

2020 Coding & Payment Quick Reference

Select Laparoscopic Cholecystectomy with Common Bile Duct Exploration (CBDE) 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 Laparoscopic Cholecystectomy with Common Bile Duct Exploration (CBDE) 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.

Physician Coding and Payment

2020 Medicare National Average Payment
RVUs Physician^{1,2}

CPT® Code ¹	Code Description	2020 Medicare National Average Payment		
		Work	Total Facility	In-Facility
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	18.00	32.48	\$1,172
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	3.02	4.81	\$174
TOTAL:		21.02	37.29	\$1,346

CPT Code 47550 is an Add-On code and must be reported with the primary procedure.

Medicare Hospital Inpatient Coding - Select Procedures

ICD10-PCS Code	Code Description
0FT44ZZ	Resection of Gallbladder, Percutaneous Endoscopic Approach; AND
BF10YZZ	Fluoroscopy of Bile Ducts using Other Contrast; AND
0FJB4ZZ	Inspection of Hepatobiliary Duct, Percutaneous Endoscopic Approach

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 laparoscopic cholecystectomy with common bile duct exploration procedures may include (but are not limited to):

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment ^{3,4}
411	Cholecystectomy with C.D.E. with MCC	\$23,993
412	Cholecystectomy with C.D.E. with CC	\$14,889
413	Cholecystectomy with C.D.E. without CC/MCC	\$10,130

Hospital Outpatient Facility Coding & Payment

2020 Medicare National
Average Payment

Facility

CPT® Code ¹	Code Description	Hospital Outpatient ⁵
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	\$4,934
TOTAL:		\$4,934

C-Code Information

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

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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.

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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 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.

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

5 January 2020 Federal Register CMS-1717-CN.

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, 2020.



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