

# 2007 Procedural Reimbursement Guide and Endoscopy CPT® Code Summary

Boston  
Scientific

## Endoscopy

### THIS PROCEDURAL REIMBURSEMENT GUIDE FOR SELECT ENDOSCOPY PROCEDURES

*provides coding and reimbursement information for physicians and facilities. The Medicare payment amounts shown are national average payments. Actual reimbursement will vary for each provider and institution based on geographic differences in costs, hospital teaching status, and proportion of low income patients. Please feel free to contact the Boston Scientific reimbursement department if you have any questions, at 800 876 9960 x4145.*

#### DESCRIPTION OF PAYMENT METHODS

##### **Physician Billing and Payment**

Medicare and most other insurers typically reimburse physicians based on fee schedules tied to CPT® Codes. CPT Codes are published by the American Medical Association and used to report medical services and procedures performed by or under the direction of physicians.

##### **Hospital Outpatient Billing and Payment**

Medicare reimburses hospitals for outpatient stays (typically stays of less than 24 hours) under Ambulatory Payment Classification groups (APCs). Medicare assigns a procedure to an APC based on the billed CPT code. Hospitals may receive separate APC payments for each procedure done during the same outpatient visit. Many APCs are subject to reduced payment when multiple procedures are performed on the same day. In most cases, the most significant procedure is paid at 100% and all other procedures are subject to a 50% payment reduction. Physician payment for procedures performed in the outpatient hospital setting follows the same method described above in Physician Billing and Payment.

##### **Hospital Inpatient Billing and Payment**

Many insurers, including Medicare, define inpatient hospital care as an admission (typically stays of greater than 24 hours). A DRG (Diagnosis-Related Group) is a system of classifying patients, based on their diagnoses and the procedures performed during their hospital stay. The Center for Medicare and Medicaid Services uses DRGs to determine how much to pay hospitals for treating Medicare patients who receive

inpatient care. Private payers may also pay hospitals using DRG-based systems for providing inpatient services. Each of Medicare's 500+ DRGs is assigned a single, fixed payment rate. That payment rate reflects the average cost of caring for patients with similar clinical characteristics who require similar resources (services, supplies, devices, etc.) for their treatment during their hospital stay. One single DRG payment is intended to cover all hospital costs associated with treating an individual during his or her hospital stay, with the exception of "professional" (e.g., physician) charges associated with performing medical procedures.

##### **Free-Standing Clinic/Ambulatory Surgical Center Billing and Payment**

Many procedures are performed outside of the hospital in free-standing clinics. Payments made to free-standing clinics from private insurers depend on the contract the clinic has with the payer. Medicare payments to free-standing clinics are determined in part, by the licensing status of the clinic. If a free-standing clinic is licensed by Medicare as an Ambulatory Surgical Center (ASC) it is eligible to be reimbursed for select procedures provided in this setting. Not all procedures that Medicare covers in the hospital setting are eligible for payment in ASCs. Medicare has a list of all services (as defined by CPT code), generally non-surgical, that it covers in the ASC setting. These services are classified into nine payment groupings to determine reimbursement. Physician payment for procedures performed in the ASC setting follows the same method described above in Physician Billing and Payment.

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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.

2007 Boston Scientific Endoscopy CPT® Codes		2007 Medicare Reimbursement (National Average)			
		Physician <sup>1</sup>		Facility <sup>2</sup>	
CPT® Code	CPT Code Description	MD Payment In-office	MD Payment In-facility	Hospital Outpatient Payment	ASC Payment
<b>BILIARY/SPYGLASS™ SYSTEM</b>					
<b>ERCP</b>					
<b>Diagnostic</b>					
43260	ERCP; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$313	\$313	\$1,219	\$446
<b>Therapeutic</b>					
43261	ERCP; with biopsy, single or multiple	\$313	\$313	\$1,219	\$446
43262	ERCP; with sphincterotomy/papillotomy	\$330	\$330	\$1,219	\$446
43263	ERCP; with pressure measurement of sphincter of Oddi pancreatic duct or common bile duct)	\$383	\$383	\$1,219	\$446
43264	ERCP; with endoscopic retrograde removal of stone(s) from biliary and/or pancreatic ducts	\$464	\$464	\$1,219	\$446
43265	ERCP; with endoscopic retrograde destruction, lithotripsy of stone(s), any method	\$521	\$521	\$1,219	\$446
43267	ERCP; with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	\$386	\$386	\$1,219	\$446
43271	ERCP; with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	\$387	\$387	\$1,219	\$446
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	\$388	\$388	\$1,219	\$446
<b>Stenting</b>					
43268	ERCP; with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	\$391	\$391	\$1,411	\$446
43269	ERCP; with endoscopic retrograde removal of foreign body and/or change of tube or stent	\$429	\$429	\$1,411	\$446
<b>Fluoroscopy</b>					
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation.	\$34*	\$34*	no additional payment**	
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation.	\$34*	\$34*	no additional payment**	
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation.	\$43*	\$43*	no additional payment**	
<b>SPYGLASS™ SYSTEM</b>					
Please refer to the SpyGlass™ System Coding and Payment Quick Reference Guide for coding scenarios and applicable payments.					
<b>BIOPSY</b>					
43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	\$276	\$106	\$511	\$333
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	\$326	\$155	\$511	\$446
43261	ERCP; with biopsy, single or multiple	\$330	\$330	\$1,219	\$446
43600	Biopsy of stomach; by capsule, tube, peroral (one or more specimens)	\$97	\$97	\$511	\$333
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	\$156	\$156	\$584	\$446
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	\$291	\$291	\$584	\$446
44382	Ileoscopy, through stoma; with biopsy, single or multiple	\$73	\$73	\$584	\$333
44386	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple	\$332	\$115	\$539	\$333
44389	Colonoscopy through stoma; with biopsy, single or multiple	\$372	\$168	\$539	\$333
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	\$144	\$58	\$525	\$333
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	\$160	\$67	\$299	\$299
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	\$442	\$235	\$539	\$446
<b>DILATION</b>					
<b>Balloon</b>					
43220	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm)	\$116	\$116	\$511	\$333
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	\$157	\$157	\$511	\$446
45340	Sigmoidoscopy, flexible; with balloon dilation	\$342	\$104	\$525	\$333
43458	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia	\$368	\$165	\$335	\$335
45386	Colonoscopy, flexible; with balloon dilation	\$639	\$242	\$539	\$446
<b>Balloon and Rigid</b>					
43226	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire	\$129	\$129	\$511	\$333
43245	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction, any method	\$171	\$171	\$511	\$446
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	\$170	\$170	\$511	\$446

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<sup>1</sup> MD payments calculated using the 2007 conversion factor of \$37.8975 and mandated budget neutrality work adjuster of 0.8994. Source: December 1, 2006 Federal Register.

<sup>2</sup> Source: November 24, 2006 Federal Register.

\* 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.

\*\*\*NA in the ASC Payment column means that the CPT® code is not on Medicare's approved services list in the ASC setting.

Please refer to "Important - Please Note" section on Page 1

2007 Boston Scientific Endoscopy CPT® Codes		2007 Medicare Reimbursement (National Average)			
		Physician <sup>1</sup>		Facility <sup>2</sup>	
CPT® Code	CPT Code Description	MD Payment In-office	MD Payment In-facility	Hospital Outpatient Payment	ASC Payment
<b>ENTERAL FEEDING</b>					
<b>Gastronomy Tube</b>					
43760	Change of gastrostomy tube	\$222	\$58	\$145	\$145
43761	Reposition gastrostomy tube	\$116	\$98	\$460	\$333
43830	Place gastrostomy tube	\$601	\$601	\$1,583	NA***
44500	Introduction of long gastrointestinal tube	\$24	\$24	\$145	NA***
<b>Percutaneous</b>					
43246	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube	\$228	\$228	\$511	\$446
43750	Percutaneous placement of gastrostomy tube	\$254	\$254	\$511	\$446
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	\$233	\$233	\$584	\$446
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	\$186	\$186	\$584	\$446
<b>HEMOSTASIS/CLIPPING</b>					
<b>Control of Bleeding</b>					
43227	Esophagoscopy, rigid or flexible; with control of bleeding, any method**	\$192	\$192	\$511	\$446
43255	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method**	\$255	\$255	\$511	\$446
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding, any method**	\$234	\$234	\$584	\$446
44378	Small bowel endoscopy with control of bleeding, any method**	\$373	\$373	\$584	\$446
44391	Colonoscopy through stoma; with control of bleeding, any method**	\$493	\$229	\$539	\$333
45334	Sigmoidoscopy, flexible; with control of bleeding, any method**	\$148	\$148	\$525	\$333
45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding, any method**	\$590	\$299	\$539	\$446
<b>Ligation</b>					
43205	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices	\$202	\$202	\$511	\$333
43244	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices	\$267	\$267	\$511	\$446
46221	Ligation of hemorrhoid(s)	\$198	\$156	\$312	NA*
<b>Injection</b>					
43201	Esophagus scope w/submucosal injection	\$261	\$119	\$511	\$333
43204	Esophagoscopy w/injection sclerosis of esophageal varices	\$201	\$201	\$511	\$333
43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance	\$353	\$158	\$511	\$446
43243	Upper gastrointestinal endoscopy w/injection sclerosis of esophageal/gastric varices	\$241	\$241	\$511	\$446
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	\$196	\$82	\$299	\$299
45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	\$429	\$222	\$539	\$446
<b>POLYPECTOMY</b>					
<b>Hot Biopsy</b>					
43250	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$172	\$172	\$511	\$446
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$178	\$178	\$584	\$446
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$400	\$201	\$539	\$333
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	\$119	\$49	\$525	\$333
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$258	\$99	\$525	\$333
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$436	\$247	\$539	\$446
<b>Snare</b>					
43217	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$368	\$156	\$511	\$333
43251	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$197	\$197	\$511	\$446
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$199	\$199	\$584	\$446

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\*\* "Any method" may include but is not limited to one of the following hemostasis techniques: injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, or plasma coagulator.

Please refer to "Important - Please Note" section on Page 1

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		Physician <sup>1</sup>		Facility <sup>2</sup>	
CPT® Code	CPT Code Description	MD Payment In-office	MD Payment In-facility	Hospital Outpatient Payment	ASC Payment
<b>POLYPECTOMY (continued)</b>					
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$467	\$234	\$539	\$333
<b>Snare (continued)</b>					
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	\$192	\$109	\$525	\$333
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$290	\$128	\$525	\$333
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$497	\$279	\$539	\$446
<b>Hot Biopsy or Snare</b>					
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar or snare technique	\$169	\$78	\$525	\$333
<b>Other</b>					
43228	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	\$203	\$203	\$1,583	\$446
<b>PULMONARY</b>					
<b>Biopsy Forcep</b>					
31625	Bronchoscopy with biopsy(s)	\$338	\$166	\$585	\$446
31628	Bronchoscopy, with transbronchial lung biopsy, single lobe	\$402	\$184	\$585	\$446
31632	Bronchoscopy, with transbronchial lung biopsy, each additional lobe	\$73	\$53	\$293 <sup>3</sup>	NA*
<b>Cytology and Brush</b>					
31622	Bronchoscopy (rigid or flexible); diagnostic, with or without cell washing (separate procedure)	\$312	\$140	\$585	\$333
31623	Bronchoscopy; with brushing	\$343	\$142	\$585	\$446
31624	Bronchoscopy (rigid or flexible); with bronchial alveolar lavage	\$318	\$142	\$585	\$446
<b>Stenting</b>					
31631	Bronchoscopy (rigid or flexible); with tracheal dilation and placement of tracheal stent	\$225	\$225	\$1,353	\$446
31636	Bronchoscopy (rigid or flexible); with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	\$222	\$222	\$1,353	\$446
31637	Bronchoscopy (rigid or flexible); with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), each additional major bronchus stented (list separately in addition to code for primary procedure)	\$79	\$79	\$293 <sup>3</sup>	\$167 <sup>3</sup>
31638	Bronchoscopy (rigid or flexible); with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	\$246	\$246	\$1,353	\$446
<b>Foreign Body Removal (Stent Removal)</b>					
31635	Bronchoscopy; with removal of foreign body	\$357	\$186	\$585	\$446
<b>Needle Aspiration</b>					
31629	Bronchoscopy; with transbronchial needle aspiration biopsy, trachea, main stem and/or lobar bronchus	\$665	\$197	\$585	\$446
31633	Bronchoscopy (rigid or flexible); with transbronchial needle aspiration biopsy, each additional lobe	\$87	\$65	\$293 <sup>3</sup>	NA*
31645	Bronchoscopy; with therapeutic aspiration of tracheobronchial tree (e.g., drainage of lung abscess)	\$305	\$155	\$585	\$333
<b>Balloon Dilation</b>					
31630	Bronchoscopy; with tracheal or bronchial dilation or closed reduction of fracture	\$203	\$203	\$1,353	\$446
31631	Bronchoscopy (rigid or flexible); with tracheal dilation and placement of tracheal stent	\$225	\$225	\$1,353	\$446
31636	Bronchoscopy (rigid or flexible); with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	\$222	\$222	\$1,353	\$446
31637	Bronchoscopy (rigid or flexible); with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), each additional major bronchus stented (list separately in addition to code for primary procedure)	\$79	\$79	\$293 <sup>3</sup>	\$167 <sup>3</sup>
31638	Bronchoscopy (rigid or flexible); with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	\$246	\$246	\$1,353	\$446
<b>STENTING</b>					
<b>Tracheobronchial Stenting</b>					
31631	Bronchoscopy (rigid or flexible); with tracheal dilation and placement of tracheal stent	\$225	\$225	\$1,353	\$446
<b>Biliary Stenting</b>					
43268	ERCP; with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	\$391	\$391	\$1,411	\$446
43269	ERCP; with endoscopic retrograde removal of foreign body and/or change of tube or stent	\$429	\$429	\$1,411	\$446
<b>Esophageal Stenting</b>					
43219	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent	\$158	\$158	\$1,411	\$333

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<sup>3</sup> Represents 50% of full facility payment. Add-on codes are always listed in addition to the primary procedure code and therefore are subject to multiple procedure discounting.

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Please refer to "Important - Please Note" section on Page 1

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		Physician <sup>1</sup>		Facility <sup>2</sup>	
CPT® Code	CPT Code Description	MD Payment In-office	MD Payment In-facility	Hospital Outpatient Payment	ASC Payment
<b>STENTING (continued)</b>					
<b>Colonic and Duodenal Stents</b>					
43256	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)	\$230	\$230	\$1,411	\$510
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	\$258	\$258	\$1,411	\$1,339
44379	Small bowel endoscopy incl./ileum with stent placement	\$392	\$392	\$1,411	\$1,339
44383	Ileoscopy, through stoma; with transendoscopic stent placement	\$160	\$160	\$1,411	\$1,339
44397	Colonoscopy through stoma; with transendoscopic stent placement	\$248	\$248	\$1,411	\$333
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	\$90	\$90	\$1,411	\$333
45345	Sigmoidoscopy, flexible; with transendoscopic stent placement	\$156	\$156	\$1,411	\$333
45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	\$314	\$314	\$1,411	\$333
<b>Foreign Body Removal (Stent Removal)</b>					
43215	Esophagoscopy, rigid or flexible; with removal of foreign body	\$143	\$143	\$511	\$333
43247	Upper gastrointestinal endoscopy; with removal of foreign body	\$182	\$182	\$511	\$446
43269	ERCP; with endoscopic retrograde removal of foreign body and/or change of tube or stent	\$429	\$429	\$1,411	\$446
44363	Small intestinal endoscopy not including ileum; with removal of foreign body	\$187	\$187	\$584	\$446
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	\$154	\$55	\$1,269	\$333
45332	Sigmoidoscopy, flexible; with removal of foreign body	\$262	\$100	\$299	\$299
45379	Colonoscopy; with removal of foreign body	\$469	\$247	\$539	\$446

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