

2019 Coding Scenarios

Select Biliary Procedures Utilizing SpyGlass™ DS 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 scenarios provided within this guide are not intended to be all-inclusive of all possible clinical scenarios. We recommend consulting your relevant coding manuals for appropriate coding options.

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

All rates shown are 2019 Medicare national averages; actual rates will vary geographically and/or by individual facility.

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. Effective 1/1/2017, all ERCP CPT codes are assigned to Comprehensive APCs (C-APCs). Under C-APCs, CMS will provide one single all-inclusive payment for the primary service and all adjunct services provided to support the delivery of the primary service.

Medicare Hospital Outpatient and Physician Payments

CPT® Code ⁵	Code Description	2019 Medicare National Average Payment		
		Facility ²	Physician ^{3,4}	RVUs
	Hospital Outpatient	In-Facility	Total Facility	
SCENARIO 1: Diagnostic ERCP with cholangioscopy				
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		\$341	9.45
		\$2,825		
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure*)		\$126 (Add-on codes are paid at 100% for physicians)	3.49 (RVUs for add-on codes are counted at 100% for physicians)
Total:		\$2,825	\$467	12.94
SCENARIO 2: ERCP with sphincterotomy, cholangioscopy, and lithotripsy				
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)		\$457	12.69
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	\$4,496	\$36 (S377-S341)	1.01 (10.46-9.45)
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)		\$126 (Add-on codes are paid at 100% for physicians)	3.49 (RVUs for add-on codes are counted at 100% for physicians)
Total:		\$4,496	\$619	17.19

2019 Medicare National Average Payment

CPT® Code ⁵	Code Description	2019 Medicare National Average Payment		RVUs
		Facility ²	Physician ³	
		Hospital Outpatient	In-Facility	Total Facility
SCENARIO 3: ERCP with sphincterotomy, cholangioscopy, and biopsy				
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy		\$377	10.46
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	\$2,825	\$17 (\$358-\$341)	0.47 (9.92-9.45)
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)		\$126 (Add-on codes are paid at 100% for physicians)	3.49 (RVUs for add-on codes are counted at 100% for physicians)
Total:		\$2,825	\$520	14.42

SCENARIO 4: ERCP with sphincterotomy, cholangioscopy, and DASE				
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		\$400	11.09
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	\$2,825	\$43 (\$384-\$341)	1.21 (10.66-9.45)
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)		\$126 (Add-on codes are paid at 100% for physicians)	3.49 (RVUs for add-on codes are counted at 100% for physicians)
Total:		\$2,825	\$569	15.79

* Note: Include modifier 59 with CPT Code 43277 when it is billed with 43264 as "incidental dilation" is considered part of stone removal. Only when the stricture is dilated prior to the removal of the stone can the dilation be separately billed. Sphincterotomy included in CPT Code 43277 description and can not be billed separately.

SCENARIO 5: ERCP with cholangioscopy, stent placement, and biopsy				
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		\$489	13.56
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	\$4,496	\$17 (\$358-\$341)	0.47 (9.92-9.45)
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)		\$126 (Add-on codes are paid at 100% for physicians)	3.49 (RVUs for add-on codes are counted at 100% for physicians)
Total:		\$4,496	\$632	17.52

*Note: CPT Code 43274 description includes dilation and sphincterotomy, when performed.

2019 Medicare National Average Payment

Facility²Physician³

RVUs

CPT® Code ⁵	Code Description	Hospital Outpatient	In-Facility	Total Facility
SCENARIO 6: ERCP with sphincterotomy, cholangioscopy, lithotripsy, and stone removal				
43265*	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)		\$457	12.69
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	\$4,496	\$36 ((\$377-\$341))	1.01 (10.46-9.45)
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)		\$126 (Add-on codes are paid at 100% for physicians)	3.49 (RVUs for add-on codes are counted at 100% for physicians)
Total:		\$4,496	\$619	17.19

* Effective 1/1/2014 CPT Code 43265 was revised to reference any form of stone destruction (e.g., mechanical, electrohydraulic, lithotripsy), and clarified that it included removal of stones or debris described by 43264. CPT Code 43264 - ERCP; with removal of calculi/debris from biliary/pancreatic duct(s) is NOT separately reportable. Current CCI edit does not allow submission of this coding combination on a claim.

SCENARIO 7: ERCP with sphincterotomy, cholangioscopy, and dilation

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		\$400	11.09
		\$2,825		
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)		\$126 (Add-on codes are paid at 100% for physicians)	3.49 (RVUs for add-on codes are counted at 100% for physicians)
Total:		\$2,825	\$526	14.58

Note: Effective 1/1/2014 CPT Code 43277 was newly created and includes guide wire passage and sphincterotomy (CPT Code 43262), when performed. CPT Code 43262-ERCP with sphincterotomy is not separately reportable.

SCENARIO 8: ERCP with cholangioscopy, and removal of foreign body

43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)		\$398	11.04
		\$2,825		
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)		\$126 (Add-on codes are paid at 100% for physicians)	3.49 (RVUs for add-on codes are counted at 100% for physicians)
Total:		\$2,825	\$524	14.53

C-Code Information

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

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, 2019.

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* CPT Code 43273 is an add-on code and must be reported with at least one ERCP code.

- 1 General Surgery/Gastroenterology 2008 Coding Companion. Ingenix. p. 245-9
- 2 Source: November 2, 2018 Federal Register CMS-1695-F
- 3 Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - November 2018 release, CMS-1676-F file <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1676-F.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>
- 4 The 2019 National Average Medicare physician payment rates have been calculated using a 2019 conversion factor of \$36.0391. Rates subject to change.
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