CPT® is a registered trademark of American Medical Association. All Rights Reserved.

²Source: 2009 CMS Final OPSS Rule, October 30, 2008.

³General Surgery/Gastroenterology 2008 Coding Companion. Ingenix. p. 245-9.

⁴SpyGlass® Direct Visualization System is not FDA- cleared for use in the pancreatic ducts. Boston Scientific does not have a SpyGlass® Direct Visualization System device that is FDA- cleared for use in the pancreatic ducts.

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MEDICARE HOSPITAL INPATIENT PAYMENT *(Rates Effective October 1, 2008- September 30, 2009)*

One of the following ICD-9-CM Procedure Codes may be used to report the procedure.

| ICD-9 CM Procedure Codes | Code Description |
|--------------------------|---|
| 51.10 | Endoscopic retrograde cholangiopancreatography (ERCP) |
| 51.11 | Endoscopic retrograde cholangiography (ERC) |
| 51.14 | Other closed (endoscopic) biopsy of biliary duct or sphincter of Oddi |

- The Medicare Severity DRGs (MS-DRG) used in connection with the cholangioscopy procedure 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 |
| 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) DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5,552.58). 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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