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GUIDEPOINT
Reimbursement Resources

2015 Coding & Payment Quick Reference

Select Biliary 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.

Rates referenced in this guide do not reflect Sequestration; automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2015.

Medicare Physician, Hospital Outpatient, and ASC Payments

It is important to remember that surgical endoscopy always includes a diagnostic endoscopy (CPT® Code 43260). Therefore, when a diagnostic endoscopy is performed during the same session as a surgical endoscopy, the diagnostic endoscopy code is not separately reported. (CPT Assistant, October 2001)

		RVUs			2015 Medicare National Average Payment			
					Physician‡,2		Facility3	
CPT® Code1	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Diagnostic								
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	5.95	9.82	9.82	$351	$351	$1,952	$1,071
Therapeutic								
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	6.25	10.28	10.28	$368	$368	$1,952	$1,071
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	6.60	10.85	10.85	$388	$388	$1,952	$1,071
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	6.60	10.88	10.88	$389	$389	$1,952	$1,071
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	6.73	11.06	11.06	$395	$395	$1,952	$1,071
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	8.03	13.12	13.12	$469	$469	$1,952	$1,071
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	7.00	11.48	11.48	$410	$410	$1,952	$1,071
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	8.02	13.11	13.11	$469	$469	$1,952	$1,071

See important notes on the uses and limitations of this information on page 3.

		RVUs			2015 Medicare National Average Payment Physician‡,2		Facility3	
CPT® Code1	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Stenting								
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	8.58	14.00	14.00	$501	$501	$3,174	$1,313
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	6.96	11.42	11.42	$408	$408	$1,952	$1,071
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	8.94	14.57	14.57	$521	$521	$3,174	$1,313

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

		RVUs			2015 Medicare National Average Payment Physician‡,2		Facility3	
CPT® Code1	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Fluoroscopy								
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	0.70	1.04	1.04	$37**	$37**	No additional payment***	No additional payment***
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	0.70	1.03	1.03	$37**	$37**	No additional payment***	No additional payment***
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	0.90	1.32	1.32	$47**	$47**	No additional payment***	No additional payment***

Hospital Outpatient Billing: Multiple ERCPs

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, the highest valued ERCP code is paid at 100%, each additional code is paid at 50%.[4] Note, this excludes multiple procedures performed with biliary stent placement. Under comprehensive APCs, Centers for Medicare and Medicaid Services will make one single all-inclusive payment for the primary service and all adjunct services provided to support the delivery of the primary service.

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

CPT Code 43262:	ERCP; with sphincterotomy/ papillotomy	$1,952
CPT Code 43261:	ERCP; with biopsy, single or multiple	$ 976
TOTAL Hospital Outpatient Payment		**$2,928**

Hospital Inpatient Coding

Possible 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

See important notes on the uses and limitations of this information on page 3.

Effective: 1JAN2015
Expires: 31DEC2015
MS-DRG Rates Expire: 30SEP2015
ENDO-47409-AD DEC2014

Medicare Hospital Inpatient Payment: Rates Effective October 1, 2014 - September 30, 2015

Medicare Severity Diagnosis Related Groups (MS-DRGs) resulting from inpatient biliary procedures may include (but are not limited to):

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment[5]
435	Malignancy of hepatobiliary system or pancreas with Major Complication or Comorbidity (MCC[6])	$10,279
436	Malignancy of hepatobiliary system or pancreas with Complication or Comorbidity (CC[6])	$6,827
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	$5,262
438	Disorders of pancreas except malignancy with MCC[6]	$9,985
439	Disorders of pancreas except malignancy with CC[6]	$5,320
440	Disorders of pancreas except malignancy without CC/MCC	$3,768
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC[6]	$11,048
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC[6]	$5,435
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	$3,820
444	Disorders of the biliary tract with MCC[6]	$9,509
445	Disorders of the biliary tract with CC[6]	$6,249
446	Disorders of the biliary tract without CC/MCC	$4,439

C-Code Information

For all C-Code information, please reference the C-Code Reference Guide: www.bostonscientific.com/reimbursement

‡ The 2015 National Average Medicare physician payment rates have been calculated using a 2015 conversion factor of $35.7547 which reflects changes for January 1, 2015 through March 31, 2015. Rates subject to change.

** 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.

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2 Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - January 8, 2015 revised release, RVU15A file http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU15A.html?DLPage=1&DLSort=0&DLSortDir=descending

3 Source: November 10, 2014 Federal Register CMS-1613-FC.

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

5 National average (wage index greater than one) DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts ($5,865.48). Source: August 22, 2014 Federal Register.

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

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