

GUIDEPOINT
Reimbursement Resources

2015 Coding & Payment Quick Reference
Select Procedures Utilizing Spyglass™ Direct Visualization System

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 as of January 1, 2015.

Medicare Physician, Hospital Outpatient, and ASC Payments

The American Medical Association approved a new CPT® Code for cholangioscopy that became effective January 1, 2009. The following add-on code may be used to report cholangioscopy procedures using the SpyGlass Direct Visualization System.

CPT® Code ¹	Code Description	2015 Medicare National Average Payment						
		RVUs			Physician ^{†,2}		Facility ³	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Cholangioscopy								
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure*)	2.24	3.58	3.58	\$128	\$128	\$0	\$0

CPT® Code 43273 is an add-on code and must be reported with at least one of the following ERCP codes:

CPT® Code ¹	Code Description	2015 Medicare National Average Payment						
		RVUs			Physician ^{†,2}		Facility ³	
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Diagnostic								
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	5.95	9.82	9.82	\$351	\$351	\$1,952	\$1,071
Therapeutic								
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	6.25	10.28	10.28	\$368	\$368	\$1,952	\$1,071
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	6.60	10.85	10.85	\$388	\$388	\$1,952	\$1,071
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	6.60	10.88	10.88	\$389	\$389	\$1,952	\$1,071
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	6.73	11.06	11.06	\$395	\$395	\$1,952	\$1,071

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

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Effective: 1JAN2015
Expires: 31DEC2015
MS-DRG Rates Expire: 30SEP2015
ENDO-47409-AD DEC2014

CPT® Code ¹	Code Description	RVUs			2015 Medicare National Average Payment			
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Therapeutic (Continued)								
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	8.03	13.12	13.12	\$469	\$469	\$1,952	\$1,071
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	7.00	11.48	11.48	\$410	\$410	\$1,952	\$1,071
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	8.02	13.11	13.11	\$469	\$469	\$1,952	\$1,071
Stenting								
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	8.58	14.00	14.00	\$501	\$501	\$3,174	\$1,313
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	6.96	11.42	11.42	\$408	\$408	\$1,952	\$1,071
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	8.94	14.57	14.57	\$521	\$521	\$3,174	\$1,313

Medicare Hospital Outpatient Billing: Multiple ERCPs

Per coding guidelines, it is possible for hospitals to bill for more than one ERCP CPT code to accurately represent the procedures performed. For one patient visit, the highest values ERCP code is paid at 100%, each additional code is paid at 50%.⁶ Note, this excludes multiple procedures performed with biliary stent placement. Under comprehensive APCs, Centers for Medicare and Medicaid Services will make one single all-inclusive payment for the primary service and all adjunct services provided to support the delivery of the primary service.

Medicare Hospital Inpatient Coding:

One of the following ICD-9-CM Procedure Codes may be used to report the procedure:

ICD-9-CM Procedure Code	Description
51.10	Endoscopic retrograde cholangiopancreatography (ERCP)
51.11	Endoscopic retrograde cholangioplasty (ERC)
51.14	Other closed (endoscopic) biopsy of biliary duct or sphincter of Oddi

Medicare Hospital Inpatient Payment: Rates Effective October 1, 2014 - September 30, 2015

Medicare Severity Diagnosis Related Groups (MS-DRGs) used in connection with the cholangioscopy procedure may include (but are not limited to):

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment ⁴
435	Malignancy of hepatobiliary system or pancreas with Major Complication or Comorbidity (MCC ⁵)	\$10,279
436	Malignancy of hepatobiliary system or pancreas with Complication or Comorbidity (CC ⁵)	\$6,827
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,262
438	Disorders of pancreas except malignancy with MCC ⁵	\$9,985
439	Disorders of pancreas except malignancy with CC ⁵	\$5,320
440	Disorders of pancreas except malignancy without CC/MCC	\$3,768
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC ⁵	\$11,048
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC ⁵	\$5,435
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	\$3,820
444	Disorders of the biliary tract with MCC ⁵	\$9,509
445	Disorders of the biliary tract with CC ⁵	\$6,249
446	Disorders of the biliary tract without CC/MCC	\$4,439

C-Code Information

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

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‡ The 2015 National Average Medicare physician payment rates have been calculated using a 2015 conversion factor of \$35.7547 which reflects changes for January 1, 2015 through March 31, 2015. Rates subject to change.

* Add-on codes are always listed in addition to the primary procedure code.

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2 Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - January 8, 2015 revised release, RVU15A file <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU15A.html?DLPage=1&DLSort=0&DLSortDir=descending>

3 Source: November 10, 2014 Federal Register CMS-1613-FC.

4 National average (wage index greater than one) DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5,865.48). Source: August 22, 2014 Federal Register.

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

6 General Surgery/Gastroenterology 2010 Coding Companion. Ingenix. p. 259-263.

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