

GUIDEPOINT
Reimbursement Resources

2016 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.

Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code ¹	Code Description	RVUs			Physician ^{2,2} Facility ³			
		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	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
Esophageal Stenting								
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	3.50	5.73	5.73	\$205	\$205	\$3,614	\$1,680
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	4.17	6.80	6.80	\$243	\$243	\$3,614	\$1,680

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RVUs

Physician⁺²Facility³

CPT® Code ¹	Code Description	RVUs			Physician ⁺²		Facility ³	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Colonic and Duodenal Stenting								
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	4.17	6.80	6.80	\$243	\$243	\$3,614	\$1,680
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	4.79	8.00	8.00	\$286	\$286	\$3,614	\$1,680
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	7.46	12.20	12.20	\$437	\$437	\$3,614	\$1,680
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	2.00	3.54	3.54	\$127	\$127	\$3,614	\$1,680
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2.95	4.59	4.59	\$164	\$164	\$3,614	\$1,680
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	4.80	7.87	7.87	\$282	\$282	\$3,614	\$1,680
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2.82	4.69	4.69	\$168	\$168	\$3,614	\$1,680
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	5.34	8.68	8.68	\$311	\$311	\$3,614	\$1,680
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	2.00	3.54	3.54	\$127	\$127	\$3,614	\$1,680
Tracheobronchial Stenting								
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	4.36	6.65	6.65	\$238	\$238	\$3,066	\$1,715
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	6.40	6.40	\$229	\$229	\$3,066	\$1,715
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
Foreign Body Removal (Stent Removal)								
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.54	11.91	4.32	\$426	\$155	\$1,088	\$608
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	3.51	5.62	5.62	\$201	\$201	\$1,088	\$608
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.21	11.82	5.36	\$423	\$192	\$745	\$417
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
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	3.49	5.78	5.78	\$207	\$207	\$1,088	\$608
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	1.70	6.66	3.08	\$238	\$110	\$1,662	\$929
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.86	8.82	3.24	\$316	\$116	\$753	\$421
45379	Colonoscopy, flexible; with removal of foreign body(s)	4.38	13.58	7.18	\$486	\$257	\$753	\$421

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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-10 PCS Procedure Codes may be used to report the procedure:

ICD-9 CM Code	ICD-9 CM Description	ICD-10 PCS Code	ICD-10 PCS Description
42.81	Insertion of permanent tube into esophagus	0DH50DZ	Insertion of Intraluminal Device into Esophagus, Open Approach
		0DH50UZ	Insertion of Feeding Device into Esophagus, Open Approach
		0DH53DZ	Insertion of Intraluminal Device into Esophagus, Percutaneous Approach
		0DH53UZ	Insertion of Feeding Device into Esophagus, Percutaneous Approach
		0DH54DZ	Insertion of Intraluminal Device into Esophagus, Percutaneous Endoscopic Approach
		0DH54UZ	Insertion of Feeding Device into Esophagus, Percutaneous Endoscopic Approach
		0DH57DZ	Insertion of Intraluminal Device into Esophagus, Via Natural or Artificial Opening
		0DH57UZ	Insertion of Feeding Device into Esophagus, Via Natural or Artificial Opening
		0DH58DZ	Insertion of Intraluminal Device into Esophagus, Via Natural or Artificial Opening Endoscopic
		0DH58UZ	Insertion of Feeding Device into Esophagus, Via Natural or Artificial Opening Endoscopic
46.86	Endoscopic insertion of colonic stent(s)	0D788DZ	Dilation of Small Intestine with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0D798DZ	Dilation of Duodenum with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0D7A8DZ	Dilation of Jejunum with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0D7B8DZ	Dilation of Ileum with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0D7E8DZ	Dilation of Large Intestine with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0DH88DZ	Insertion of Intraluminal Device into Small Intestine, Via Natural or Artificial Opening Endoscopic
		0DH98DZ	Insertion of Intraluminal Device into Duodenum, Via Natural or Artificial Opening Endoscopic
		0DHA8DZ	Insertion of Intraluminal Device into Jejunum, Via Natural or Artificial Opening Endoscopic
		0DHB8DZ	Insertion of Intraluminal Device into Ileum, Via Natural or Artificial Opening Endoscopic
		0DHE8DZ	Insertion of Intraluminal Device into Large Intestine, Via Natural or Artificial Opening Endoscopic
		0DHP8DZ	Insertion of Intraluminal Device into Rectum, Via Natural or Artificial Opening Endoscopic
		0D7K8DZ	Dilation of Ascending Colon with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0D7L8DZ	Dilation of Transverse Colon with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0D7M8DZ	Dilation of Descending Colon with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D7N8DZ	Dilation of Sigmoid Colon with Intraluminal Device, Via Natural or Artificial Opening Endoscopic		
51.87	Endoscopic insertion of stent (tube) into bile duct	0F758DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0F768DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0F788DZ	Dilation of Cystic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0F798DZ	Dilation of Common Bile Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0FHB4DZ	Insertion of Intraluminal Device into Hepatobiliary Duct, Percutaneous Endoscopic Approach
52.93	Endoscopic insertion of stent (tube) into pancreatic duct	0FHB8DZ	Insertion of Intraluminal Device into Hepatobiliary Duct, Via Natural or Artificial Opening Endoscopic
		0F7D4DZ	Dilation of Pancreatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach

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ICD-9 CM Code	ICD-9 CM Description	ICD-10 PCS Code	ICD-10 PCS Description
31.93	Replacement of laryngeal or tracheal stent	0C7S0DZ	Dilation of Larynx with Intraluminal Device, Open Approach
		0C7S3DZ	Dilation of Larynx with Intraluminal Device, Percutaneous Approach
		0C7S4DZ	Dilation of Larynx with Intraluminal Device, Percutaneous Endoscopic Approach
		0C7S7DZ	Dilation of Larynx with Intraluminal Device, Via Natural or Artificial Opening
		0C7S8DZ	Dilation of Larynx with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0CPS0DZ	Removal of Intraluminal Device from Larynx, Open Approach
		0CPS3DZ	Removal of Intraluminal Device from Larynx, Percutaneous Approach
		0CPS7DZ	Removal of Intraluminal Device from Larynx, Via Natural or Artificial Opening
		0CPS8DZ	Removal of Intraluminal Device from Larynx, Via Natural or Artificial Opening Endoscopic
96.05	Other intubation of respiratory tract	0B714DZ	Dilation of Trachea with Intraluminal Device, Percutaneous Endoscopic Approach
		0B734DZ	Dilation of Right Main Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
		0B744DZ	Dilation of Right Upper Lobe Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
		0B754DZ	Dilation of Right Middle Lobe Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
		0B774DZ	Dilation of Left Main Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
		0B784DZ	Dilation of Left Upper Lobe Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
		0B718DZ	Dilation of Trachea with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0B738DZ	Dilation of Right Main Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0B748DZ	Dilation of Right Upper Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0B758DZ	Dilation of Right Middle Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0B778DZ	Dilation of Left Main Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0B788DZ	Dilation of Left Upper Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		98.15	Removal of intraluminal foreign body from trachea and bronchus without incision
0BC18ZZ	Extirpation of Matter from Trachea, Via Natural or Artificial Opening Endoscopic		
0BC37ZZ	Extirpation of Matter from Right Main Bronchus, Via Natural or Artificial Opening		
0BC38ZZ	Extirpation of Matter from Right Main Bronchus, Via Natural or Artificial Opening Endoscopic		
0BC77ZZ	Extirpation of Matter from Left Main Bronchus, Via Natural or Artificial Opening		
0BC78ZZ	Extirpation of Matter from Left Main Bronchus, Via Natural or Artificial Opening Endoscopic		

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

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 ⁴
374	Digestive malignancy with Major Complication or Comorbidity (MCC ⁵)	\$12,013
375	Digestive malignancy with Complication or Comorbidity (CC ⁵)	\$7,264
376	Digestive malignancy without CC/MCC	\$5,369
388	GI obstruction with MCC ⁵	\$9,337
389	GI obstruction with CC ⁵	\$5,141
390	GI obstruction without CC/MCC	\$3,582
393	Other digestive system diagnoses with MCC ⁵	\$9,645
394	Other digestive system diagnoses with CC ⁵	\$5,611
395	Other digestive system diagnoses without CC/MCC	\$3,989
435	Malignancy of hepatobiliary system or pancreas with MCC ⁵	\$10,319
436	Malignancy of hepatobiliary system or pancreas with CC ⁵	\$6,900
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,344
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC ⁵	\$11,081
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC ⁵	\$5,533
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	\$3,865
444	Disorders of the biliary tract with MCC ⁵	\$9,386
445	Disorders of the biliary tract with CC ⁵	\$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.

* 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 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 2016 release, RVU16A file <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU16A.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

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

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

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