

GUIDEPOINT
Reimbursement Resources

2016 Coding & Payment Quick Reference
Bronchial Thermoplasty

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.

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.

CPT® Code¹	Code Description	RVUs		2016 Medicare National Average Payment		
		Work	Total Facility	Physician*²	Facility †,³	C-Code C1886
Bronchial Thermoplasty						
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with Bronchial Thermoplasty, 1 lobe	4.25	6.05	\$217	\$3,066	Should be reported
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with Bronchial Thermoplasty, 2 or more lobes	4.50	6.35	\$227	\$3,066	Should be reported

Diagnosis Coding

ICD-10 CM Diagnosis Code	Description
J45.50	Severe persistent asthma, uncomplicated

Hospital Inpatient Coding

ICD-9 CM Code	ICD-9 CM Description	ICD-10 PCS Code	ICD-10 PCS Description
32.27	Bronchoscopic bronchial thermoplasty, ablation of airway smooth muscle	0B538ZZ	Destruction of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic
		0B548ZZ	Destruction of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0B568ZZ	Destruction of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0B578ZZ	Destruction of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
		0B588ZZ	Destruction of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
		0B598ZZ	Destruction of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic
		0B5B8ZZ	Destruction of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic

ASC

The Category I CPT® Codes 31660 and 31661 for BT are not currently on the “ASC Covered Surgical Procedures” for CY 2016 and therefore this procedure is not covered in the ASC setting for Medicare patients. ASCs should contact commercial payers to determine whether the procedure would be covered in this setting.

Note: The Instructions for Use for the Alair System specify that facilities should be equipped with access to full resuscitation equipment to handle hemoptysis, pneumothorax, and other respiratory complications, including acute exacerbation of asthma and respiratory failure requiring intubation.

See important notes on the uses and limitations of this information on page 2.

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Effective: 1JAN2016
Expires: 31DEC2016
MS-DRG Rates Expire: 30SEP2016
ENDO-47409-AE JAN2016

C-Code Information

For all C-Code information, please reference the C-Code Reference Guide: www.bostonscientific.com/reimbursement

Code	Description
C1886	Catheter, extravascular tissue ablation, any modality (insertable)

On claims for Medicare beneficiaries, hospitals should report not only the appropriate CPT® Code, but also C-Code C1886.

- C-Codes are tracking codes established by the Centers for Medicare & Medicaid Services (CMS) to assist Medicare in establishing future APC payment rates. C-Codes only apply to Medicare hospital outpatient claims. They do not trigger additional payment to the facility today.
- It is very important that hospitals report C-Codes as well as the associated device costs. This will help inform and potentially increase future outpatient hospital payment rates.

Suggested Revenue Codes

Code	Description
278*	Medical/surgical supplied and devices/other implants
272	Sterile supply/medical/surgical supplies and devices

Guidance on the setting charges for C-Codes is available at: www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2386CP.pdf

Coverage

The Alair™ System is FDA approved, and some payers are covering the procedure while others are reviewing the technology for coverage. Providers should contact their individual payers prior to performing the procedure for information on coverage.

Boston Scientific recommends pre-determination of benefits for BT with third-party payers who do not cover BT but will allow a pre-determination of benefits. Boston Scientific offers support for providers in working through the pre-determination process in instances where consistent formal coverage has yet to be established. Customers performing BT delivered by the Alair System can contact The Reimbursement Group (TRG) for pre-determination support.

The Reimbursement Group Contact Information:

1-877-279-3331 (phone) | 1-866-258-5034 (fax) | thermoplasty@trglttd.com

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* The 2016 National Average Medicare physician payment rates have been calculated using a 2016 conversion factor of \$35.8043. Rates subject to change.

† For Medicare claims, please note that CPT Codes 31660 and 31661 map to Ambulatory Payment Classification (APC) 5155, Level 5 Airway Endoscopy.

‡ According to Medicare, devices do not need to remain in the body to be classified as "implants."^{4,5}

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2 Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - January 2016 release, RVU16A file <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU16A.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

3 Source: November 13, 2015 Federal Register CMS-1633-FC.

4 Preamble to the Inpatient Prospective Payment update regulation for FY 2009 (73 FR 48462).

5 Revenue Code 278 - Definition in UB-04 manual, National Uniform Billing Committee Summary, August 2009, Page 5: (a) Implantables: That which is implanted, such as a piece of tissue, a tooth, a pellet of medicine, or a tube or needle containing a radioactive substance, a graft, or an insert. Also included are liquid and solid plastic materials used to augment tissues or to fill in areas traumatically or surgically removed. An object or material partially or totally inserted or grafted into the body for prosthetic, therapeutic, diagnostic purposes. Examples of Other Implants (not all-inclusive): Stents, artificial joints, shunts, grafts, pins, plates, screws, anchors, radioactive seeds.

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