

# Endoscopic Retrograde Biliary and/or Pancreatic Stone Extraction or Destruction Procedures

## 2012 CODING AND REIMBURSEMENT GUIDE

Coverage, coding and payment for medical procedures and devices can be complicated and confusing. This guide was developed to assist with Medicare reporting and reimbursement when performing endoscopic biliary and/or pancreatic stone extraction/destruction procedure(s).

### Coverage

Medicare carriers may issue local coverage decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies (<http://www.cms.hhs.gov/mcd/search.asp?>) and contact their carriers' medical directors ([www.cms.hhs.gov/apps/contacts](http://www.cms.hhs.gov/apps/contacts)) or commercial insurers to determine if a procedure is covered.

### Coding

The Current Procedural Terminology (CPT®) codes used to describe endoscopic retrograde biliary and/or pancreatic stone extraction/destruction procedures are as follows:

43264	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method

(When done with sphincterotomy, also use 43262.)

(For radiological supervision and interpretation, see 74328, 74329 and 74330.)



Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT, ICD-9 and MS-DRG coding systems; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, AHA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.

## Payment

### 2012 Medicare National Average Reimbursement for Endoscopic Retrograde Biliary and/or Pancreatic Stone Extraction/Destruction

		Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
CPT Code	Description	Facility Fee (National Medicare Avg <sup>1</sup> )	APC	Facility Fee Schedule (National Medicare Avg <sup>2</sup> )	Fee When Procedure is Performed in Hospital or ASC (National Medicare Avg <sup>3</sup> )	Fee When Procedure is Performed in Office (National Medicare Avg <sup>3</sup> )
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts	\$997.00	0151	\$1,727.97	\$521.12	N/A*
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method	\$997.00	0151	\$1,727.97	\$584.43	N/A*

Imaging procedures often performed in conjunction with endoscopic retrograde biliary and/or pancreatic stone extraction:

74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	Imaging is included in the payment allowance for ERCP		Imaging is included in the payment allowance for ERCP	\$35.40	Carrier-priced procedure
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	Imaging is included in the payment allowance for ERCP		Imaging is included in the payment allowance for ERCP	\$35.40	Carrier-priced procedure
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	Imaging is included in the payment allowance for ERCP		Imaging is included in the payment allowance for ERCP	\$45.27	Carrier-priced procedure

<sup>1</sup>2012 Medicare Ambulatory Surgery Center Fee Schedule

<sup>2</sup>2012 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

<sup>3</sup>2012 Medicare Physician Fee Schedule

\*NA - Medicare has not developed a rate for the in-office setting because these procedures are typically performed in a hospital setting. Physicians should contact the Medicare contractor to determine if the service can be performed in-office. If the contractor determines the service or procedure may be performed in-office, the physician will receive Medicare's physician fee schedule amount for procedures performed in the hospital/ASC.

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2012 physician fees for your local area can be found at the following CMS links:

[http://www.cms.hhs.gov/PFSlookup/02\\_PFSSearch.asp#TopOfPage](http://www.cms.hhs.gov/PFSlookup/02_PFSSearch.asp#TopOfPage)

or

<http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/list.asp#TopOfPage>



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