

**GUIDEPOINT**  
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# 2016 Procedural Reimbursement Guide for 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.

### **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 are 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 highest valued procedure is paid at 100% and all other procedures are subject to a 50% payment reduction.

**HOSPITAL INPATIENT BILLING AND PAYMENT:** Medicare reimburses hospital inpatient procedures based on the **MEDICARE SEVERITY DIAGNOSIS RELATED GROUP (MS-DRG)**. The MS-DRG is a system of classifying patients based on their diagnoses and the procedures performed during their hospital stay. MS DRGs closely calibrate payment to the severity of a patient's illness. One single MS-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). Private payers may also use MS-DRG based systems or other payer-specific system to pay hospitals for providing inpatient services. Effective October 1, 2013, Medicare implemented two-midnight stay guidance. Inpatient admittance is presumed to be appropriate if a physician expects a beneficiary's surgical procedure, diagnostic test or other treatment to require a stay in the hospital lasting at least two midnights, and admits the beneficiary to the hospital based on that expectation. Documentation in the medical record must support a reasonable expectation of the need for the beneficiary to require a medically necessary stay lasting at least two midnights. If the inpatient admission lasts fewer than two midnights due to an unforeseen circumstance this also must be clearly documented in the medical record.

**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 approved over 3,000 procedures (as defined by CPT Code), for which it will pay the ASC a facility fee.

## **THIS GUIDE, FOR SELECT ENDOSCOPY PROCEDURES, PROVIDES CODING AND REIMBURSEMENT INFORMATION FOR PHYSICIANS AND FACILITIES.**

### **THE CODES INCLUDED IN THIS GUIDE ARE INTENDED TO REPRESENT TYPICAL ENDOSCOPY PROCEDURES WHERE THERE IS:**

- 1) At least one device approved or cleared by the U.S. Food and Drug Administration (FDA) for use in the listed procedure; and
- 2) Specific procedural coding guidance provided by a recognized coding or reimbursement authority such as the American Medical Association (AMA) or The Centers for Medicare and Medicaid Services (CMS). This guide is in no way intended to promote the off label use of medical devices.

### **THE MEDICARE REIMBURSEMENT AMOUNTS SHOWN ARE CURRENTLY PUBLISHED NATIONAL AVERAGE PAYMENTS.**

Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic difference in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients. On average, private payers pay significantly more than Medicare.<sup>8</sup>

Please feel free to contact the Boston Scientific Endoscopy Reimbursement Help Desk at 800.876.9960 x54510 or at [ENDOREIMBURSEMENT@bsci.com](mailto:ENDOREIMBURSEMENT@bsci.com) if you have any questions.

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.

You can find reimbursement updates on our website: [WWW.BOSTONSCIENTIFIC.COM/REIMBURSEMENT](http://WWW.BOSTONSCIENTIFIC.COM/REIMBURSEMENT)

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# Biliary Procedural Reimbursement Guide - Select Endoscopy Procedures

## Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Diagnostic</b>								
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
<b>Therapeutic</b>								
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
<b>Stenting</b>								
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

## 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

Please refer to page 25 for footnotes

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# Biliary Procedural Reimbursement Guide (Continued)

## Select Endoscopy Procedures

ICD-9 CM Code	ICD-9 CM Description	ICD-10 PCS Code	ICD-10 PCS Description
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

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment <sup>4</sup>
435	Malignancy of hepatobiliary system or pancreas with Major Complication or Comorbidity (MCC <sup>5</sup> )	\$10,319
436	Malignancy of hepatobiliary system or pancreas with Complication or Comorbidity (CC <sup>5</sup> )	\$6,900
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,344
438	Disorders of pancreas except malignancy with MCC <sup>5</sup>	\$9,809
439	Disorders of pancreas except malignancy with CC <sup>5</sup>	\$5,210
440	Disorders of pancreas except malignancy without CC/MCC	\$3,760
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC <sup>5</sup>	\$11,081
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC <sup>5</sup>	\$5,533
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	\$3,865
444	Disorders of the biliary tract with MCC <sup>5</sup>	\$9,386
445	Disorders of the biliary tract with CC <sup>5</sup>	\$6,231
446	Disorders of the biliary tract without CC/MCC	\$4,507

Please refer to page 25 for footnotes

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# Biopsy Procedural Reimbursement Guide - Select Endoscopy Procedures

## Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>+2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Cold Biopsy</b>								
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1.82	10.31	3.18	\$369	\$114	\$745	\$417
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	2.79	4.93	4.93	\$177	\$177	\$1,088	\$608
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	2.49	11.28	4.23	\$404	\$151	\$745	\$417
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	6.25	10.11	10.11	\$362	\$362	\$1,980	\$1,107
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	2.87	4.82	4.82	\$173	\$173	\$1,088	\$608
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	5.52	8.97	8.97	\$321	\$321	\$1,088	\$608
44382	Ileoscopy, through stoma; with biopsy, single or multiple	1.27	9.07	2.30	\$325	\$82	\$745	\$417
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); with biopsy, single or multiple	1.60	9.71	2.75	\$348	\$98	\$753	\$421
44389	Colonoscopy through stoma; with biopsy, single or multiple	3.12	12.64	5.20	\$453	\$186	\$753	\$421
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	1.25	5.56	2.28	\$199	\$82	\$1,662	\$929
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1.14	7.27	2.10	\$260	\$75	\$492	\$275
45380	Colonoscopy, flexible; with biopsy, single or multiple	3.66	13.31	6.05	\$477	\$217	\$753	\$421
<b>Hot Biopsy</b>								
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.40	11.76	4.08	\$421	\$146	\$1,980	\$1,107
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.07	12.94	5.15	\$463	\$184	\$1,088	\$608
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	3.31	5.41	5.41	\$194	\$194	\$1,088	\$608
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.63	11.89	5.98	\$426	\$214	\$753	\$421
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	1.40	6.15	2.58	\$220	\$92	\$1,662	\$929
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1.65	9.90	2.90	\$354	\$104	\$492	\$275
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	4.17	14.61	6.86	\$523	\$246	\$753	\$421

## Hospital Inpatient Coding and Medicare Payment

Inpatient payment information not shown because the biopsy procedure will rarely, if ever, be the primary reason for a hospital admission.



# Cholangioscopy Procedural Reimbursement Guide

## Select Endoscopy Procedures

### Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>+2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Cholangioscopy</b>								
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure*)	2.24	3.51	3.51	\$126	\$126	\$0	\$0

CPT Code 43273 is an add-on code and must be reported with at least one of the following ERCP codes:

### Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>+2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Diagnostic</b>								
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
<b>Therapeutic</b>								
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
<b>Stenting</b>								
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

Please refer to page 25 for footnotes

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# Cholangioscopy Procedural Reimbursement Guide (Continued)

## Select Endoscopy Procedures

### 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
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



# Cholangioscopy Procedural Reimbursement Guide (Continued)

## Select Endoscopy Procedures

### Medicare Hospital Inpatient Payment

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment <sup>4</sup>
435	Malignancy of hepatobiliary system or pancreas with Major Complication or Comorbidity (MCC <sup>5</sup> )	\$10,319
436	Malignancy of hepatobiliary system or pancreas with Complication or Comorbidity (CC <sup>5</sup> )	\$6,900
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,344
438	Disorders of pancreas except malignancy with MCC <sup>5</sup>	\$9,809
439	Disorders of pancreas except malignancy with CC <sup>5</sup>	\$5,210
440	Disorders of pancreas except malignancy without CC/MCC	\$3,760
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC <sup>5</sup>	\$11,081
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC <sup>5</sup>	\$5,533
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	\$3,865
444	Disorders of the biliary tract with MCC <sup>5</sup>	\$9,386
445	Disorders of the biliary tract with CC <sup>5</sup>	\$6,231
446	Disorders of the biliary tract without CC/MCC	\$4,507

# Dilation Procedural Reimbursement Guide - Select Endoscopy Procedures

## Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>+2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Balloon</b>								
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	3.07	5.36	5.36	\$192	\$192	\$1,088	\$608
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	3.50	5.78	5.78	\$207	\$207	\$1,088	\$608
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	2.10	32.15	3.62	\$1,151	\$130	\$1,088	\$608
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	4.17	6.84	6.84	\$245	\$245	\$1,088	\$608
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	2.77	30.46	4.66	\$1,091	\$167	\$1,088	\$608
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	1.48	28.37	2.64	\$1,016	\$95	\$745	\$417
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	1.35	13.90	2.43	\$498	\$87	\$753	\$421
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	3.87	18.60	6.38	\$666	\$228	\$753	\$421
44405	Colonoscopy through stoma; with transendoscopic balloon dilation	3.33	17.37	5.54	\$622	\$198	\$753	\$421
<b>Balloon or Rigid</b>								
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	3.31	5.74	5.74	\$206	\$206	\$1,088	\$608
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	4.73	34.75	7.73	\$1,244	\$277	\$1,088	\$608
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	2.34	10.82	3.99	\$387	\$143	\$1,088	\$608
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	3.18	17.42	5.32	\$624	\$190	\$1,088	\$608
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	3.01	11.60	5.04	\$415	\$180	\$745	\$417
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	1.50	27.28	2.67	\$977	\$96	\$753	\$421

## Hospital Inpatient Coding and Medicare Payment

Inpatient payment information not shown because the dilation procedure will rarely, if ever, be the primary reason for a hospital admission.

# Endoscopic Ultrasound-Guided Procedural Reimbursement Guide

## Select Endoscopy Procedures

### Endoscopic Ultrasound-Guided Fine Needle Aspiration Procedures

#### Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Upper Gastrointestinal Procedures</b>								
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	3.69	13.59	5.97	\$487	\$214	\$1,088	\$608
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	4.26	6.99	6.99	\$250	\$250	\$1,088	\$608
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	4.83	7.89	7.89	\$282	\$282	\$1,088	\$608
<b>Lower Gastrointestinal Procedures</b>								
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	3.08	5.14	5.14	\$184	\$184	\$1,662	\$929
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	5.60	9.10	9.10	\$326	\$326	\$1,662	\$929
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	5.06	8.26	8.26	\$296	\$296	\$753	\$421

### Hospital Inpatient Coding and Medicare Payment

Inpatient payment information not shown because the endoscopic ultrasound-guided fine needle aspiration procedure will rarely, if ever, be the primary reason for a hospital admission.

### Endoscopic Ultrasound-Guided Transluminal Drainage of Pancreatic Pseudocyst Procedures

#### Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Stent Placement</b>								
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	7.25	11.69	11.69	\$419	\$419	\$1,980	\$1,107
<b>Stent Retrieval</b>								
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.21	11.82	5.36	\$423	\$192	\$745	\$417

### Hospital Inpatient Coding

Possible ICD-10-CM Procedure Codes	Code Description
0F9G40Z	Drainage of pancreas with drainage device, percutaneous endoscopic approach

### Medicare Hospital Inpatient Payment

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment <sup>4</sup>
407	Pancreas, liver & shunt procedures without CC/MCC	\$11,421

Please refer to page 25 for footnotes

See important information about the uses and limitations of this document on pages 2 and 3

# Enteral Feeding Procedural Reimbursement Guide

## Select Endoscopy Procedures

### Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>+2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Gastrostomy Tube Initial Placement</b>								
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	3.66	6.03	6.03	\$216	\$216	\$1,088	\$608
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	4.18	29.62	6.43	\$1,061	\$230	\$1,088	\$608
<b>Gastrostomy Tube Replacement/Reposition</b>								
43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	0.90	13.84	1.36	\$496	\$49	\$200	\$112
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1.36	19.02	1.95	\$681	\$70	\$483	\$270
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	2.01	3.35	2.97	\$120	\$106	\$745	\$417
<b>Jejunostomy Tube</b>								
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	2.86	25.65	4.06	\$918	\$145	\$483	\$270
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	3.31	28.50	4.72	\$1,020	\$169	\$1,088	\$608
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	3.49	5.80	5.80	\$208	\$208	\$1,088	\$608
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	4.18	29.62	6.43	\$1,061	\$230	\$1,088	\$608
<b>Other Procedures</b>								
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report	0.96	20.92	1.40	\$749	\$50	\$483	\$270

### Hospital Inpatient Coding and Medicare Payment

Inpatient payment information not shown because the enteral feeding procedure will rarely, if ever, be the primary reason for a hospital admission.

# Hemostasis Procedural Reimbursement Guide - Select Endoscopy Procedures

## Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Control of Bleeding</b>								
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	2.99	19.73	5.01	\$706	\$179	\$1,088	\$608
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	3.66	20.71	6.05	\$742	\$217	\$1,088	\$608
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) <sup>6</sup>	4.40	7.22	7.22	\$259	\$259	\$1,088	\$608
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) <sup>6</sup>	7.12	11.47	11.47	\$411	\$411	\$1,088	\$608
44391	Colonoscopy through stoma; with control of bleeding, any method	4.22	21.77	6.93	\$779	\$248	\$753	\$421
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2.10	17.29	3.61	\$619	\$129	\$753	\$421
45382	Colonoscopy, flexible; with control of bleeding, any method	4.76	22.52	7.78	\$806	\$279	\$753	\$421
<b>Ligation</b>								
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2.54	4.29	4.29	\$154	\$154	\$1,088	\$608
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	4.50	7.37	7.37	\$264	\$264	\$1,088	\$608
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	2.36	7.65	5.47	\$274	\$196	\$492	\$177
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	1.78	16.56	3.10	\$593	\$111	\$753	\$421
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	4.30	20.79	7.06	\$744	\$253	\$753	\$421
<b>Injection</b>								
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1.82	7.86	3.18	\$281	\$114	\$1,088	\$608
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	2.79	4.95	4.95	\$177	\$177	\$1,088	\$608
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2.43	4.12	4.12	\$148	\$148	\$745	\$417
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	2.49	11.00	4.23	\$394	\$151	\$745	\$417
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	4.37	7.12	7.12	\$255	\$255	\$745	\$417
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1.14	8.20	2.10	\$294	\$75	\$492	\$275
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	3.12	12.11	5.21	\$434	\$187	\$753	\$421
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	3.66	12.80	6.05	\$458	\$217	\$753	\$421

## Medicare Hospital Inpatient Payment

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment <sup>4</sup>
377	GI Hemorrhage with Major Complication or Comorbidity (MCC <sup>5</sup> )	\$10,339
378	GI Hemorrhage with Complication or Comorbidity (CC <sup>5</sup> )	\$5,875
379	GI Hemorrhage without CC/MCC	\$3,963
432	Cirrhosis & alcoholic hepatitis with MCC <sup>5</sup>	\$9,782
433	Cirrhosis & alcoholic hepatitis with CC <sup>5</sup>	\$5,411
434	Cirrhosis & alcoholic hepatitis without CC/MCC	\$3,682

Please refer to page 25 for footnotes

See important information about the uses and limitations of this document on pages 2 and 3

# Polypectomy Procedural Reimbursement Guide - Select Endoscopy Procedures

## Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Hot Biopsy</b>								
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.40	11.76	4.08	\$421	\$146	\$1,980	\$1,107
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.07	12.94	5.15	\$463	\$184	\$1,088	\$608
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	3.31	5.41	5.41	\$194	\$194	\$1,088	\$608
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.63	11.89	5.98	\$426	\$214	\$753	\$421
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	1.40	6.15	2.58	\$220	\$92	\$1,662	\$929
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1.65	9.90	2.90	\$354	\$104	\$492	\$275
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	4.17	14.61	6.86	\$523	\$246	\$753	\$421
<b>Snare</b>								
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.90	12.70	4.87	\$455	\$174	\$1,088	\$608
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	3.57	14.16	5.92	\$507	\$212	\$1,088	\$608
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	3.73	6.15	6.15	\$220	\$220	\$1,088	\$608
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.13	13.37	6.79	\$479	\$243	\$753	\$421
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	1.50	6.44	2.75	\$231	\$98	\$1,662	\$929
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.15	9.21	3.68	\$330	\$132	\$753	\$421
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.67	13.96	7.64	\$500	\$274	\$753	\$421
<b>Hot Biopsy or Snare</b>								
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	1.80	6.44	3.03	\$231	\$108	\$1,662	\$929
<b>Other</b>								
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	3.59	20.50	5.95	\$734	\$213	\$1,980	\$1,107
<b>Foreign Body Removal</b>								
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.54	11.91	4.32	\$426	\$155	\$1,088	\$608
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.21	11.82	5.36	\$423	\$192	\$745	\$417
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
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	3.51	5.62	5.62	\$201	\$201	\$1,088	\$608
<b>Endoscopic Mucosal Resection</b>								
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	4.30	7.07	7.07	\$253	\$253	\$1,088	\$608
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	4.97	8.11	8.11	\$290	\$290	\$1,088	\$608
44403	Colonoscopy through stoma; with endoscopic mucosal resection	5.60	9.04	9.04	\$324	\$324	\$753	\$421
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	3.62	5.97	5.97	\$214	\$214	\$753	\$421
45390	Colonoscopy, flexible; with endoscopic mucosal resection	6.14	9.91	9.91	\$355	\$355	\$753	\$421

## Hospital Inpatient Coding and Medicare Payment

Inpatient payment information not shown because the polypectomy procedure will rarely, if ever, be the primary reason for a hospital admission.

Please refer to page 25 for footnotes

See important information about the uses and limitations of this document on pages 2 and 3

ENDO-47410-AH FEB2016



# Pulmonary Procedural Reimbursement Guide - Select Endoscopy Procedures

## Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Biopsy</b>								
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	3.36	11.28	4.88	\$404	\$175	\$1,038	\$580
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.80	11.88	5.43	\$425	\$194	\$1,992	\$1,114
31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)*	1.03	2.13	1.42	\$76	\$51	\$0	\$0
<b>Cytology and Brush</b>								
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.78	8.67	4.16	\$310	\$149	\$1,038	\$580
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.88	9.43	4.22	\$338	\$151	\$1,038	\$580
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	2.88	8.93	4.26	\$320	\$153	\$1,038	\$580
<b>Foreign Body Removal (Stent Removal)</b>								
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	3.67	9.94	5.44	\$356	\$195	\$1,038	\$580
<b>Needle Aspiration</b>								
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	4.00	14.17	5.75	\$507	\$206	\$1,992	\$1,114
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)*	1.32	2.63	1.83	\$94	\$66	\$0	\$0
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)	3.16	9.22	4.65	\$330	\$166	\$1,038	\$580
<b>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	6.65	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
31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	4.88	7.31	7.31	\$262	\$262	\$3,066	\$1,715
<b>Balloon Dilation</b>								
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	3.81	5.78	5.78	\$207	\$207	\$1,992	\$1,114
<b>Bronchial Thermoplasty</b>								
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	4.25	6.05	6.05	\$217	\$217	\$3,066	N/A*
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	4.50	6.35	6.35	\$227	\$227	\$3,066	N/A*
<b>Endobronchial Ultrasound-Guided Transbronchial Needle Aspiration</b>								
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	4.71	25.71	6.75	\$921	\$242	\$1,992	\$1,114
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	5.21	27.33	7.45	\$979	\$267	\$1,992	\$1,114
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s)	1.40	4.10	1.95	\$147	\$70	\$0	\$0

Please refer to page 25 for footnotes

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# Pulmonary Procedural Reimbursement Guide (Continued)

## Select Endoscopy Procedures

### Hospital Inpatient Coding

ICD-9 CM Code	ICD-9 CM Description	ICD-10 PCS Code	ICD-10 PCS Description
32.01	Endoscopic excision or destruction of lesion or tissue of bronchus	0B534ZZ	Destruction of Right Main Bronchus, Percutaneous Endoscopic Approach
		0B538ZZ	Destruction of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic
		0B544ZZ	Destruction of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach
		0B548ZZ	Destruction of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0B554ZZ	Destruction of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach
		0B558ZZ	Destruction of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0B564ZZ	Destruction of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach
		0B568ZZ	Destruction of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0B574ZZ	Destruction of Left Main Bronchus, Percutaneous Endoscopic Approach
		0B578ZZ	Destruction of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
		0B584ZZ	Destruction of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach
		0B588ZZ	Destruction of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0B594ZZ	Destruction of Lingula Bronchus, Percutaneous Endoscopic Approach
		0B598ZZ	Destruction of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic
		0B5B4ZZ	Destruction of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach
		0B5B8ZZ	Destruction of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0BB34ZZ	Excision of Right Main Bronchus, Percutaneous Endoscopic Approach
		0BB38ZZ	Excision of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic
		0BB44ZZ	Excision of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach
		0BB48ZZ	Excision of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0BB54ZZ	Excision of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach
		0BB58ZZ	Excision of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0BB64ZZ	Excision of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach
		0BB68ZZ	Excision of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0BB74ZZ	Excision of Left Main Bronchus, Percutaneous Endoscopic Approach
		0BB78ZZ	Excision of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
		0BB84ZZ	Excision of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach
		0BB88ZZ	Excision of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0BB94ZZ	Excision of Lingula Bronchus, Percutaneous Endoscopic Approach
		0BB98ZZ	Excision of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic
		0BBB4ZZ	Excision of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach
		0BBB8ZZ	Excision of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
32.27	Bronchoscopic bronchial thermoplasty, ablation of airway smooth muscle	0B538ZZ	Destruction of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic
		0B548ZZ	Destruction of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0B568ZZ	Destruction of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0B578ZZ	Destruction of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
		0B588ZZ	Destruction of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0B598ZZ	Destruction of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic
0B5B8ZZ	Destruction of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic		

# Pulmonary Procedural Reimbursement Guide (Continued)

## Select Endoscopy Procedures

ICD-9 CM Code	ICD-9 CM Description	ICD-10 PCS Code	ICD-10 PCS Description
33.23	Other bronchoscopy	0BJ08ZZ	Inspection of Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
		0BJK8ZZ	Inspection of Right Lung, Via Natural or Artificial Opening Endoscopic
		0BJL8ZZ	Inspection of Left Lung, Via Natural or Artificial Opening Endoscopic
33.24	Closed [endoscopic] biopsy of bronchus	0B933ZX	Drainage of Right Main Bronchus, Percutaneous Approach, Diagnostic
		0B934ZX	Drainage of Right Main Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0B937ZX	Drainage of Right Main Bronchus, Via Natural or Artificial Opening, Diagnostic
		0B938ZX	Drainage of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0B943ZX	Drainage of Right Upper Lobe Bronchus, Percutaneous Approach, Diagnostic
		0B944ZX	Drainage of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0B947ZX	Drainage of Right Upper Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
		0B948ZX	Drainage of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0B953ZX	Drainage of Right Middle Lobe Bronchus, Percutaneous Approach, Diagnostic
		0B954ZX	Drainage of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0B957ZX	Drainage of Right Middle Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
		0B958ZX	Drainage of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0B963ZX	Drainage of Right Lower Lobe Bronchus, Percutaneous Approach, Diagnostic
		0B964ZX	Drainage of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0B967ZX	Drainage of Right Lower Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
		0B968ZX	Drainage of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0B973ZX	Drainage of Left Main Bronchus, Percutaneous Approach, Diagnostic
		0B974ZX	Drainage of Left Main Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0B977ZX	Drainage of Left Main Bronchus, Via Natural or Artificial Opening, Diagnostic
		0B978ZX	Drainage of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0B983ZX	Drainage of Left Upper Lobe Bronchus, Percutaneous Approach, Diagnostic
		0B984ZX	Drainage of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0B987ZX	Drainage of Left Upper Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
		0B988ZX	Drainage of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0B993ZX	Drainage of Lingula Bronchus, Percutaneous Approach, Diagnostic
		0B994ZX	Drainage of Lingula Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0B997ZX	Drainage of Lingula Bronchus, Via Natural or Artificial Opening, Diagnostic
		0B998ZX	Drainage of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0B9B3ZX	Drainage of Left Lower Lobe Bronchus, Percutaneous Approach, Diagnostic
		0B9B4ZX	Drainage of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0B9B7ZX	Drainage of Left Lower Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
		0B9B8ZX	Drainage of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0BB33ZX	Excision of Right Main Bronchus, Percutaneous Approach, Diagnostic
		0BB34ZX	Excision of Right Main Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0BB37ZX	Excision of Right Main Bronchus, Via Natural or Artificial Opening, Diagnostic
		0BB38ZX	Excision of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0BB43ZX	Excision of Right Upper Lobe Bronchus, Percutaneous Approach, Diagnostic
		0BB44ZX	Excision of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0BB47ZX	Excision of Right Upper Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
		0BB48ZX	Excision of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0BB53ZX	Excision of Right Middle Lobe Bronchus, Percutaneous Approach, Diagnostic

# Pulmonary Procedural Reimbursement Guide (Continued)

## Select Endoscopy Procedures

ICD-9 CM Code	ICD-9 CM Description	ICD-10 PCS Code	ICD-10 PCS Description
33.24	Closed [endoscopic] biopsy of bronchus (Continued)	0BB54ZX	Excision of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0BB57ZX	Excision of Right Middle Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
		0BB58ZX	Excision of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0BB63ZX	Excision of Right Lower Lobe Bronchus, Percutaneous Approach, Diagnostic
		0BB64ZX	Excision of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0BB67ZX	Excision of Right Lower Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
		0BB68ZX	Excision of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0BB73ZX	Excision of Left Main Bronchus, Percutaneous Approach, Diagnostic
		0BB74ZX	Excision of Left Main Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0BB77ZX	Excision of Left Main Bronchus, Via Natural or Artificial Opening, Diagnostic
		0BB78ZX	Excision of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0BB83ZX	Excision of Left Upper Lobe Bronchus, Percutaneous Approach, Diagnostic
		0BB84ZX	Excision of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0BB87ZX	Excision of Left Upper Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
		0BB88ZX	Excision of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		0BB93ZX	Excision of Lingula Bronchus, Percutaneous Approach, Diagnostic
		0BB94ZX	Excision of Lingula Bronchus, Percutaneous Endoscopic Approach, Diagnostic
		0BB97ZX	Excision of Lingula Bronchus, Via Natural or Artificial Opening, Diagnostic
		0BB98ZX	Excision of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
		33.27	Closed endoscopic biopsy of lung
0B9L8ZX	Drainage of Left Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic		
0B9M8ZX	Drainage of Bilateral Lungs, Via Natural or Artificial Opening Endoscopic, Diagnostic		
0BBK7ZX	Excision of Right Lung, Via Natural or Artificial Opening, Diagnostic		
0BBK8ZX	Excision of Right Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic		
0BBL7ZX	Excision of Left Lung, Via Natural or Artificial Opening, Diagnostic		
0BBL8ZX	Excision of Left Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic		
0BBM4ZX	Excision of Bilateral Lungs, Percutaneous Endoscopic Approach, Diagnostic		
0BBM7ZX	Excision of Bilateral Lungs, Via Natural or Artificial Opening, Diagnostic		
0BBM8ZX	Excision of Bilateral Lungs, Via Natural or Artificial Opening Endoscopic, Diagnostic		
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

# Pulmonary Procedural Reimbursement Guide (Continued)

## Select Endoscopy Procedures

ICD-9 CM Code	ICD-9 CM Description	ICD-10 PCS Code	ICD-10 PCS Description
31.99	Other operations on trachea	0B710DZ	Dilation of Trachea with Intraluminal Device, Open Approach
		0B710ZZ	Dilation of Trachea, Open Approach
		0B713DZ	Dilation of Trachea with Intraluminal Device, Percutaneous Approach
		0B713ZZ	Dilation of Trachea, Percutaneous Approach
		0B714DZ	Dilation of Trachea with Intraluminal Device, Percutaneous Endoscopic Approach
		0B714ZZ	Dilation of Trachea, Percutaneous Endoscopic Approach
		0B717DZ	Dilation of Trachea with Intraluminal Device, Via Natural or Artificial Opening
		0B717ZZ	Dilation of Trachea, Via Natural or Artificial Opening
		0B718DZ	Dilation of Trachea with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0B718ZZ	Dilation of Trachea, Via Natural or Artificial Opening Endoscopic
		0B720DZ	Dilation of Carina with Intraluminal Device, Open Approach
		0B720ZZ	Dilation of Carina, Open Approach
		0B723DZ	Dilation of Carina with Intraluminal Device, Percutaneous Approach
		0B723ZZ	Dilation of Carina, Percutaneous Approach
		0B724DZ	Dilation of Carina with Intraluminal Device, Percutaneous Endoscopic Approach
		0B724ZZ	Dilation of Carina, Percutaneous Endoscopic Approach
		0B727DZ	Dilation of Carina with Intraluminal Device, Via Natural or Artificial Opening
		0B727ZZ	Dilation of Carina, Via Natural or Artificial Opening
		0B728DZ	Dilation of Carina with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
		0B728ZZ	Dilation of Carina, Via Natural or Artificial Opening Endoscopic
98.15	Removal of intraluminal foreign body from trachea and bronchus without incision	0BC17ZZ	Extirpation of Matter from Trachea, Via Natural or Artificial Opening
		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		
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

# Pulmonary Procedural Reimbursement Guide (Continued)

## Select Endoscopy Procedures

### Medicare Hospital Inpatient Payment

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment <sup>4</sup>
163	Major Chest Procedures with MCC <sup>5,7</sup>	\$29,533
164	Major Chest Procedures with CC <sup>5</sup>	\$15,247
165	Major Chest Procedures without CC/MCC	\$10,716
180	Respiratory neoplasms with Major Complication or Comorbidity (MCC <sup>5</sup> )	\$9,900
181	Respiratory neoplasms pancreas with Complication or Comorbidity (CC <sup>5</sup> )	\$6,953
182	Respiratory neoplasms without CC/MCC	\$5,050
189	Pulmonary edema & respiratory failure	\$7,242
193	Simple pneumonia & pleurisy with MCC <sup>5</sup>	\$8,421
194	Simple pneumonia & pleurisy with CC <sup>5</sup>	\$5,725
195	Simple pneumonia & pleurisy without CC/MCC	\$4,199
196	Interstitial lung disease with MCC <sup>5</sup>	\$9,634
197	Interstitial lung disease with CC <sup>5</sup>	\$6,144
198	Interstitial lung disease without CC/MCC	\$4,591
204	Respiratory signs & symptoms	\$4,305
205	Other respiratory system diagnoses with MCC <sup>5</sup>	\$8,549
206	Other respiratory system diagnoses without CC/MCC	\$4,821



# Stenting Procedural Reimbursement Guide - Select Endoscopy Procedures

## Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Biliary Stenting</b>								
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
<b>Esophageal Stenting</b>								
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
<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	6.80	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
<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	6.65	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

Please refer to page 25 for footnotes

See important information about the uses and limitations of this document on pages 2 and 3

# Stenting Procedural Reimbursement Guide (Continued)

## Select Endoscopy Procedures

### Medicare Physician, Hospital Outpatient, and ASC Payments

2016 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>2</sup>		Facility <sup>3</sup>	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Foreign Body Removal (Stent Removal)</b>								
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

## Hospital Inpatient Coding

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

# Stenting Procedural Reimbursement Guide (Continued)

## Select Endoscopy Procedures

ICD-9 CM Code	ICD-9 CM Description	ICD-10 PCS Code	ICD-10 PCS Description
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
		0FHB8DZ	Insertion of Intraluminal Device into Hepatobiliary Duct, Via Natural or Artificial Opening Endoscopic
52.93	Endoscopic insertion of stent (tube) into pancreatic duct	0F7D4DZ	Dilation of Pancreatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
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		

# Stenting Procedural Reimbursement Guide (Continued)

## Select Endoscopy Procedures

### Medicare Hospital Inpatient Payment

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment <sup>4</sup>
374	Digestive malignancy with Major Complication or Comorbidity (MCC <sup>5</sup> )	\$12,013
375	Digestive malignancy with Complication or Comorbidity (CC <sup>5</sup> )	\$7,264
376	Digestive malignancy without CC/MCC	\$5,369
388	GI obstruction with MCC <sup>5</sup>	\$9,337
389	GI obstruction with CC <sup>5</sup>	\$5,141
390	GI obstruction without CC/MCC	\$3,582
393	Other digestive system diagnoses with MCC <sup>5</sup>	\$9,645
394	Other digestive system diagnoses with CC <sup>5</sup>	\$5,611
395	Other digestive system diagnoses without CC/MCC	\$3,989
435	Malignancy of hepatobiliary system or pancreas with MCC <sup>5</sup>	\$10,319
436	Malignancy of hepatobiliary system or pancreas with CC <sup>5</sup>	\$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 <sup>5</sup>	\$11,081
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC <sup>5</sup>	\$5,533
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	\$3,865
444	Disorders of the biliary tract with MCC <sup>5</sup>	\$9,386
445	Disorders of the biliary tract with CC <sup>5</sup>	\$6,231
446	Disorders of the biliary tract without CC/MCC	\$4,507

# Footnotes

- ‡ The 2016 National Average Medicare physician payment rates have been calculated using a 2016 conversion factor of \$35.8043. Rates subject to change.
- N/A\* Medicare has not developed a rate for the ASC setting as the procedure is typically performed in the hospital setting.
- \* 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.
- 1 CPT copyright 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
- 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.
- 6 May include but is not limited to one of the following hemostasis techniques: injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator.
- 7 Likely to pertain to bronchial thermoplasty only.
- 8 Based on estimate that non-Medicare payment for outpatient hospital services is 2.17 times Medicare payment. Source: High and Varying Prices for Privately Insured Patients Underscore Hospital Market Power by Chapin White, Amelia M. Bond and James D. Reschovsky.

# Hospital Outpatient Facility Payment

Table 1. Final 2016 Hospital Outpatient Payments for Endoscopy Services\*

APC	Description	2016 Medicare National Average Payment <sup>2</sup>
5153	Level 3 Airway Endoscopy	\$1,038
5154	Level 4 Airway Endoscopy	\$1,992
5155	Level 5 Airway Endoscopy	\$3,066
5311	Level 1 Lower GI Procedures	\$492
5312	Level 2 Lower GI Procedures	\$753
5313	Level 3 Lower GI Procedures	\$1,662
5301	Level 1 Upper GI Procedures	\$745
5302	Level 2 Upper GI Procedures	\$1,088
5303	Level 3 Upper GI Procedures	\$1,980
5391	Level 1 Tube/Catheter Changes/Thoracentesis/Lavage	\$483
5291	Thrombolysis and Other Device Revisions	\$200
5331	Complex GI Procedures	\$3,614

\* Note: There is a separate facility and physician payment for outpatient hospital services. The values in this table refer to the outpatient hospital facility payment only.



# Endoscopy C-Code Summary

C-Code	C-Code Description	Devices Impacted <sup>1</sup>
C1726	Catheter, balloon dilation, non-vascular	CRE™ Single-Use Fixed Wire Esophageal Balloon Dilators
		CRE Single-Use Pulmonary Balloon Dilators
		CRE Single-Use Wireguided Esophageal/Pyloric/Biliary Balloon Dilators
		CRE Single-Use Wireguided Esophageal/Pyloric/Colonic/Biliary Balloon Dilators
		CRE Single-Use Wireguided Biliary Balloon Dilators
		Hurricane™ RX Single-Use Biliary Dilatation Balloon Catheters
		MaxForce™ Biliary Balloon Dilatation Catheters
		MaxForce TTS™ Single-Use Balloon Dilators
		Rigiflex™ II Single-Use Achalasia Balloon Dilators
C1769	Guide wire	All BSC guide wires used in GI procedures: Dreamwire™ Guidewire, Hydra Jagwire™ Guidewire, Jagwire™ Guidewire, Pathfinder™ Guidewire
C1874	Stent, coated/covered, with delivery system	AXIOS™ Stent and Delivery System
		Polyflex™ Single-Use Esophageal Stent System
		Polyflex Single-Use Self-Expanding Silicone Airway Stent System
		Ultraflex™ Single-Use Covered Esophageal NG Stent System – Distal Release
		Ultraflex Single-Use Covered Esophageal NG Stent System – Proximal Release
		Ultraflex Single-Use Covered Large Esophageal NG Stent System – Distal Release
		Ultraflex Single-Use Covered Large Esophageal NG Stent System – Proximal Release
		Ultraflex Single-Use Covered Tracheobronchial Stent System - Distal Release
		WallFlex™ Biliary RX Fully Covered Stent System
		WallFlex Biliary RX Partially Covered Stent System
		WallFlex Fully Covered Esophageal Stent
		WallFlex Partially Covered Esophageal Stent System
		WALLSTENT™ Endoscopic Biliary Endoprosthesis Stents
		C1875
C1876	Stent, non-coated/non-covered, with delivery system	Ultraflex Precision Single-Use Colonic Stent System
		Ultraflex Single-Use Uncovered Esophageal NG Stent System – Distal Release
		Ultraflex Single-Use Uncovered Esophageal NG Stent System – Proximal Release
		Ultraflex Single-Use Uncovered Tracheobronchial Stent System – Distal Release
		Ultraflex Single-Use Uncovered Tracheobronchial Stent System – Proximal Release
		WallFlex Single-Use Colonic Stent System
		WallFlex Single-Use Duodenal Stent System
		WallFlex Biliary RX Uncovered Stent System
		WALLSTENT RX Biliary Endoprosthesis Stent System
		WALLSTENT Endoscopic Biliary Endoprosthesis Stents
		WALLSTENT Single-Use Colonic and Duodenal Endoprosthesis with UniStep™ Plus Delivery System
		C2617
Advanix Pancreatic Stent		
C-Flex™ Double Pigtail Biliary Stent		
Percuflex™ Duodenal Bend Biliary Stents		
C2625	Stent, non-coronary, temporary, with delivery system	Advanix Preloaded Biliary Stent Systems
		Advanix Pancreatic Stent Kits
		Flexima™ Biliary Stent Systems
		Percuflex Duodenal Bend Biliary Stent with Introducer Kit <sup>1</sup>
C1886	Catheter, extravascular tissue ablation, any modality (insertable)	Alair™ Bronchial Thermoplasty Catheter

<sup>1</sup> For devices packaged in kits, hospitals may bill for the components of the kits that individually qualify for C-Codes. Facilities should bill for the estimated proportion of the kit that the C-Code eligible device comprises.

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