

2016 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.

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			2016 Medicare National Average Payment			
					Physician ^{1,2}		Facility ³	
CPT® Code ¹	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	9.63	9.63	\$345	\$345	\$1,980	\$1,107
Therapeutic								
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	6.25	10.11	10.11	\$362	\$362	\$1,980	\$1,107
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	6.60	10.66	10.66	\$382	\$382	\$1,980	\$1,107
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	6.60	10.67	10.67	\$382	\$382	\$1,980	\$1,107
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	6.73	10.86	10.86	\$389	\$389	\$1,980	\$1,107
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	8.03	12.89	12.89	\$462	\$462	\$1,980	\$1,107
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	11.29	11.29	\$404	\$404	\$1,980	\$1,107
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	12.88	12.88	\$461	\$461	\$1,980	\$1,107

					2016 Medicare National Average Payment			
			RVUs		Physician ^{1,2}		Facility ³	
CPT® Code ¹	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	13.76	13.76	\$493	\$493	\$3,614	\$1,680
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	6.96	11.23	11.23	\$402	\$402	\$1,980	\$1,107
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	14.33	14.33	\$513	\$513	\$3,614	\$1,680

Fluoroscopy is often performed in conjunction with ERCP procedures.

Possible CPT Codes include:

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			RVUs		Physician ^{*.2}		Facility ³	
CPT® Code ¹	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	1.01	1.01	\$36	\$36	No additional payment***	No additional payment***
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	0.70	1.02	1.02	\$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	1.29	1.29	\$46	\$46	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	\$1,980
CPT Code 43261:	ERCP; with biopsy, single or multiple	\$ 990

TOTAL Hospital Outpatient Payment **\$2,970**

Hospital Inpatient Coding

ICD-9 CM Code	ICD-9 CM Description	ICD-10 PCS Code	ICD-10 PCS Description
51.10	Endoscopic retrograde cholangiopancreatography [ERCP]	BF110ZZ	Fluoroscopy of Biliary and Pancreatic Ducts using High Osmolar Contrast
		BF111ZZ	Fluoroscopy of Biliary and Pancreatic Ducts using Low Osmolar Contrast
		BF11YZZ	Fluoroscopy of Biliary and Pancreatic Ducts using Other Contrast
		0FJB8ZZ	Inspection of Hepatobiliary Duct, Via Natural or Artificial Opening Endoscopic
		0FJD8ZZ	Inspection of Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
51.11	Endoscopic retrograde cholangiography (ERC)	BF100ZZ	Fluoroscopy of Bile Ducts using High Osmolar Contrast
		BF101ZZ	Fluoroscopy of Bile Ducts using Low Osmolar Contrast
		BF10YZZ	Fluoroscopy of Bile Ducts using Other Contrast
		BF000ZZ	Plain Radiography of Bile Ducts using High Osmolar Contrast
		BF001ZZ	Plain Radiography of Bile Ducts using Low Osmolar Contrast
		BF00YZZ	Plain Radiography of Bile Ducts using Other Contrast
51.14	Other closed (endoscopic) biopsy of biliary duct or sphincter of Oddi	0F954ZX	Drainage of Right Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
		0F957ZX	Drainage of Right Hepatic Duct, Via Natural or Artificial Opening, Diagnostic
		0F958ZX	Drainage of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0F964ZX	Drainage of Left Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
		0F967ZX	Drainage of Left Hepatic Duct, Via Natural or Artificial Opening, Diagnostic
		0F968ZX	Drainage of Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0F984ZX	Drainage of Cystic Duct, Percutaneous Endoscopic Approach, Diagnostic
		0F987ZX	Drainage of Cystic Duct, Via Natural or Artificial Opening, Diagnostic
		0F988ZX	Drainage of Cystic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0F994ZX	Drainage of Common Bile Duct, Percutaneous Endoscopic Approach, Diagnostic
		0F997ZX	Drainage of Common Bile Duct, Via Natural or Artificial Opening, Diagnostic
		0F998ZX	Drainage of Common Bile Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0F9C4ZX	Drainage of Ampulla of Vater, Percutaneous Endoscopic Approach, Diagnostic
		0F9C7ZX	Drainage of Ampulla of Vater, Via Natural or Artificial Opening, Diagnostic
		0F9C8ZX	Drainage of Ampulla of Vater, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0FB44ZX	Excision of Gallbladder, Percutaneous Endoscopic Approach, Diagnostic
		0FB54ZX	Excision of Right Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
		0FB57ZX	Excision of Right Hepatic Duct, Via Natural or Artificial Opening, Diagnostic
		0FB58ZX	Excision of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0FB64ZX	Excision of Left Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
		0FB67ZX	Excision of Left Hepatic Duct, Via Natural or Artificial Opening, Diagnostic
		0FB68ZX	Excision of Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0FB84ZX	Excision of Cystic Duct, Percutaneous Endoscopic Approach, Diagnostic
		0FB87ZX	Excision of Cystic Duct, Via Natural or Artificial Opening, Diagnostic
		0FB88ZX	Excision of Cystic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0FB94ZX	Excision of Common Bile Duct, Percutaneous Endoscopic Approach, Diagnostic
		0FB97ZX	Excision of Common Bile Duct, Via Natural or Artificial Opening, Diagnostic
		0FB98ZX	Excision of Common Bile Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0FBC4ZX	Excision of Ampulla of Vater, Percutaneous Endoscopic Approach, Diagnostic
		0FBC7ZX	Excision of Ampulla of Vater, Via Natural or Artificial Opening, Diagnostic
		0FBC8ZX	Excision of Ampulla of Vater, Via Natural or Artificial Opening Endoscopic, Diagnostic

Medicare Hospital Inpatient Payment: Rates Effective October 1, 2015 - September 30, 2016

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 [‡]
435	Malignancy of hepatobiliary system or pancreas with Major Complication or Comorbidity (MCC ⁶)	\$10,319
436	Malignancy of hepatobiliary system or pancreas with Complication or Comorbidity (CC ⁶)	\$6,900
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,344
438	Disorders of pancreas except malignancy with MCC ⁶	\$9,809
439	Disorders of pancreas except malignancy with CC ⁶	\$5,210
440	Disorders of pancreas except malignancy without CC/MCC	\$3,760
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC ⁶	\$11,081
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC ⁶	\$5,533
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	\$3,865
444	Disorders of the biliary tract with MCC ⁶	\$9,386
445	Disorders of the biliary tract with CC ⁶	\$6,231
446	Disorders of the biliary tract without CC/MCC	\$4,507

C-Code Information

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

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‡ The 2016 National Average Medicare physician payment rates have been calculated using a 2016 conversion factor of \$35.8043. 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 2016 release, RVU16A file <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU16A.html?DLPPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

3 Source: November 13, 2015 Federal Register CMS-1633-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 (\$5,904.74). Source: August 17, 2015 Federal Register.

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

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