

2024 Endobronchial Ultrasound (EBUS) Biopsy Procedures Coding and Reimbursement Guide

INTRODUCTION

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 endobronchial ultrasound (EBUS) procedures, with a specific focus on biopsy procedures. If you have any questions, please contact our reimbursement team at 833.585.2688 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 carrier's medical director (<http://www.cms.hhs.gov/apps/contacts/>), or commercial insurers to determine if a procedure is covered.

CODING

The following CPT® codes may be reported for endobronchial ultrasound-guided biopsy procedures:

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
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
+31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic interventions(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])

NOTE: Use 31654 in conjunction with 31622, 31623, 31624, 31625, 31626, 31628, 31629, 31640, 31643, 31645, 31646.

NOTE: Report 31652, 31653, 31654 only once per session.

The following CPT® codes may be reported for bronchoscopy biopsy procedures:

31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
+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)
+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)

NOTE: CPT® codes 31628 and 31632 should be reported only once, regardless of how many transbronchial lung biopsies are performed in a lobe.

NOTE: CPT® code 31629 should be reported only once for upper airway biopsies, regardless of how many transbronchial needle aspiration biopsies are performed in the upper airway or in a lobe.

NOTE: CPT® code 31633 should be reported only once, regardless of how many transbronchial needle aspiration biopsies are performed in the trachea or the additional lobe.

2024 EBUS Biopsy Procedures Coding and Reimbursement Guide

PAYMENT

2024 Medicare Reimbursement for Endobronchial Ultrasound Biopsy Procedures - Physician and Outpatient Facilities

CPT® Code	Procedure Description	Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		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
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	\$1,566.67	5154	\$3,571.77	\$214.70	\$1,234.97
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	\$1,566.67	5154	\$3,571.77	\$238.01	\$1,281.90
+31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic interventions(s) for peripheral lesion(s) (List separately in addition to code for primary procedure(s))	Packaged service/item No separate payment made			\$65.24	\$119.84
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	\$757.16	5153	\$1,618.82	\$128.82	\$273.29
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	\$757.16	5153	\$1,618.82	\$152.46	\$347.19
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	\$1,566.67	5154	\$3,571.77	\$171.43	\$369.82
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	\$1,566.67	5154	\$3,571.77	\$182.08	\$450.05
+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)	Packaged service/item No separate payment made			\$47.60	\$64.24
+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)	Packaged service/item No separate payment made			\$61.25	\$79.89

¹ 2024 Medicare Ambulatory Surgery Center Fee Schedule

² 2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee schedule

³ 2024 Medicare Physician Fee Schedule

CPT © 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

2024 physician fees for your local area can be found at the following CMS links:

<http://www.cms.hhs.gov/pfslookup>

or

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>

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 coding system; 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, 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.