

GUIDEPOINT
Reimbursement Resources

2017 Coding & Payment Quick Reference
Select Pulmonary Procedures

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.

Medicare Physician, Hospital Outpatient, and ASC Payments

The bronchoscopy procedures listed below (except CPT® Codes 31622, 31660, and 31661) all include a diagnostic bronchoscopy when performed by the same physician.

CPT® Code ¹	Code Description	RVUs			2017 Medicare National Average Payment			
		Work	Total Office	Total Facility	Physician ^{†,2}		Facility ³	
					In-Office	In-Facility	Hospital Outpatient	ASC
Biopsy								
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	3.11	9.43	4.53	\$338	\$163	\$1,270 [†]	\$569
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	3.55	10.00	5.09	\$359	\$183	\$2,431 [†]	\$1,117
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)*	1.03	1.84	1.42	\$66	\$51	\$0	\$0
Cytology and Brush								
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.53	6.86	3.81	\$246	\$137	\$1,270 [†]	\$569
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	2.63	7.70	3.87	\$276	\$139	\$1,270 [†]	\$569
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	2.63	7.20	3.92	\$258	\$141	\$1,270 [†]	\$569
Foreign Body Removal (Stent Removal)								
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	3.42	7.96	5.07	\$286	\$182	\$1,270 [†]	\$569

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RVUs

Physician⁺²Facility³

CPT [®] Code ¹	Code Description	RVUs			2017 Medicare National Average Payment			
		Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Needle Aspiration								
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	3.75	12.36	5.42	\$444	\$195	\$2,431 ¹	\$1,117
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)*	1.32	2.29	1.83	\$82	\$66	\$0	\$0
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)	2.91	7.25	4.31	\$260	\$155	\$1,270 ¹	\$569
Stenting								
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	4.36	NA	6.63	NA	\$238	\$4,363 ¹	\$1,708
31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	4.30	NA	6.37	NA	\$229	\$4,363 ¹	\$2,561
31637	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)*	1.58	NA	2.14	NA	\$77	\$0	\$0
31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	4.88	NA	7.26	NA	\$261	\$4,363 ¹	\$1,708
Balloon Dilation								
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	3.81	NA	5.78	NA	\$207	\$2,431 ¹	\$1,117
Bronchial Thermoplasty								
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	4.00	NA	5.66	NA	\$203	\$4,363 ¹	N/A*
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	4.25	NA	5.97	NA	\$214	\$4,363 ¹	N/A*
Endobronchial Ultrasound-Guided Transbronchial Needle Aspiration								
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	4.46	23.48	6.42	\$843	\$230	\$2,431 ¹	\$1,117
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	4.96	24.85	7.11	\$892	\$255	\$2,431 ¹	\$1,117
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s)	1.40	3.59	1.96	\$129	\$70	\$0	\$0

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Medicare Hospital Inpatient Coding

ICD-10 PCS procedure codes are used by the hospital inpatient department to report the medical and/or surgical procedure performed on a patient.

ICD-10 PCS Code	ICD-10 PCS Description
0B534ZZ	Destruction of Right Main Bronchus, Percutaneous Endoscopic Approach
0B538ZZ	Destruction of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic
0B544ZZ	Destruction of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0B548ZZ	Destruction of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B554ZZ	Destruction of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach
0B558ZZ	Destruction of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B564ZZ	Destruction of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0B568ZZ	Destruction of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B574ZZ	Destruction of Left Main Bronchus, Percutaneous Endoscopic Approach
0B578ZZ	Destruction of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
0B584ZZ	Destruction of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0B588ZZ	Destruction of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B594ZZ	Destruction of Lingula Bronchus, Percutaneous Endoscopic Approach
0B598ZZ	Destruction of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic
0B5B4ZZ	Destruction of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0B5B8ZZ	Destruction of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BB34ZZ	Excision of Right Main Bronchus, Percutaneous Endoscopic Approach
0BB38ZZ	Excision of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic
0BB44ZZ	Excision of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0BB48ZZ	Excision of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BB54ZZ	Excision of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach
0BB58ZZ	Excision of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BB64ZZ	Excision of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0BB68ZZ	Excision of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BB74ZZ	Excision of Left Main Bronchus, Percutaneous Endoscopic Approach
0BB78ZZ	Excision of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
0BB84ZZ	Excision of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach
0BB88ZZ	Excision of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0BB94ZZ	Excision of Lingula Bronchus, Percutaneous Endoscopic Approach
0BB98ZZ	Excision of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic
0BBB4ZZ	Excision of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach
0BBB8ZZ	Excision of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B538ZZ	Destruction of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic
0B548ZZ	Destruction of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B568ZZ	Destruction of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B578ZZ	Destruction of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
0B588ZZ	Destruction of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic
0B598ZZ	Destruction of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic
0B5B8ZZ	Destruction of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic

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ICD-10 PCS Code	ICD-10 PCS Description
0BJ08ZZ	Inspection of Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic
0BJK8ZZ	Inspection of Right Lung, Via Natural or Artificial Opening Endoscopic
0BJL8ZZ	Inspection of Left Lung, Via Natural or Artificial Opening Endoscopic
0B933ZX	Drainage of Right Main Bronchus, Percutaneous Approach, Diagnostic
0B934ZX	Drainage of Right Main Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B937ZX	Drainage of Right Main Bronchus, Via Natural or Artificial Opening, Diagnostic
0B938ZX	Drainage of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B943ZX	Drainage of Right Upper Lobe Bronchus, Percutaneous Approach, Diagnostic
0B944ZX	Drainage of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B947ZX	Drainage of Right Upper Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0B948ZX	Drainage of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B953ZX	Drainage of Right Middle Lobe Bronchus, Percutaneous Approach, Diagnostic
0B954ZX	Drainage of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B957ZX	Drainage of Right Middle Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0B958ZX	Drainage of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B963ZX	Drainage of Right Lower Lobe Bronchus, Percutaneous Approach, Diagnostic
0B964ZX	Drainage of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B967ZX	Drainage of Right Lower Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0B968ZX	Drainage of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B973ZX	Drainage of Left Main Bronchus, Percutaneous Approach, Diagnostic
0B974ZX	Drainage of Left Main Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B977ZX	Drainage of Left Main Bronchus, Via Natural or Artificial Opening, Diagnostic
0B978ZX	Drainage of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B983ZX	Drainage of Left Upper Lobe Bronchus, Percutaneous Approach, Diagnostic
0B984ZX	Drainage of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B987ZX	Drainage of Left Upper Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0B988ZX	Drainage of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B993ZX	Drainage of Lingula Bronchus, Percutaneous Approach, Diagnostic
0B994ZX	Drainage of Lingula Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B997ZX	Drainage of Lingula Bronchus, Via Natural or Artificial Opening, Diagnostic
0B998ZX	Drainage of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9B3ZX	Drainage of Left Lower Lobe Bronchus, Percutaneous Approach, Diagnostic
0B9B4ZX	Drainage of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0B9B7ZX	Drainage of Left Lower Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0B9B8ZX	Drainage of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB33ZX	Excision of Right Main Bronchus, Percutaneous Approach, Diagnostic
0BB34ZX	Excision of Right Main Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB37ZX	Excision of Right Main Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB38ZX	Excision of Right Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB43ZX	Excision of Right Upper Lobe Bronchus, Percutaneous Approach, Diagnostic
0BB44ZX	Excision of Right Upper Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB47ZX	Excision of Right Upper Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB48ZX	Excision of Right Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB53ZX	Excision of Right Middle Lobe Bronchus, Percutaneous Approach, Diagnostic

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ICD-10 PCS Code	ICD-10 PCS Description
0BB54ZX	Excision of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB57ZX	Excision of Right Middle Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB58ZX	Excision of Right Middle Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB63ZX	Excision of Right Lower Lobe Bronchus, Percutaneous Approach, Diagnostic
0BB64ZX	Excision of Right Lower Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB67ZX	Excision of Right Lower Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB68ZX	Excision of Right Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB73ZX	Excision of Left Main Bronchus, Percutaneous Approach, Diagnostic
0BB74ZX	Excision of Left Main Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB77ZX	Excision of Left Main Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB78ZX	Excision of Left Main Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB83ZX	Excision of Left Upper Lobe Bronchus, Percutaneous Approach, Diagnostic
0BB84ZX	Excision of Left Upper Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB87ZX	Excision of Left Upper Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB88ZX	Excision of Left Upper Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BB93ZX	Excision of Lingula Bronchus, Percutaneous Approach, Diagnostic
0BB94ZX	Excision of Lingula Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BB97ZX	Excision of Lingula Bronchus, Via Natural or Artificial Opening, Diagnostic
0BB98ZX	Excision of Lingula Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBB3ZX	Excision of Left Lower Lobe Bronchus, Percutaneous Approach, Diagnostic
0BBB4ZX	Excision of Left Lower Lobe Bronchus, Percutaneous Endoscopic Approach, Diagnostic
0BBB7ZX	Excision of Left Lower Lobe Bronchus, Via Natural or Artificial Opening, Diagnostic
0BBB8ZX	Excision of Left Lower Lobe Bronchus, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9K8ZX	Drainage of Right Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9L8ZX	Drainage of Left Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9M8ZX	Drainage of Bilateral Lungs, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBK7ZX	Excision of Right Lung, Via Natural or Artificial Opening, Diagnostic
0BBK8ZX	Excision of Right Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBL7ZX	Excision of Left Lung, Via Natural or Artificial Opening, Diagnostic
0BBL8ZX	Excision of Left Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBM4ZX	Excision of Bilateral Lungs, Percutaneous Endoscopic Approach, Diagnostic
0BBM7ZX	Excision of Bilateral Lungs, Via Natural or Artificial Opening, Diagnostic
0BBM8ZX	Excision of Bilateral Lungs, Via Natural or Artificial Opening Endoscopic, Diagnostic
0C7S0DZ	Dilation of Larynx with Intraluminal Device, Open Approach
0C7S3DZ	Dilation of Larynx with Intraluminal Device, Percutaneous Approach
0C7S4DZ	Dilation of Larynx with Intraluminal Device, Percutaneous Endoscopic Approach
0C7S7DZ	Dilation of Larynx with Intraluminal Device, Via Natural or Artificial Opening
0C7S8DZ	Dilation of Larynx with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0CPS0DZ	Removal of Intraluminal Device from Larynx, Open Approach
0CPS3DZ	Removal of Intraluminal Device from Larynx, Percutaneous Approach
0CPS7DZ	Removal of Intraluminal Device from Larynx, Via Natural or Artificial Opening
0CPS8DZ	Removal of Intraluminal Device from Larynx, Via Natural or Artificial Opening Endoscopic

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ICD-10 PCS Code	ICD-10 PCS Description
0B710DZ	Dilation of Trachea with Intraluminal Device, Open Approach
0B710ZZ	Dilation of Trachea, Open Approach
0B713DZ	Dilation of Trachea with Intraluminal Device, Percutaneous Approach
0B713ZZ	Dilation of Trachea, Percutaneous Approach
0B714DZ	Dilation of Trachea with Intraluminal Device, Percutaneous Endoscopic Approach
0B714ZZ	Dilation of Trachea, Percutaneous Endoscopic Approach
0B717DZ	Dilation of Trachea with Intraluminal Device, Via Natural or Artificial Opening
0B717ZZ	Dilation of Trachea, Via Natural or Artificial Opening
0B718DZ	Dilation of Trachea with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B718ZZ	Dilation of Trachea, Via Natural or Artificial Opening Endoscopic
0B720DZ	Dilation of Carina with Intraluminal Device, Open Approach
0B720ZZ	Dilation of Carina, Open Approach
0B723DZ	Dilation of Carina with Intraluminal Device, Percutaneous Approach
0B723ZZ	Dilation of Carina, Percutaneous Approach
0B724DZ	Dilation of Carina with Intraluminal Device, Percutaneous Endoscopic Approach
0B724ZZ	Dilation of Carina, Percutaneous Endoscopic Approach
0B727DZ	Dilation of Carina with Intraluminal Device, Via Natural or Artificial Opening
0B727ZZ	Dilation of Carina, Via Natural or Artificial Opening
0B728DZ	Dilation of Carina with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B728ZZ	Dilation of Carina, Via Natural or Artificial Opening Endoscopic
0BC17ZZ	Extirpation of Matter from Trachea, Via Natural or Artificial Opening
0BC18ZZ	Extirpation of Matter from Trachea, Via Natural or Artificial Opening Endoscopic
0BC37ZZ	Extirpation of Matter from Right Main Bronchus, Via Natural or Artificial Opening
0BC38ZZ	Extirpation of Matter from Right Main Bronchus, Via Natural or Artificial Opening Endoscopic
0BC77ZZ	Extirpation of Matter from Left Main Bronchus, Via Natural or Artificial Opening
0BC78ZZ	Extirpation of Matter from Left Main Bronchus, Via Natural or Artificial Opening Endoscopic
0B714DZ	Dilation of Trachea with Intraluminal Device, Percutaneous Endoscopic Approach
0B734DZ	Dilation of Right Main Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B744DZ	Dilation of Right Upper Lobe Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B754DZ	Dilation of Right Middle Lobe Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B774DZ	Dilation of Left Main Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B784DZ	Dilation of Left Upper Lobe Bronchus with Intraluminal Device, Percutaneous Endoscopic Approach
0B718DZ	Dilation of Trachea with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B738DZ	Dilation of Right Main Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B748DZ	Dilation of Right Upper Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B758DZ	Dilation of Right Middle Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B778DZ	Dilation of Left Main Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0B788DZ	Dilation of Left Upper Lobe Bronchus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic

Medicare Hospital Inpatient Payment Rates Effective October 1, 2016 - September 30, 2017

Medicare Severity Diagnosis Related Groups (MS-DRGs) resulting from inpatient bronchoscopy procedures may include (but are not limited to):

MS-DRG	Description	Hospital Inpatient Medicare National Average Payment*
163	Major Chest Procedures with MCC ^{5,6}	\$29,933
164	Major Chest Procedures with CC ⁵	\$15,396
165	Major Chest Procedures without CC/MCC	\$10,673
180	Respiratory neoplasms with Major Complication or Comorbidity (MCC ⁵)	\$10,124
181	Respiratory neoplasms pancreas with Complication or Comorbidity (CC ⁵)	\$6,940
182	Respiratory neoplasms without CC/MCC	\$4,870
189	Pulmonary edema & respiratory failure	\$7,237
193	Simple pneumonia & pleurisy with MCC ⁵	\$8,265
194	Simple pneumonia & pleurisy with CC ⁵	\$5,647
195	Simple pneumonia & pleurisy without CC/MCC	\$4,191
196	Interstitial lung disease with MCC ⁵	\$9,701
197	Interstitial lung disease with CC ⁵	\$6,312
198	Interstitial lung disease without CC/MCC	\$4,829
204	Respiratory signs & symptoms	\$4,425
205	Other respiratory system diagnoses with MCC ⁵	\$8,736
206	Other respiratory system diagnoses without CC/MCC	\$4,962

C-Code Information

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

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† Comprehensive APCs (C-APCs): In 2014, CMS implemented their C-APC policy with the goal of identifying certain high-cost device-related outpatient procedures (formerly "device intensive" APCs). CMS has fully implemented this policy and has identified these high-cost, device-related services as the primary service on a claim. All other services reported on the same date will be considered "adjunctive, supportive, related or dependent services" provided to support the delivery of the primary service and will be unconditionally packaged into the OPSS C-APC payment of the primary service with minor exceptions.

‡ The 2017 National Average Medicare physician payment rates have been calculated using a 2017 conversion factor of \$35.8887. Rates subject to change.

NA "NA" indicates that there is no in-office differential for these codes.

N/A* Medicare has not developed a rate for the ASC setting as the procedure is typically performed in the hospital setting.

* 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 2017 release, RVU17A file <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU16A.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

3 Source: January 3, 2017 Federal Register CMS-1656-CN.

4 National average (wage index greater than one) DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5,963.44). Source: August 22, 2016 Federal Register.

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

6 Likely to pertain to bronchial thermoplasty only.

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, 2017.

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