

## 2019 Coding & Payment Quick Reference

### Select Biliary Procedures

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

The following codes are thought to be relevant to Biliary procedures and are referenced throughout this guide.

All rates shown are 2019 Medicare national averages; actual rates will vary geographically and/or by individual facility.

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

It is important to remember that surgical endoscopy always includes a diagnostic endoscopy (CPT® Code 43260). Therefore, when a diagnostic endoscopy is performed during the same session as a surgical endoscopy, the diagnostic endoscopy code is not separately reported. (CPT Assistant, October 2001)

CPT® Code <sup>1</sup>	Code Description	Work	RVUs		2019 Medicare National Average Payment			
			Total Office	Total Facility	Physician <sup>2,2</sup>		Facility <sup>3</sup>	
			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)	5.85	NA	9.45	NA	\$341	\$2,825 <sup>1</sup>	\$1,246
<b>Therapeutic</b>								
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	6.15	NA	9.92	NA	\$358	\$2,825 <sup>1</sup>	\$1,246
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	6.50	NA	10.46	NA	\$377	\$2,825 <sup>1</sup>	\$1,246
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	6.50	NA	10.47	NA	\$377	\$2,825 <sup>1</sup>	\$1,246
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	6.63	NA	10.66	NA	\$384	\$2,825 <sup>1</sup>	\$1,246
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	7.93	NA	12.69	NA	\$457	\$4,496 <sup>1</sup>	\$1,929
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	11.09	NA	\$400	\$2,825 <sup>1</sup>	\$1,246
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	12.67	NA	\$457	\$2,825 <sup>1</sup>	\$1,246

CPT® Code <sup>1</sup>	Code Description	RVUs			2019 Medicare National Average Payment			
		Work	Total Office	Total Facility	Physician <sup>2</sup>		Facility <sup>3</sup>	
					In-Office	In-Facility	Hospital Outpatient	ASC
<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	8.48	NA	13.56	NA	\$489	\$4,496 <sup>1</sup>	\$1,929
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	6.86	NA	11.04	NA	\$398	\$2,825 <sup>1</sup>	\$1,246
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	14.12	NA	\$509	\$4,496 <sup>1</sup>	\$1,929

## Fluoroscopy is often performed in conjunction with ERCP procedures.

### Possible CPT Codes include:

CPT® Code <sup>1</sup>	Code Description	RVUs			2019 Medicare National Average Payment			
		Work	Total Office	Total Facility	Physician <sup>2</sup>		Facility <sup>3</sup>	
					In-Office	In-Facility	Hospital Outpatient	ASC
<b>Fluoroscopy</b>								
74328-26	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	0.70	NA	1.01	NA	\$36	No additional payment***	No additional payment***
74329-26	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	0.70	NA	1.01	NA	\$36	No additional payment***	No additional payment***
74330-26	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	0.90	NA	1.29	NA	\$46	No additional payment***	No additional payment***

## C-Code Information

For all C-Code information, please reference the C-code Finder: <http://www.bostonscientific.com/reimbursement>

## Hospital Inpatient Coding – Select Procedures

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
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
BF001ZZ	Plain Radiography of Bile Ducts using Low Osmolar Contrast
BF00YZZ	Plain Radiography of Bile Ducts using Other Contrast
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
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
0F987ZX	Drainage of Cystic Duct, Via Natural or Artificial Opening, Diagnostic
0F988ZX	Drainage of Cystic Duct, Via Natural or Artificial Opening Endoscopic, 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
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
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
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
0FB87ZX	Excision of Cystic Duct, Via Natural or Artificial Opening, Diagnostic
0FB88ZX	Excision of Cystic Duct, Via Natural or Artificial Opening Endoscopic, 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
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
0F558ZZ	Destruction of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0F758DZ	Dilation of Right Hepatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F758ZZ	Dilation of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0F568ZZ	Destruction of Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0F768DZ	Dilation of Left Hepatic Duct with Intraluminal Device, Endoscopic
0F768ZZ	Dilation of Left Hepatic Duct, Endoscopic
0F578ZZ	Destruction of Common Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0F958ZZ	Drainage of Right Hepatic Duct, Endoscopic
0F9580Z	Drainage of Right Hepatic Duct with Drainage Device, Endoscopic
0F968ZZ	Drainage of Left Hepatic Duct, Endoscopic

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Expires: 31DEC2019  
MS-DRG Rates Expire: 30SEP2019  
ENDO-47409-AH

## Hospital Inpatient Coding – Select Procedures

ICD-10 PCS Code	ICD-10 PCS Description
0F9680Z	Drainage of Left Hepatic Duct with Drainage Device, Endoscopic
0FB58ZZ	Excision of Right Hepatic Duct, Endoscopic
0FB68ZZ	Excision of Left Hepatic Duct, Endoscopic
0FF58ZZ	Fragmentation in Right Hepatic Duct, Endoscopic
0FF68ZZ	Fragmentation in Left Hepatic Duct, Endoscopic
0FL58ZZ	Occlusion of Right Hepatic Duct, Endoscopic
0FL58DZ	Occlusion of Right Hepatic Duct with Intraluminal Device Endoscopic
0FL68ZZ	Occlusion of Left Hepatic Duct, Endoscopic
0FL68DZ	Occlusion of Left Hepatic Duct with Intraluminal Device, Endoscopic
0FN58ZZ	Release Right Hepatic Duct, Endoscopic
0FN68ZZ	Release Left Hepatic Duct, Endoscopic
0FQ58ZZ	Repair Right Hepatic Duct, Endoscopic
0FQ68ZZ	Repair Left Hepatic Duct, Endoscopic
0FT58ZZ	Resection of Right Hepatic Duct, Endoscopic
0FT68ZZ	Resection of Left Hepatic Duct, Endoscopic
0FV58ZZ	Restriction of Right Hepatic Duct, Endoscopic
0FV58DZ	Restriction of Right Hepatic Duct with Intraluminal Device, Endoscopic
0FV68ZZ	Restriction of Left Hepatic Duct, Endoscopic
0FV68DZ	Restriction of Left Hepatic Duct with Intraluminal Device, Endoscopic
0F598ZZ	Destruction of Common Bile Duct, Endoscopic
0F798DZ	Dilation of Common Bile Duct with Intraluminal Device, Endoscopic
0F798ZZ	Dilation of Common Bile Duct, Endoscopic
0F998ZZ	Drainage of Common Bile Duct, Endoscopic
0FB98ZZ	Excision of Common Bile Duct, Endoscopic
0FC98ZZ	Extirpation of Matter from Common Bile Duct, Endoscopic
0FF98ZZ	Fragmentation in Common Bile Duct, Endoscopic
0FL98ZZ	Occlusion of Common Bile Duct, Endoscopic
0FL98DZ	Occlusion of Common Bile Duct with Intraluminal Device, Endoscopic
0FT98ZZ	Resection of Common Bile Duct, Endoscopic
0FV98ZZ	Restriction of Common Bile Duct, Endoscopic
0FV98DZ	Restriction of Common Bile Duct with Intraluminal Device, Endoscopic
0FN98ZZ	Release Common Bile Duct, Endoscopic
0FQ98ZZ	Repair Common Bile Duct, Endoscopic
0F788DZ	Dilation of Cystic Duct with Intraluminal Device, Endoscopic
0F788ZZ	Dilation of Cystic Duct, Endoscopic
0F5D8ZZ	Destruction of Pancreatic Duct, Endoscopic
0F7D8ZZ	Dilation of Pancreatic Duct, Endoscopic
0F7F8DZ	Dilation of Access Pancreatic Duct with Intraluminal Device, Endoscopic
0F7F8ZZ	Dilation of Accessory Pancreatic Duct, Endoscopic
0F9D8ZX	Drainage of Pancreatic Duct, Endoscopic, Diagnostic
0F9D8ZZ	Drainage of Pancreatic Duct, Endoscopic
0FBD8ZX	Excision of Pancreatic Duct, Endoscopic, Diagnostic
0FBD8ZZ	Excision of Pancreatic Duct, Endoscopic
0FFD8ZZ	Fragmentation in Pancreatic Duct, Endoscopic
0FLD8ZZ	Occlusion of Pancreatic Duct, Endoscopic
0FNF8ZZ	Release Accessory Pancreatic Duct, Endoscopic

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## Hospital Inpatient Coding – Select Procedures

ICD-10 PCS Code	ICD-10 PCS Description
0FQF8ZZ	Repair Accessory Pancreatic Duct, Endoscopic
0FTD8ZZ	Resection of Pancreatic Duct, Endoscopic
0FVD8ZZ	Restriction of Pancreatic Duct, Endoscopic
0FVF8DZ	Restriction of Access Pancreatic Duct with Intraluminal Device, Endoscopic
0FPD80Z	Removal of Drainage Device from Pancreatic Duct, Endoscopic
0FPD81Z	Removal of Radioactive Element from Pancreatic Duct, Endoscopic
0FPD82Z	Removal of Monitoring Device from Pancreatic Duct, Endoscopic
0FPD83Z	Removal of Infusion Device from Pancreatic Duct, Endoscopic
0FPD87Z	Removal of Autologous Tissue Substitute from Pancreatic Duct, Endoscopic
0FPD8CZ	Removal of Extraluminal Device from Pancreatic Duct, Endoscopic
0FPD8DZ	Removal of Intraluminal Device from Pancreatic Duct, Endoscopic
0FPD8JZ	Removal of Synthetic Substitute from Pancreatic Duct, Endoscopic
0FPD8KZ	Removal of Nonautologous Tissue Substitute from Pancreatic Duct, Endoscopic
0FPD8YZ	Removal of Other Device from Pancreatic Duct, Endoscopic
0FWD80Z	Revision of Drainage Device in Pancreatic Duct, Endoscopic
0FWD82Z	Revision of Monitoring Device in Pancreatic Duct, Endoscopic
0FWD83Z	Revision of Infusion Device in Pancreatic Duct, Endoscopic
0FWD8CZ	Revision of Extraluminal Device in Pancreatic Duct, Endoscopic
0FWD8DZ	Revision of Intraluminal Device in Pancreatic Duct, Endoscopic
0FWD8JZ	Revision of Synthetic Substitute in Pancreatic Duct, Endoscopic
0FHD8DZ	Insertion of Intraluminal Device into Pancreatic Duct, Endoscopic
0FND8ZZ	Release Pancreatic Duct, Endoscopic
0FQD8ZZ	Repair Pancreatic Duct, Endoscopic
0FNC8ZZ	Release Ampulla of Vater, Endoscopic
0FQC8ZZ	Repair Ampulla of Vater, Endoscopic
0F5C8ZZ	Destruction of Ampulla of Vater, Endoscopic
0F7C8DZ	Dilation of Ampulla of Vater with Intraluminal Device, Endoscopic
0F7C8ZZ	Dilation of Ampulla of Vater, Endoscopic
0F9C80Z	Drainage of Ampulla of Vater with Drainage Device, Endoscopic
0F9C8ZZ	Drainage of Ampulla of Vater, Endoscopic
0FBC8ZZ	Excision of Ampulla of Vater, Endoscopic
0FFC8ZZ	Fragmentation in Ampulla of Vater, Endoscopic
0FLC8DZ	Occlusion of Ampulla of Vater with Intraluminal Device, Endoscopic
0FLC8ZZ	Occlusion of Ampulla of Vater, Endoscopic
0FTC8ZZ	Resection of Ampulla of Vater, Endoscopic
0FVC8DZ	Restriction of Ampulla of Vater with Intraluminal Device, Endoscopic
0FVC8ZZ	Restriction of Ampulla of Vater, Endoscopic
0FCC8ZZ	Extirpation of Matter from Ampulla of Vater, Endoscopic

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## Medicare Hospital Inpatient Payment Rates Effective October 1, 2018 - September 30, 2019

Medicare Severity Diagnosis Related Groups (MS-DRGs) assignment is based on a combination of diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG.

MS-DRGs resulting from inpatient biliary procedures may include (but are not limited to):

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment <sup>6</sup>
435	Malignancy of hepatobiliary system or pancreas with Major Complication or Comorbidity (MCC <sup>6</sup> )	\$10,365
436	Malignancy of hepatobiliary system or pancreas with Complication or Comorbidity (CC <sup>6</sup> )	\$6,935
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,286
438	Disorders of pancreas except malignancy with MCC <sup>6</sup>	\$10,002
439	Disorders of pancreas except malignancy with CC <sup>6</sup>	\$5,265
440	Disorders of pancreas except malignancy without CC/MCC	\$3,793
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC <sup>6</sup>	\$11,339
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC <sup>6</sup>	\$5,732
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	\$4,248
444	Disorders of the biliary tract with MCC <sup>6</sup>	\$9,835
445	Disorders of the biliary tract with CC <sup>6</sup>	\$6,518
446	Disorders of the biliary tract without CC/MCC	\$4,854

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

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† 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 2019 National Average Medicare physician payment rates have been calculated using a 2019 conversion factor of \$36.0391. Rates subject to change.

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

\*\* When submitting one of the above mentioned radiology codes, physicians should bill with the -26 modifier to denote the professional component.

\*\*\* No additional payment will be made to the facility, as the payment for the radiology service is packaged into the ERCP payment rate.

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2 Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - November 2018 release, RVU17A 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 2, 2018 Federal Register CMS-1695-F and December 28, 2018 Federal Register CMS-1695-CN2.

4 General Surgery/Gastroenterology 2008 Coding Companion. Ingenix. p. 245-9

5 National average (wage index greater than one) DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$6,105.49) September 21, 2018 Federal Register.

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

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, 2019.

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