

### 2009 CODING & PAYMENT QUICK REFERENCE

#### MEDICARE PHYSICIAN, HOSPITAL OUTPATIENT and ASC PAYMENTS

CPT® Code <sup>1</sup>	Code Description	Physician <sup>2</sup>		Facility <sup>3</sup>	
		MD Payment In-office	MD Payment In-facility	Hospital Outpatient Payment	ASC Facility Payment
<b>Tracheobronchial Stenting</b>					
31631	Bronchoscopy (rigid or flexible); with tracheal dilation and placement of tracheal stent	NA*	\$225	\$1,662	\$725
31636	Bronchoscopy; with tracheal/bronchial dilation and placement of bronchial stent, initial bronchus	NA*	\$220	\$1,662	\$725
31637	Bronchoscopy; with tracheal/bronchial dilation and placement of bronchial stent, each additional major bronchus (report separately in addition to code for primary procedure)	NA*	\$78	\$674	\$368
<b>Biliary Stenting</b>					
43268	ERCP; with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct <sup>4</sup>	NA*	\$421	\$1,698	\$736
43269	ERCP; with endoscopic retrograde removal of foreign body and/or change of tube or stent <sup>4</sup>	NA*	\$461	\$1,698	\$736
<b>Esophageal Stenting</b>					
43219	Esophagoscopy; with insertion of plastic tube or stent	NA*	\$168	\$1,698	\$681
<b>Colonic and Duodenal Stenting</b>					
43256	Upper GI endoscopy; with stent placement	NA*	\$246	\$1,698	\$767
44370	Small bowel endoscopy; with stent placement	NA*	\$278	\$1,698	\$1,172
44379	Small bowel endoscopy incl./ileum with stent placement	NA*	\$424	\$1,698	\$1,172
44383	Ileoscopy with stent placement	NA*	\$171	\$1,698	\$1,172
44397	Colonoscopy through stoma with stent placement	NA*	\$267	\$1,698	\$681
45327	Proctosigmoidoscopy; with stent placement	NA*	\$113	\$1,698	\$681
45345	Sigmoidoscopy; with stent placement	NA*	\$168	\$1,698	\$681
45387	Colonoscopy; with stent placement	NA*	\$334	\$1,698	\$681
<b>Foreign Body Removal (Stent Removal)</b>					
43215	Esophagoscopy, rigid or flexible; with removal of foreign body	NA*	\$148	\$572	\$337
43247	Upper gastrointestinal endoscopy; with removal of foreign body	NA*	\$194	\$572	\$392
43269	ERCP; with endoscopic retrograde removal of foreign body and/or change of tube or stent	NA*	\$461	\$1,698	\$736
44363	Small intestinal endoscopy not including ileum; with removal of foreign body	NA*	\$199	\$632	\$411
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	\$176	\$88	\$1,564	\$640
45332	Sigmoidoscopy, flexible; with removal of foreign body	\$261	\$105	\$371	\$259
45379	Colonoscopy; with removal of foreign body	\$468	\$261	\$594	\$399

\* NA = Medicare has not developed a 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.

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

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

<sup>3</sup>Source: November 18, 2008 Federal Register.

<sup>4</sup>Wallflex®, 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 resulting from inpatient GI stenting procedures may include (but are not limited to):

MS-DRG	Description	Hospital Inpatient Payment <sup>5</sup>
374	Digestive malignancy with Major Complication or Comorbidity (MCC <sup>6</sup> )	\$10,952
375	Digestive malignancy with Complication or Comorbidity (CC <sup>6</sup> )	\$6,965
376	Digestive malignancy without CC/MCC	\$4,897
388	GI obstruction with MCC <sup>6</sup>	\$8,555
389	GI obstruction with CC <sup>6</sup>	\$5,144
390	GI obstruction without CC/MCC	\$3,526
393	Other digestive system diagnoses with MCC <sup>6</sup>	\$8,556
394	Other digestive system diagnoses with CC <sup>6</sup>	\$5,286
395	Other digestive system diagnoses without CC/MCC	\$3,756
435	Malignancy of hepatobiliary system or pancreas with MCC <sup>6</sup>	\$9,553
436	Malignancy of hepatobiliary system or pancreas with CC <sup>6</sup>	\$6,619
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,292
438	Disorders of pancreas except malignancy with MCC <sup>6</sup>	\$9,447
439	Disorders of pancreas except malignancy with CC <sup>6</sup>	\$5,686
440	Disorders of pancreas except malignancy without CC/MCC	\$3,874
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC <sup>6</sup>	\$9,239
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC <sup>6</sup>	\$5,458
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	\$3,877
444	Disorders of the biliary tract with MCC <sup>6</sup>	\$8,653
445	Disorders of the biliary tract with CC <sup>6</sup>	\$5,769
446	Disorders of the biliary tract without CC/MCC	\$4,015

<sup>5</sup>National average (wage index greater than one) MS-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

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

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