GUIDEPOINT
Reimbursement Resources

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2017 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.

In 2014, CMS implemented their COMPREHENSIVE APCs (C-APCs) policy with the goal of identifying certain high-cost device-related outpatient procedures (formerly "device intensive" APCs). CMS has fully implemented this policy and has identified these high-cost, device-related services as the primary service on a claim. All other services reported on the same date will be considered "adjunctive, supportive, related or dependent services" provided to support the delivery of the primary service and will be unconditionally packaged into the OPPS C-APC payment of the primary service with minor exceptions. Only select pulmonary and gastroenterology APCs are impacted. Procedures that are impacted are flagged throughout the guide.

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.[8]

Please feel free to contact the Boston Scientific Endoscopy Reimbursement Help Desk at 800.876.9960 x54510 or at 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

Biliary Procedural Reimbursement Guide - Select Endoscopy Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

		RVUs			2017 Medicare National Average Payment			
					Physician[‡,2]		Facility[3]	
CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Diagnostic								
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	5.85	NA	9.48	NA	$340	$2,511†	$1,136
Therapeutic								
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	6.15	NA	9.96	NA	$357	$2,511†	$1,136
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	6.50	NA	10.51	NA	$377	$2,511†	$1,136
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	6.50	NA	10.53	NA	$378	$2,511†	$1,136
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	6.63	NA	10.71	NA	$384	$2,511†	$1,136
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	7.93	NA	12.75	NA	$458	$3,941†	$1,753
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	6.90	NA	11.14	NA	$400	$2,511†	$1,136
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	7.92	NA	12.74	NA	$457	$2,511†	$1,136
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	8.48	NA	13.62	NA	$489	$3,941†	$1,753
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	6.86	NA	11.08	NA	$398	$2,511†	$1,136
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	8.84	NA	14.18	NA	$509	$3,941†	$1,753

Hospital Inpatient Coding

ICD-10 PCS Code	ICD-10 PCS Description
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
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-10 PCS Code	ICD-10 PCS Description
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[4]
435	Malignancy of hepatobiliary system or pancreas with Major Complication or Comorbidity (MCC[5])	$10,374
436	Malignancy of hepatobiliary system or pancreas with Complication or Comorbidity (CC[5])	$6,819
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	$5,549
438	Disorders of pancreas except malignancy with MCC[5]	$9,890
439	Disorders of pancreas except malignancy with CC[5]	$5,190
440	Disorders of pancreas except malignancy without CC/MCC	$3,745
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC[5]	$11,277
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC[5]	$5,440
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	$3,962
444	Disorders of the biliary tract with MCC[5]	$9,526
445	Disorders of the biliary tract with CC[5]	$6,156
446	Disorders of the biliary tract without CC/MCC	$4,557

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Biopsy Procedural Reimbursement Guide - Select Endoscopy Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

		RVUs			2017 Medicare National Average Payment			
					Physician[‡,2]		Facility[3]	
CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Cold Biopsy								
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	2.79	NA	4.91	NA	$176	$1,335[†]	$609
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1.72	8.72	3.03	$313	$109	$1,335[†]	$609
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	2.39	9.73	4.08	$349	$146	$700	$378
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	6.15	NA	9.96	NA	$357	$2,511[†]	$1,136
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	2.77	NA	4.67	NA	$168	$1,335[†]	$609
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	5.42	NA	8.81	NA	$316	$1,335[†]	$609
44382	Ileoscopy, through stoma; with biopsy, single or multiple	1.17	7.43	2.15	$267	$77	$700	$378
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1.50	8.10	2.61	$291	$94	$668	$361
44389	Colonoscopy through stoma; with biopsy, single or multiple	3.02	10.76	5.05	$386	$181	$878	$475
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	1.15	4.06	2.13	$146	$76	$878	$475
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1.14	7.27	2.11	$261	$76	$668	$361
45380	Colonoscopy, flexible; with biopsy, single or multiple	3.56	11.50	5.90	$413	$212	$878	$475
Hot Biopsy								
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.30	10.12	3.95	$363	$142	$1,335[†]	$609
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.97	11.28	5.00	$405	$179	$1,335[†]	$609
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	3.21	NA	5.30	NA	$190	$1,335[†]	$609
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.53	9.96	5.82	$357	$209	$878	$475
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	1.30	4.55	2.44	$163	$88	$2,168[†]	$1,115
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1.55	8.33	2.76	$299	$99	$668	$361
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	4.07	12.76	6.71	$458	$241	$878	$475

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.

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Cholangioscopy Procedural Reimbursement Guide

Select Endoscopy Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

		RVUs			2017 Medicare National Average Payment			
					Physician‡,2	Facility3		
CPT® Code1	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Cholangioscopy								
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	NA	3.52	NA	$126	$0	$0

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

Medicare Physician, Hospital Outpatient, and ASC Payments

		RVUs			2017 Medicare National Average Payment			
					Physician‡,2	Facility3		
CPT® Code1	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Diagnostic								
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	5.85	NA	9.48	NA	$340	$2,511†	$1,136
Therapeutic								
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	6.15	NA	9.96	NA	$357	$2,511†	$1,136
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	6.50	NA	10.51	NA	$377	$2,511†	$1,136
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	6.50	NA	10.53	NA	$378	$2,511†	$1,136
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	6.63	NA	10.71	NA	$384	$2,511†	$1,136
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	7.93	NA	12.75	NA	$458	$3,941†	$1,753
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	6.90	NA	11.14	NA	$400	$2,511†	$1,136
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	7.92	NA	12.74	NA	$457	$2,511†	$1,136
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	8.48	NA	13.62	NA	$489	$3,941†	$1,753
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	6.86	NA	11.08	NA	$398	$2,511†	$1,136
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	8.84	NA	14.18	NA	$509	$3,941†	$1,753

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Cholangioscopy Procedural Reimbursement Guide (Continued)
Select Endoscopy Procedures

Hospital Inpatient Coding

ICD-10 PCS Code	ICD-10 PCS Description
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
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
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

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Cholangioscopy Procedural Reimbursement Guide (Continued)
Select Endoscopy Procedures

Medicare Hospital Inpatient Payment

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment[4]
435	Malignancy of hepatobiliary system or pancreas with Major Complication or Comorbidity (MCC[5])	$10,374
436	Malignancy of hepatobiliary system or pancreas with Complication or Comorbidity (CC[5])	$6,819
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	$5,549
438	Disorders of pancreas except malignancy with MCC[5]	$9,890
439	Disorders of pancreas except malignancy with CC[5]	$5,190
440	Disorders of pancreas except malignancy without CC/MCC	$3,745
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC[5]	$11,277
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC[5]	$5,440
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	$3,962
444	Disorders of the biliary tract with MCC[5]	$9,526
445	Disorders of the biliary tract with CC[5]	$6,156
446	Disorders of the biliary tract without CC/MCC	$4,557

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Dilation Procedural Reimbursement Guide - Select Endoscopy Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

		RVUs			2017 Medicare National Average Payment			
					Physician[‡,2]		Facility[3]	
CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Balloon								
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	3.07	NA	5.36	NA	$192	$2,511[†]	$1,136
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	3.40	NA	5.65	NA	$203	$1,335[†]	$609
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	2.00	30.40	3.46	$1,091	$124	$1,335[†]	$609
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	4.07	NA	6.69	NA	$240	$1,335[†]	$609
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	2.67	28.82	4.52	$1,034	$162	$1,335[†]	$609
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	1.38	26.53	2.49	$952	$89	$1,335[†]	$609
44405	Colonoscopy through stoma; with transendoscopic balloon dilation	3.23	15.30	5.38	$549	$193	$878	$475
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	1.25	12.23	2.28	$439	$82	$878	$475
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	3.77	16.60	6.23	$596	$224	$878	$475
Balloon or Rigid								
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	3.31	NA	5.72	NA	$205	$2,511[†]	$1,136
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	4.63	32.66	7.59	$1,172	$272	$1,335[†]	$609
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	2.24	9.02	3.83	$324	$137	$1,335[†]	$609
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	3.08	15.67	5.16	$562	$185	$1,335[†]	$609
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	2.91	9.95	4.88	$357	$175	$700	$378
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	1.40	25.61	2.52	$919	$90	$878	$475

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.

Please refer to page 25 for footnotes
See important information about the uses and limitations of this document on pages 2 and 3

Endoscopic Ultrasound-Guided Procedural Reimbursement Guide

Select Endoscopy Procedures

Endoscopic Ultrasound-Guided Fine Needle Aspiration Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

		RVUs			2017 Medicare National Average Payment			
					Physician[‡,2]	Facility[3]		
CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Upper Gastrointestinal Procedures								
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	3.59	11.43	5.81	$410	$209	$1,335[†]	$609
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)	4.16	NA	6.85	NA	$246	$1,335[†]	$609
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)	4.73	NA	7.73	NA	$277	$1,335[†]	$609
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	2.96	8.58	4.95	$308	$178	$2,511[†]	$1,136
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(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)	4.73	NA	7.73	NA	$277	$1,335[†]	$609
Lower Gastrointestinal Procedures								
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	4.96	NA	8.09	NA	$290	$878	$475
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	2.98	NA	4.99	NA	$179	$878	$475
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	5.50	NA	8.94	NA	$321	$878	$475

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

		RVUs			2017 Medicare National Average Payment			
					Physician[‡,2]	Facility[3]		
CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Stent Placement								
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)	7.15	NA	11.55	NA	$415	$2,511[†]	$1,136
Stent Retrieval								
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.11	9.94	5.20	$357	$187	$700	$378

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[4]
407	Pancreas, liver & shunt procedures without CC/MCC	$11,997

Please refer to page 25 for footnotes

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Enteral Feeding Procedural Reimbursement Guide

Select Endoscopy Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

		RVUs			2017 Medicare National Average Payment			
					Physician[‡,2]		Facility[3]	
CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Gastrostomy Tube Initial Placement								
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	3.56	NA	5.88	NA	$211	$1,335[†]	$609
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	3.93	27.52	6.03	$988	$216	$1,335[†]	$609
Gastrostomy Tube Replacement/Reposition								
43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	0.90	13.90	1.36	$499	$49	$216	$117
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	2.01	3.36	2.98	$121	$107	$700	$117
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1.36	18.89	1.94	$678	$70	$216	$378
Jejunostomy Tube								
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	3.39	NA	5.65	NA	$203	$700	$609
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	3.93	27.52	6.03	$988	$216	$1,335[†]	$609
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	3.06	26.44	4.35	$949	$156	$1,335[†]	$609
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	2.86	25.52	4.05	$916	$145	$1,335[†]	$378
Other Procedures								
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	20.89	1.39	$750	$50	$700	$378

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.

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Hemostasis Procedural Reimbursement Guide - Select Endoscopy Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

		RVUs			2017 Medicare National Average Payment			
					Physician[‡,2]		Facility[3]	
CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Control of Bleeding								
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	2.89	17.82	4.85	$640	$174	$1,335[†]	$609
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	3.56	18.86	5.91	$677	$212	$1,335[†]	$609
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)	4.30	NA	7.06	NA	$253	$1,335[†]	$609
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)	7.02	NA	11.32	NA	$406	$1,335[†]	$609
44391	Colonoscopy through stoma; with control of bleeding, any method	4.12	19.66	6.77	$706	$243	$878	$475
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	2.00	15.62	3.46	$561	$124	$878	$475
45382	Colonoscopy, flexible; with control of bleeding, any method	4.66	20.45	7.62	$734	$273	$878	$475
Ligation								
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	2.44	NA	4.15	NA	$149	$1,335[†]	$609
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	4.40	NA	7.22	NA	$259	$1,335[†]	$609
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	1.68	14.87	2.96	$534	$106	$878	$475
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	4.20	19.09	6.90	$685	$248	$878	$475
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	2.36	7.66	5.48	$275	$197	$668	$177
Injection								
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	2.79	NA	4.92	NA	$177	$1,335[†]	$609
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	1.72	6.28	3.02	$225	$108	$1,335[†]	$609
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	2.33	NA	3.99	NA	$143	$1,335[†]	$609
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	2.39	9.34	4.07	$335	$146	$700	$378
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	4.27	NA	6.97	NA	$250	$1,335[†]	$609
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	3.02	10.23	5.05	$367	$181	$878	$475
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1.04	6.63	1.95	$238	$70	$668	$361
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	3.56	10.99	5.90	$394	$212	$878	$475

Medicare Hospital Inpatient Payment

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment[4]
377	GI Hemorrhage with Major Complication or Comorbidity (MCC[5])	$10,573
378	GI Hemorrhage with Complication or Comorbidity (CC[5])	$5,880
379	GI Hemorrhage without CC/MCC	$3,916
432	Cirrhosis & alcoholic hepatitis with MCC[5]	$10,205
433	Cirrhosis & alcoholic hepatitis with CC[5]	$5,530
434	Cirrhosis & alcoholic hepatitis without CC/MCC	$3,650

Please refer to page 25 for footnotes
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Polypectomy Procedural Reimbursement Guide - Select Endoscopy Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

		RVUs			2017 Medicare National Average Payment			
					Physician[‡,2]		Facility[3]	
CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Hot Biopsy								
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.30	10.12	3.95	$363	$142	$1,335[†]	$609
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.97	11.28	5.00	$405	$179	$1,335[†]	$609
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	3.21	NA	5.30	NA	$190	$1,335[†]	$609
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.53	9.96	5.82	$357	$209	$878	$475
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	1.30	4.55	2.44	$163	$88	$2,168[†]	$1,115
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1.55	8.33	2.76	$299	$99	$668	$361
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	4.07	12.76	6.71	$458	$241	$878	$475
Snare								
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.80	10.79	4.72	$387	$169	$1,335[†]	$609
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	3.47	12.50	5.76	$449	$207	$1,335[†]	$609
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	3.63	NA	6.01	NA	$216	$1,335[†]	$609
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.03	11.49	6.63	$412	$238	$878	$475
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	1.40	4.74	2.60	$170	$93	$878	$475
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.05	7.63	3.54	$274	$127	$878	$475
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.57	12.09	7.48	$434	$268	$878	$475
Hot Biopsy or Snare								
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	1.70	5.15	3.06	$185	$110	$878	$475
Other								
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)	3.49	18.33	5.80	$658	$208	$2,511[†]	$1,136
Foreign Body Removal								
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	3.51	NA	5.61	NA	$201	$1,335[†]	$609
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.44	10.23	4.16	$367	$149	$1,335[†]	$609
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.11	9.94	5.20	$357	$187	$700	$378
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	3.39	NA	5.64	NA	$202	$1,335[†]	$609
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	1.60	4.74	2.83	$170	$102	$2,168[†]	$1,115
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	7.13	3.09	$256	$111	$878	$475
45379	Colonoscopy, flexible; with removal of foreign body(s)	4.28	11.60	7.03	$416	$252	$878	$475
Endoscopic Mucosal Resection								
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	4.20	NA	6.93	NA	$249	$1,335[†]	$609
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	4.87	NA	7.96	NA	$286	$1,335[†]	$609
44403	Colonoscopy through stoma; with endoscopic mucosal resection	5.50	NA	8.92	NA	$320	$878	$475
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	3.52	NA	5.83	NA	$209	$878	$475
45390	Colonoscopy, flexible; with endoscopic mucosal resection	6.04	NA	9.77	NA	$351	$878	$475

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.

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Pulmonary Procedural Reimbursement Guide - Select Endoscopy Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

2017 Medicare National Average Payment

		RVUs			Physician[‡,2]		Facility[3]	
CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Biopsy								
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	3.11	9.43	4.53	$338	$163	$1,270†	$570
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.55	10.00	5.09	$359	$183	$2,431†	$1,118
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	1.84	1.42	$66	$51	$0	$0
Cytology and Brush								
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.53	6.86	3.81	$246	$137	$1,270†	$570
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.63	7.70	3.87	$276	$139	$1,270†	$570
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	2.63	7.20	3.92	$258	$141	$1,270†	$570
Foreign Body Removal (Stent Removal)								
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	3.42	7.96	5.07	$286	$182	$1,270†	$570
Needle Aspiration								
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	3.75	12.36	5.42	$444	$195	$2,431†	$1,118
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	2.29	1.83	$82	$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)	2.91	7.25	4.31	$260	$155	$1,270†	$570
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	NA	6.63	NA	$238	$4,363†	$1,711
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	NA	6.37	NA	$229	$4,363†	$2,386
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	NA	2.14	NA	$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	NA	7.26	NA	$261	$4,363†	$1,711
Balloon Dilation								
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	3.81	NA	5.78	NA	$207	$2,431†	$1,118
Bronchial Thermoplasty								
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	4.00	NA	5.66	NA	$203	$4,363†	N/A*
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	4.25	NA	5.97	NA	$214	$4,363†	N/A*
Endobronchial Ultrasound-Guided Transbronchial Needle Aspiration								
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	4.46	23.48	6.42	$843	$230	$2,431†	$1,118
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	4.96	24.85	7.11	$892	$255	$2,431†	$1,118
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	3.59	1.96	$129	$70	$0	$0

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Pulmonary Procedural Reimbursement Guide (Continued)

Select Endoscopy Procedures

Hospital Inpatient Coding

ICD-10 PCS Code	ICD-10 PCS Description
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
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

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Pulmonary Procedural Reimbursement Guide (Continued)

Select Endoscopy Procedures

ICD-10 PCS Code	ICD-10 PCS Description
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
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

Please refer to page 25 for footnotes
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Pulmonary Procedural Reimbursement Guide (Continued)

Select Endoscopy Procedures

ICD-10 PCS Code	ICD-10 PCS Description
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
0BBB3ZX	Excision of Left Lower Lobe Bronchus, Percutaneous Approach, Diagnostic
0BBB4ZX	Excision of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BBB7ZX	Excision of Left Lower Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0BBB8ZX	Excision of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9K8ZX	Drainage of Right Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
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
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

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Pulmonary Procedural Reimbursement Guide (Continued)

Select Endoscopy Procedures

ICD-10 PCS Code	ICD-10 PCS Description
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
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
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

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Pulmonary Procedural Reimbursement Guide (Continued)

Select Endoscopy Procedures

Medicare Hospital Inpatient Payment

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment[4]
163	Major Chest Procedures with MCC[5,7]	$29,933
164	Major Chest Procedures with CC[5]	$15,396
165	Major Chest Procedures without CC/MCC	$10,673
180	Respiratory neoplasms with Major Complication or Comorbidity (MCC[5])	$10,124
181	Respiratory neoplasms pancreas with Complication or Comorbidity (CC[5])	$6,940
182	Respiratory neoplasms without CC/MCC	$4,870
189	Pulmonary edema & respiratory failure	$7,237
193	Simple pneumonia & pleurisy with MCC[5]	$8,265
194	Simple pneumonia & pleurisy with CC[5]	$5,647
195	Simple pneumonia & pleurisy without CC/MCC	$4,191
196	Interstitial lung disease with MCC[5]	$9,701
197	Interstitial lung disease with CC[5]	$6,312
198	Interstitial lung disease without CC/MCC	$4,829
204	Respiratory signs & symptoms	$4,425
205	Other respiratory system diagnoses with MCC[5]	$8,736
206	Other respiratory system diagnoses without CC/MCC	$4,962

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Stenting Procedural Reimbursement Guide - Select Endoscopy Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

2017 Medicare National Average Payment

		RVUs			Physician[‡,2]		Facility[3]	
CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Biliary Stenting								
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	8.48	NA	13.62	NA	$489	$3,941†	$1,753
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	6.86	NA	11.08	NA	$398	$2,511†	$1,136
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	8.84	NA	14.18	NA	$509	$3,941†	$1,753
Esophageal Stenting								
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	3.40	NA	5.58	NA	$200	$3,941†	$2,574
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	3.92	NA	6.42	NA	$230	$3,941†	$2,629
Colonic and Duodenal Stenting								
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	3.92	NA	6.42	NA	$230	$3,941†	$2,629
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	4.69	NA	7.84	NA	$281	$3,941†	$2,533
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	7.36	NA	12.06	NA	$433	$3,941†	$1,753
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2.85	NA	4.48	NA	$161	$2,511†	$1,136
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	4.70	NA	7.65	NA	$275	$3,941†	$3,138
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	1.90	NA	3.30	NA	$118	$3,941†	$1,753
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2.72	NA	4.54	NA	$163	$3,941†	$2,711
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	5.24	NA	8.53	NA	$306	$3,941†	$2,643
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	1.90	NA	3.30	NA	$118	$3,941†	$1,753
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	NA	6.63	NA	$238	$4,363†	$1,711
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	NA	6.37	NA	$229	$4,363†	$2,386
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	NA	2.14	NA	$77	$0	$0

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Stenting Procedural Reimbursement Guide (Continued)
Select Endoscopy Procedures

Medicare Physician, Hospital Outpatient, and ASC Payments

		RVUs			2017 Medicare National Average Payment			
					Physician[‡,2]	Facility[3]		
CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Foreign Body Removal (Stent Removal)								
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	3.51	NA	5.61	NA	$201	$1,335[†]	$609
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.44	10.23	4.16	$367	$149	$1,335[†]	$609
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.11	9.94	5.20	$357	$187	$700	$378
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	6.86	NA	11.08	NA	$398	$2,511[†]	$1,136
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	3.39	NA	5.64	NA	$202	$1,335[†]	$609
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	1.60	4.74	2.83	$170	$102	$2,168[†]	$1,115
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	7.13	3.09	$256	$111	$878	$475
45379	Colonoscopy, flexible; with removal of foreign body(s)	4.28	11.60	7.03	$416	$252	$878	$475

Hospital Inpatient Coding

ICD-10 PCS Code	ICD-10 PCS Description
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
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

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Stenting Procedural Reimbursement Guide (Continued)
Select Endoscopy Procedures

ICD-10 PCS Code	ICD-10 PCS Description
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
0F7D4DZ	Dilation of Pancreatic Duct with Intraluminal Device, Percutaneous Endoscopic Approach
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
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
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

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Stenting Procedural Reimbursement Guide (Continued)
Select Endoscopy Procedures

Medicare Hospital Inpatient Payment

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment[4]
374	Digestive malignancy with Major Complication or Comorbidity (MCC[5])	$12,125
375	Digestive malignancy with Complication or Comorbidity (CC[5])	$7,303
376	Digestive malignancy without CC/MCC	$5,066
388	GI obstruction with MCC[5]	$9,229
389	GI obstruction with CC[5]	$5,120
390	GI obstruction without CC/MCC	$3,586
393	Other digestive system diagnoses with MCC[5]	$9,971
394	Other digestive system diagnoses with CC[5]	$5,576
395	Other digestive system diagnoses without CC/MCC	$3,933
435	Malignancy of hepatobiliary system or pancreas with MCC[5]	$10,374
436	Malignancy of hepatobiliary system or pancreas with CC[5]	$6,819
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	$5,549
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC[5]	$11,277
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC[5]	$5,440
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	$3,962
444	Disorders of the biliary tract with MCC[5]	$9,526
445	Disorders of the biliary tract with CC[5]	$6,156
446	Disorders of the biliary tract without CC/MCC	$4,557

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Footnotes

† Comprehensive APCs (C-APCs): In 2014, CMS implemented their C-APC policy with the goal of identifying certain high-cost device-related outpatient procedures (formerly "device intensive" APCs). CMS has fully implemented this policy and has identified these high-cost, device-related services as the primary service on a claim. All other services reported on the same date will be considered "adjunctive, supportive, related or dependent services" provided to support the delivery of the primary service and will be unconditionally packaged into the OPPS C-APC payment of the primary service with minor exceptions.

‡ The 2017 National Average Medicare physician payment rates have been calculated using a 2017 conversion factor of $35.8887. Rates subject to change.

NA "NA" indicates that there is no in-office differential for these codes.

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.

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2 Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - January 2017 release, RVU17A file https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU17A.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending

3 Source: January 3, 2017 Federal Register CMS-1656-CN.

4 National average (wage index greater than one) DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts ($5,963.44). Source: August 22, 2016 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 1.8 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.

SEQUESTRATION DISCLAIMER: Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2017.

Hospital Outpatient Facility Payment

Table 1. Final 2017 Hospital Outpatient Payments for Endoscopy Services*

APC	Description	2017 Medicare National Average Payment[3]
5153	Level 3 Airway Endoscopy	$1,270†
5154	Level 4 Airway Endoscopy	$2,431†
5155	Level 5 Airway Endoscopy	$4,363†
5311	Level 1 Lower GI Procedures	$668
5312	Level 2 Lower GI Procedures	$878
5313	Level 3 Lower GI Procedures	$2,168†
5301	Level 1 Upper GI Procedures	$700
5302	Level 2 Upper GI Procedures	$1,335†
5303	Level 3 Upper GI Procedures	$2,511†
5331	Complex GI Procedures	$3,941†

† Comprehensive APCs (C-APCs): In 2014, CMS implemented their C-APC policy with the goal of identifying certain high-cost device-related outpatient procedures (formerly "device intensive" APCs). CMS has fully implemented this policy and has identified these high-cost, device-related services as the primary service on a claim. All other services reported on the same date will be considered "adjunctive, supportive, related or dependent services" provided to support the delivery of the primary service and will be unconditionally packaged into the OPPS C-APC payment of the primary service with minor exceptions.

* 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[1]
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	Stent, coated/covered without delivery system	Dynamic™ (Y) Stent
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	Stent, non-coronary, temporary, without delivery system	Advanix™ Biliary Stent
		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[1]
		RX Biliary Stents with RX Delivery System™
C1886	Catheter, extravascular tissue ablation, any modality (insertable)	Alair™ Bronchial Thermoplasty Catheter

1 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.

Boston Scientific

Advancing science for life™

Boston Scientific Corporation
300 Boston Scientific Way
Marlboro, MA 01752
www.bostonscientific.com

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