

## 2015 Coding & Payment Quick Reference

### Select Stenting 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

2015 Medicare National Average Payment

			RVUs			Physician <sup>†,2</sup>		Facility <sup>3</sup>	
CPT® Code <sup>1</sup>	G-Code	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Biliary 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
Esophageal Stenting									
43212		Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	3.50	5.79	5.79	\$207	\$207	\$3,174	\$1,313
43266		Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	4.17	6.92	6.92	\$247	\$247	\$3,174	\$1,313

CPT® Code <sup>1</sup>	G-Code	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Colonic and Duodenal Stenting</b>									
43266		Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	4.17	6.92	6.92	\$247	\$247	\$3,174	\$1,313
44370		Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	4.79	8.14	8.14	\$291	\$291	\$3,174	\$1,313
44379		Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	7.46	12.44	12.44	\$445	\$445	\$3,174	\$1,313
44384		Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	\$852	\$467
	G6018	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)	2.94	4.54	4.54	\$162	\$162	Physician Only for 2015 Reporting	Physician Only for 2015 Reporting
44402		Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	\$790	\$433
	G6020	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	4.70	7.48	7.48	\$267	\$267	Physician Only for 2015 Reporting	Physician Only for 2015 Reporting
45327		Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	2.00	3.54	3.54	\$127	\$127	\$3,174	\$1,313
45347		Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	\$827	\$454
	G6023	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)	2.92	4.80	4.80	\$172	\$172	Physician Only for 2015 Reporting	Physician Only for 2015 Reporting
45389		Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	Facility Only for 2015 Reporting	\$790	\$433
	G6025	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	5.90	9.52	9.52	\$340	\$340	Physician Only for 2015 Reporting	Physician Only for 2015 Reporting
<b>Tracheobronchial Stenting</b>									
31631		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	4.36	6.70	6.70	\$240	\$240	\$2,255	\$1,237
31636		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	4.30	6.41	6.41	\$229	\$229	\$2,255	\$1,237
31637		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)*	1.58	2.14	2.14	\$77	\$77	\$0	\$0
<b>Foreign Body Removal (Stent Removal)</b>									
43215		Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.54	11.73	4.36	\$419	\$156	\$1,064	\$584
43194		Esophagoscopy, rigid, transoral; with removal of foreign body(s)	3.51	5.56	5.56	\$199	\$199	\$1,064	\$584
43247		Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.21	11.71	5.45	\$419	\$195	\$745	\$409
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
44363		Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	3.49	5.88	5.88	\$210	\$210	\$852	\$467
45307		Proctosigmoidoscopy, rigid; with removal of foreign body	1.70	6.39	2.97	\$228	\$106	\$1,657	\$909
45332		Sigmoidoscopy, flexible; with removal of foreign body(s)	1.79	8.32	3.18	\$297	\$114	\$827	\$454
45379		Colonoscopy, flexible; with removal of foreign body(s)	4.68	14.25	7.78	\$510	\$278	\$790	\$433

See important notes on the uses and limitations of this information on page 4.

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MS-DRG Rates Expire: 30SEP2015  
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## Medicare Physician and Hospital Outpatient Billing for Placing Multiple Biliary Stents

### Biliary Stenting - Comprehensive Ambulatory Payment Classifications (APCs)

#### Placing Multiple Stents in Hospital Outpatient Setting

Under comprehensive APCs (C-APCs), CMS will make a single all-inclusive payment for the primary service and all adjunct services provided to support the delivery of the primary service. Physicians should continue to bill for the placement of multiple stents and Medicare will pay for the additional code.

If multiple stents are placed into the same duct, 43274 will be reimbursed 100% of APC 0384. No additional codes will be reimbursed. Similarly, if stents are placed into both the common bile duct and the pancreatic duct 43274 will only be reimbursed once.

Procedures that require significantly more resources are applicable for a complexity adjustment.

## Medicare Hospital Inpatient Coding:

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

ICD-9-CM Procedure Code	Description
42.81	Insertion of permanent tube into esophagus
46.86	Endoscopic insertion of colonic stent(s)
51.87	Endoscopic insertion of stent (tube) into bile duct
31.93	Replacement of laryngeal or tracheal stent
33.91	Bronchial dilation
98.15	Removal of intraluminal foreign body from trachea and bronchus without incision

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

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

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment <sup>4</sup>
374	Digestive malignancy with Major Complication or Comorbidity (MCC <sup>5</sup> )	\$11,838
375	Digestive malignancy with Complication or Comorbidity (CC <sup>5</sup> )	\$7,290
376	Digestive malignancy without CC/MCC	\$5,291
388	GI obstruction with MCC <sup>5</sup>	\$9,444
389	GI obstruction with CC <sup>5</sup>	\$5,113
390	GI obstruction without CC/MCC	\$3,539
393	Other digestive system diagnoses with MCC <sup>5</sup>	\$9,909
394	Other digestive system diagnoses with CC <sup>5</sup>	\$5,542
395	Other digestive system diagnoses without CC/MCC	\$3,856
435	Malignancy of hepatobiliary system or pancreas with MCC <sup>5</sup>	\$10,279
436	Malignancy of hepatobiliary system or pancreas with CC <sup>5</sup>	\$6,827
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,262
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC <sup>5</sup>	\$11,048
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC <sup>5</sup>	\$5,435
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	\$3,820
444	Disorders of the biliary tract with MCC <sup>5</sup>	\$9,509
445	Disorders of the biliary tract with CC <sup>5</sup>	\$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](http://www.bostonscientific.com/reimbursement)

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‡ 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.

\* Add-on codes are always listed in addition to the primary procedure code.

\*\* WALLFLEX™, Percuflex™ C-Flex™ and Flexima™ Biliary RX Stent Systems as well as WALLSTENT™ Biliary Endoprostheses and Advanix™ Biliary RX Stent Systems are not FDA-cleared for use in the pancreatic ducts.

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

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