

## 2020 Coding & Payment Quick Reference

### Select GI Stenting Procedures

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

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

All rates shown are 2020 Medicare national averages; actual rates will vary geographically and/or by individual facility.

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

2020 Medicare National Average Payment

CPT® Code <sup>1</sup>	Code Description	RVUs			Physician <sup>2,2</sup> Facility <sup>3</sup>			
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Biliary Stenting</b>								
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	8.48	NA	13.36	NA	\$482	\$4,781 <sup>1</sup>	\$1,961
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	6.86	NA	10.86	NA	\$392	\$2,999 <sup>1</sup>	\$1,306
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	13.90	NA	\$502	\$4,781 <sup>1</sup>	\$1,961
<b>Esophageal Stenting</b>								
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	3.40	NA	5.48	NA	\$198	\$4,781 <sup>1</sup>	\$3,125
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	3.92	NA	6.29	NA	\$227	\$4,781 <sup>1</sup>	\$3,165
<b>Colonic and Duodenal Stenting</b>								
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	3.92	NA	6.29	NA	\$227	\$4,781 <sup>1</sup>	\$3,165
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	4.69	NA	7.69	NA	\$278	\$4,781 <sup>1</sup>	\$3,169
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	7.36	NA	11.80	NA	\$426	\$4,781 <sup>1</sup>	\$1,961
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2.85	NA	4.44	NA	\$160	\$2,999 <sup>1</sup>	\$1,306
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	4.70	NA	7.56	NA	\$273	\$4,781 <sup>1</sup>	\$2,944

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## RVUs

Physician<sup>+2</sup>Facility<sup>3</sup>

CPT® Code <sup>1</sup>	Code Description	RVUs			2020 Medicare National Average Payment			
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Colonic and Duodenal Stenting (Continued)</b>								
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	1.90	NA	3.41	NA	\$123	\$4,781 <sup>1</sup>	\$2,537
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2.72	NA	4.44	NA	\$160	\$4,781 <sup>1</sup>	\$3,247
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	5.24	NA	8.37	NA	\$302	\$4,781 <sup>1</sup>	\$3,133
<b>Foreign Body Removal (Stent Removal)</b>								
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	3.51	NA	5.55	NA	\$200	\$1,557 <sup>1</sup>	\$663
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.44	8.16	4.08	\$395	\$147	\$1,557 <sup>1</sup>	\$663
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.11	7.08	5.11	\$381	\$184	\$786	\$397
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	6.86	NA	10.86	NA	\$392	\$2,999 <sup>1</sup>	\$1,306
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	3.39	NA	5.54	NA	\$200	\$1,557 <sup>1</sup>	\$663
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	1.60	3.47	2.81	\$192	\$101	\$2,344 <sup>1</sup>	\$1,100
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	5.54	3.04	\$272	\$110	\$1,004	\$507
45379	Colonoscopy, flexible; with removal of foreign body(s)	4.28	7.36	6.91	\$438	\$249	\$1,004	\$507

## C-Code Information

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

## Medicare Hospital Inpatient Coding – Select Procedures

One of the following ICD-10 PCS Procedure Codes may be used to report the procedure:

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
0F778DZ	Dilation of Common 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
0F7C8DZ	Dilation of Ampulla of Vater with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F7D8DZ	Dilation of Pancreatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0F7F8DZ	Dilation of Accessory Pancreatic Duct with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0FHB8DZ	Insertion of Intraluminal Device into Hepatobiliary Duct, Via Natural or Artificial Opening Endoscopic
0FHD8DZ	Insertion of Intraluminal Device into Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FC58ZZ	Extirpation of Matter from Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FC68ZZ	Extirpation of Matter from Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FC78ZZ	Extirpation of Matter from Common Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FC88ZZ	Extirpation of Matter from Cystic Duct, Via Natural or Artificial Opening Endoscopic
0FC98ZZ	Extirpation of Matter from Common Bile Duct, Via Natural or Artificial Opening Endoscopic
0FCC8ZZ	Extirpation of Matter from Ampulla of Vater, Via Natural or Artificial Opening Endoscopic
0FCD8ZZ	Extirpation of Matter from Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FCF8ZZ	Extirpation of Matter from Accessory Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0FPB8DZ	Removal of Intraluminal Device from Hepatobiliary Duct, Via Natural or Artificial Opening Endoscopic

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## Medicare Hospital Inpatient Coding – Select Procedures

One of the following ICD-10 PCS Procedure Codes may be used to report the procedure:

ICD-10 PCS Code	ICD-10 PCS Description
0FPD8DZ	Removal of Intraluminal Device from Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
0D718DZ	Dilation of Upper Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D728DZ	Dilation of Middle Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D738DZ	Dilation of Lower Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D748DZ	Dilation of Esophagogastric Junction with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D758DZ	Dilation of Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DH58DZ	Insertion of Intraluminal Device into Esophagus, Via Natural or Artificial Opening Endoscopic
0D768DZ	Dilation of Stomach with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D778DZ	Dilation of Stomach, Pylorus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0D798DZ	Dilation of Duodenum with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DH68DZ	Insertion of Intraluminal Device into Stomach, Via Natural or Artificial Opening Endoscopic
0DH98DZ	Insertion of Intraluminal Device into Duodenum, Via Natural or Artificial Opening Endoscopic
0DH88DZ	Insertion of Intraluminal Device into Small Intestine, 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
0DC18ZZ	Extirpation of Matter from Upper Esophagus, Via Natural or Artificial Opening Endoscopic
0DC28ZZ	Extirpation of Matter from Middle Esophagus, Via Natural or Artificial Opening Endoscopic
0DC38ZZ	Extirpation of Matter from Lower Esophagus, Via Natural or Artificial Opening Endoscopic
0DC58ZZ	Extirpation of Matter from Esophagus, Via Natural or Artificial Opening Endoscopic
0DC48ZZ	Extirpation of Matter from Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic
0DC68ZZ	Extirpation of Matter from Stomach, Via Natural or Artificial Opening Endoscopic
0DC78ZZ	Extirpation of Matter from Stomach, Pylorus, Via Natural or Artificial Opening Endoscopic
0DC88ZZ	Extirpation of Matter from Small Intestine, Via Natural or Artificial Opening Endoscopic
0DC98ZZ	Extirpation of Matter from Duodenum, Via Natural or Artificial Opening Endoscopic
0DCA8ZZ	Extirpation of Matter from Jejunum, Via Natural or Artificial Opening Endoscopic
0DCN8ZZ	Extirpation of Matter from Sigmoid Colon, Via Natural or Artificial Opening Endoscopic
0DCP8ZZ	Extirpation of Matter from Rectum, Via Natural or Artificial Opening Endoscopic
0DCC8ZZ	Extirpation of Matter from Ileocecal Valve, Via Natural or Artificial Opening Endoscopic
0DCE8ZZ	Extirpation of Matter from Large Intestine, Via Natural or Artificial Opening Endoscopic
0DCF8ZZ	Extirpation of Matter from Right Large Intestine, Via Natural or Artificial Opening Endoscopic
0DCG8ZZ	Extirpation of Matter from Left Large Intestine, Via Natural or Artificial Opening Endoscopic
0DCH8ZZ	Extirpation of Matter from Cecum, Via Natural or Artificial Opening Endoscopic
0DCK8ZZ	Extirpation of Matter from Ascending Colon, Via Natural or Artificial Opening Endoscopic
0DCL8ZZ	Extirpation of Matter from Transverse Colon, Via Natural or Artificial Opening Endoscopic
0DCM8ZZ	Extirpation of Matter from Descending Colon, Via Natural or Artificial Opening Endoscopic

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## Medicare Hospital Inpatient Payment Rates Effective October 1, 2019 - September 30, 2020

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 stenting procedures may include (but are not limited to):

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment <sup>4</sup>
329	Major Small & Large Bowel Procedures with Major Complication or Comorbidity (MCC <sup>5</sup> )	\$30,714
330	Major Small & Large Bowel Procedures with Complication or Comorbidity (CC <sup>5</sup> )	\$15,815
331	Major Small & Large Bowel Procedures without CC/MCC	\$10,573
374	Digestive Malignancy with MCC <sup>5</sup>	\$12,502
375	Digestive Malignancy with CC <sup>5</sup>	\$7,556
376	Digestive Malignancy without CC/MCC	\$6,267
391	Esophagitis, Gastroenteritis, & Misc Digest Disorders with MCC <sup>5</sup>	\$7,730
392	Esophagitis, Gastroenteritis, & Misc Digest Disorders without MCC <sup>5</sup>	\$4,766
435	Malignancy of hepatobiliary system or pancreas with Major Complication or Comorbidity (MCC <sup>5</sup> )	\$10,622
436	Malignancy of hepatobiliary system or pancreas with Complication or Comorbidity (CC <sup>5</sup> )	\$7,046
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,495
438	Disorders of pancreas except malignancy with MCC <sup>5</sup>	\$10,254
439	Disorders of pancreas except malignancy with CC <sup>5</sup>	\$5,303
440	Disorders of pancreas except malignancy without CC/MCC	\$3,853
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC <sup>5</sup>	\$11,582
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC <sup>5</sup>	\$5,842
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	\$4,258
444	Disorders of the biliary tract with MCC <sup>5</sup>	\$10,178
445	Disorders of the biliary tract with CC <sup>5</sup>	\$6,725
446	Disorders of the biliary tract without CC/MCC	\$5,087

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 OPSS C-APC payment of the primary service with minor exceptions.

‡ The 2020 National Average Medicare physician payment rates have been calculated using a 2020 conversion factor of \$36.0896. Rates subject to change.

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

\* 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 - November 2019 release, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F.html>

3 January 2020 Federal Register CMS-1717-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 (\$6,258.96) October 2019 Federal Register.

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

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