



2022 Coding & Payment Quick Reference

Select Endobronchial Ultrasound (EBUS) Guided Needle Aspiration Biopsy 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 Endobronchial Ultrasound (EBUS) Guided Needle Aspiration Biopsy procedures and are referenced throughout this guide.

All rates shown are 2022 Medicare national averages; actual rates will vary geographically and/or by individual facility.

Medicare Physician, Hospital Outpatient, and ASC Payments

2022 Medicare National Average Payment

CPT® Code ¹	Code Description	RVUs			Physician ^{2,2} Facility ³			
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Biopsy (with Forceps)								
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	3.11	10.65	4.57	\$369	\$158	\$1,528 [†]	\$657
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.55	11.31	5.13	\$391	\$178	\$3,164 [†]	\$1,328
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	1.92	1.44	\$66	\$50	\$0	\$0
Endobronchial Ultrasound (EBUS) Guided Needle Aspiration Biopsy								
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	39.5	6.46	\$1,367	\$224	\$3,164 [†]	\$1,328
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	41.0	7.16	\$1,419	\$248	\$3,164 [†]	\$1,328
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) (List separately in addition to code for primary procedure[s])	1.40	3.63	1.95	\$126	\$67	\$0	\$0
Needle Aspiration (TBNA)								
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	13.88	5.44	\$480	\$188	\$3,164 [†]	\$1,328
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	2.38	1.84	\$82	\$64	\$0	\$0

C-Code Information

There is no applicable Medicare C-Code for the Acquire™ Pulmonary Endobronchial Ultrasound Fine Needle Biopsy (FNB) Device, Expect™ Pulmonary Endobronchial Ultrasound Transbronchial Aspiration Needle, or CoreDx™ Pulmonary Mini-Forceps.

See important notes on the uses and limitations of this information on page 3.

Medicare Hospital Inpatient Coding – Select Procedures

ICD-10 PCS procedure codes are used by the hospital inpatient department to report the medical and/or surgical procedure performed on a patient.

ICD-10 PCS Code	ICD-10 PCS Description
0BB28ZX	Excision of Carina, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB38ZX	Excision of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB48ZX	Excision of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB58ZX	Excision of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB68ZX	Excision of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB78ZX	Excision of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB88ZX	Excision of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB98ZX	Excision of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBB8ZX	Excision of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BD38ZX	Extraction of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BD48ZX	Extraction of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BD58ZX	Extraction of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BD68ZX	Extraction of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BD78ZX	Extraction of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BD88ZX	Extraction of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BD98ZX	Extraction of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BDB8ZX	Extraction of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBC8ZX	Excision of Right Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBD8ZX	Excision of Right Middle Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBF8ZX	Excision of Right Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBG8ZX	Excision of Left Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBJ8ZX	Excision of Left Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBK8ZX	Excision of Right Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBL8ZX	Excision of Left Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BDC8ZX	Extraction of Right Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BDD8ZX	Extraction of Right Middle Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BDF8ZX	Extraction of Right Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BDG8ZX	Extraction of Left Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BDH8ZX	Extraction of Lung Lingula, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BDJ8ZX	Extraction of Left Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BDK8ZX	Extraction of Right Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BDL8ZX	Extraction of Left Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BDM8ZX	Extraction of Bilateral Lungs, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBM8ZX	Excision of Bilateral Lungs, Via Natural or Artificial Opening Endoscopic, Diagnostic
07B74ZX	Excision of Thorax Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07D74ZX	Extraction of Thorax Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07D84ZX	Extraction of Right Internal Mammary Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07D94ZX	Extraction of Left Internal Mammary Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
07DK4ZX	Extraction of Thoracic Duct, Percutaneous Endoscopic Approach, Diagnostic
0BJ08ZZ	Inspection of Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
0BB18ZX	Excision of Trachea, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BD18ZX	Extraction of Trachea, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BD28ZX	Extraction of Carina, Via Natural or Artificial Opening Endoscopic, Diagnostic

See important notes on the uses and limitations of this information on page 3.

Medicare Hospital Inpatient Payment Rates Effective October 1, 2021 - September 30, 2022

MS-DRG 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 airway procedures may include (but are not limited to):

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment*
166	Other Respiratory System O.R. Procedures with MCC	\$24,369
167	Other Respiratory System O.R. Procedures with CC	\$11,967
168	Other Respiratory System O.R. Procedures without CC/MCC	\$8,800

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 2022 National Average Medicare physician payment rates have been calculated using a 2022 conversion factor of \$34,6062. Rates subject to change.

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2 Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - December 2021 release <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1751-f>.

3 Source: January 2022 Federal Register CMS-1753-CN <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppsaddendum-and-addendum-b-updates/january-2022-0>.

4 National average (wage index greater than one) DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$6,594.24). Source: November 2021 Federal Register.

SEQUESTRATION DISCLAIMER: Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in an across-the-board reduction to ALL Medicare rates.

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