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

2018 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). If you have any questions, please contact our reimbursement team at 800.468.1379 or by e-mail at reimbursement@cookmedical.com.

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) 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 removal of calculi/debris from biliary/pancreatic duct(s) (Do not report 43264 if no calculi or debris are found, even if balloon catheter is deployed) (Do not report 43264 in conjunction with 43260, 43265) (For percutaneous removal of calculi/debris, use 47544)
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy) (Do not report 43265 in conjunction with 43260, 43264) (For percutaneous removal of calculi/debris, use 47544)

(When done with sphincterotomy, also use 43262.)

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

Payment

2018 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 Payment (National Medicare Avg)[1]	APC	Facility Payment (National Medicare Avg)[2]	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg)[3]	Fee When Procedure Is Performed in Office (National Medicare Avg)[3]
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	$1,212.19	5303	$2,743.26	$385.56	N/A*
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	$1,848.85	5331	$4,293.32	$458.27	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	$36.36	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	$36.72	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	$46.80	Carrier-priced procedure

Note: Alternative payment policies may apply when multiple services are performed at the same encounter, including but not limited to, multiple procedure payment reductions and comprehensive ambulatory payment classifications (C-APC).

[1]2018 Medicare Ambulatory Surgery Center Fee Schedule

[2]2018 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

[3]2018 Medicare Physician Fee Schedule

**N/A - 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 that 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.*

2018 physician fees for your local area can be found at the following CMS links:

https://www.cms.gov/apps/physician-fee-schedule/overview.aspx
or
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html

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