

2014

CPT[®] CODING UPDATES

Gastroenterology CPT Advisors

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The American College of Gastroenterology (ACG), American Gastroenterological Association (AGA), and American Society for Gastrointestinal Endoscopy (ASGE) work closely together to ensure that adequate methods are in place for gastroenterology practices to report and obtain fair and reasonable reimbursement for procedures, tests and visits. The societies' advisors continuously review Current Procedural Terminology (CPT) and work through the AMA process to revise and add new codes as appropriate.

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Each year, CPT is updated to reflect current terminology, technology and practice. For 2014, over 300 changes are occurring, many across endoscopy codes. The Esophagus/Endoscopy section has undergone substantial changes, with codes divided into three subsections: Esophagoscopy (43191-43232), Esophagogastroduodenoscopy (EGD) (43235-43259), and Endoscopic Retrograde Cholangiopancreatography (ERCP) (43260-43278). Many of the endoscopy codes that have been deleted, revised or added have parallel language across the three subsections.

Parallel Concepts Across Upper GI Endoscopy Procedures

Guidelines

All three subsections (Esophagoscopy, EGD, ERCP) now include guidelines. The guidelines clarify that control of bleeding that occurs as a result of the endoscopic procedure is not separately reported during the same operative session. In addition, the anatomic structures that are included in an esophagoscopy or an EGD are now listed specifically.

Standardization of Language

Through 2013, the esophagoscopy, EGD, and ERCP base codes contained the language "*diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)*." In recent years, the CPT Editorial Panel has been replacing the terminology "*with or without*" in codes with "*including, when performed*" in an effort to standardize the language and make the code descriptors more accurate. In 2014, the revised terminology "*diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)*" will apply to these endoscopy codes. This represents an editorial change and does not change the way the codes are reported. Parenthetical notes have also been added throughout the three sections to assist in the use of these codes.

Separate Procedure

It is important to note that new parent codes 43191 (Esophagoscopy, Rigid, Transoral) and 43197 (Esophagoscopy, Flexible, Transnasal) are designated as separate procedures. Revised codes 43200 (Esophagoscopy, Flexible, Transoral), 43235 (EGD), and 43260 (ERCP) continue to be designated as separate procedures, commonly referred to as the "*base code*" in the family. Therefore, they may not be reported in conjunction with the other codes in their respective families, as the services described in the parent codes are inherently included in the other services.

The "*separate procedure*" designation is used throughout the code set to designate services/procedures that are normally included in another procedure(s), considered an integral component of another procedure, but are appropriately reported only when performed independently from other procedures.

Placement of Stent

Revised code descriptor language for placement of an endoscopic stent states "*pre-and post-dilation and guide wire passage, when performed*". The code for placement of stent is reported without a reduced services modifier 52, even if all three components (pre-dilation, post-dilation, and guide wire passage) are not performed during the same session. Separate reporting of pre-dilation, post-dilation or guide wire passage of the same lesion during the same session would not be appropriate.

Control of Bleeding

In 2013, the control of bleeding codes listed a variety of examples, such as injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler and plasma coagulator. For 2014, the code descriptors state "*any method*". Endoscopy guidelines were updated to state that control of bleeding that occurs as a result of the endoscopic procedure is not separately reported during the same operative session. Submucosal injection, if performed to accomplish control of bleeding / hemostasis, would not be reported separately.

Ablation

The revised ablation codes *"include pre- and post-dilation and guide wire passage, when performed."* Separate reporting of pre- or post-dilation or guide wire passage when performing ablation of the same lesion during the same session would not be appropriate. As with the stent codes, ablation procedures are reported without a reduced services modifier 52, even if, all three components (pre-dilation, post-dilation or guide wire passage) are not performed during the same session.

Guide Wire and Dilation

Insertion of guide wire codes 43226 and 43248 have been revised to describe passage of dilator(s) over a guide wire rather than dilation.

Esophagoscopy – codes (43191-43232)

In 2013, both rigid and flexible esophagoscopy procedures were reported under the same code family. For 2014, there is more specificity through separate reporting of rigid, flexible and transnasal esophagoscopy procedures. Across these three sub-families there are 14 new codes, renumbering of several existing codes, and the deletion of four codes. Additionally, the guidelines have been revised to address control of bleeding and define esophagoscopy. Parentheticals have been reviewed and updated.

Moderate Sedation

Rigid transoral and flexible transnasal esophagoscopy DO NOT include moderate sedation. Rigid esophagoscopy procedures are typically performed in operating rooms with deep sedation or general anesthesia. Transnasal esophagoscopy procedures are usually performed in offices, with patients seated upright and with topical anesthesia. Flexible transoral procedures, the traditional esophagoscopy code set, include moderate sedation. Moderate sedation should not be reported separately with codes 43200-43232.

Introductory Language

Revisions to introductory language include an updated definition of esophagoscopy:

Esophagoscopy includes examination from the cricopharyngeus muscle (upper esophageal sphincter) to and including the gastroesophageal junction. It may also include examination of the proximal region of the stomach via retroflexion when performed.

Esophagoscopy, Rigid

Prior to 2014, codes 43200-43232 described either rigid or flexible transoral esophagoscopy. In 2014, rigid and flexible transoral esophagoscopy procedures have been separated into two distinct code families, reflecting different physician work and methods of sedation. Codes 43191-43196 describe transoral esophagoscopy using a rigid scope.

Esophagoscopy, Rigid		
CPT® Code	Code Descriptor	Change Detail
●43191	Esophagoscopy, rigid, transoral; diagnostic	New Code for 2014
●43192	Esophagoscopy, rigid, transoral; injection(s)	New Code for 2014
●43193	Esophagoscopy, rigid, transoral; biopsy	New Code for 2014 For transnasal, use 43198
●43194	Esophagoscopy, rigid, transoral; foreign body removal	New Code for 2014
●43195	Esophagoscopy, rigid, transoral; balloon dilation	New Code for 2014
●43196	Esophagoscopy, rigid, transoral; guide wire insertion	New Code for 2014

KEY = ● = New Code ▲ = Revised Code ⊙ = Moderate Sedation # = Resequenced Code

Flexible Transnasal Esophagoscopy

The Esophagoscopy subsection includes two new flexible transnasal esophagoscopy (TNE) codes (43197, 43198). TNE is performed to evaluate the esophagus from its inlet through the gastroesophageal junction. The nasal cavity (on one or both sides), nasopharynx, hypopharynx, and larynx are examined with the transnasal endoscope. The work involved in performing TNE differs from transoral esophagoscopy enough to warrant separate codes. Code 43197 describes diagnostic flexible TNE and includes collection of specimens by brushing or washing, when performed. Code 43198 describes flexible TNE with single or multiple biopsies.

Esophagoscopy, Flexible, Transnasal		
CPT® Code	Code Descriptor	Change Detail
●43197	Esophagoscopy, flexible, transnasal; diagnostic	New Code for 2014
●43198	Esophagoscopy, flexible, transnasal; with biopsy	New Code for 2014

KEY = ● = New Code ▲ = Revised Code ⊙ = Moderate Sedation # = Resequenced Code

Esophagoscopy, Flexible, Transoral

The transoral esophagoscopy codes 43200-43232 have also been placed within this new Esophagoscopy subsection. Prior to 2014, codes 43200-43232 were reported to describe either rigid or flexible transoral esophagoscopy. In 2014, rigid and flexible transoral esophagoscopy procedures have been separated into two distinct code families. Codes 43200-43232 have been revised to describe procedures using a flexible scope. Flexible esophagoscopy is typically performed using moderate sedation and the sedation is bundled into the flexible transoral esophagoscopy codes, as indicated by the moderate sedation symbol.

New Codes

New codes for the esophagoscopy family include stent, ablation, endoscopic mucosal resection, retrograde dilation, and dilation with balloon greater than 30 mm diameter. Several stand-alone dilation codes (retrograde [43456]; >30 mm (for achalasia) [43458]) have been deleted, recognizing that endoscopy is typically performed if these types of esophageal dilation were performed.

Endoscopic Mucosal Resection

Code 43211 – Endoscopic Mucosal Resection (EMR) includes injection-assisted, cap-assisted, and ligation-assisted techniques. Code 43211 includes removal of tumor(s), polyp(s), or other lesion(s) by snare technique (43217); directed submucosal injection(s)(43201); and band ligation (43205), so these services are not separately reportable when performed on the same lesion during the same session. Biopsy (43202) performed on the same lesion as EMR is not separately reportable.

Dilation

Two new codes have been established: Code 43213 – Dilation of the esophagus with a balloon or dilator, retrograde approach; and Code 43214 for esophagoscopy with balloon dilation of 30 mm in diameter or larger (typically achalasia). These codes include fluoroscopic guidance when used, and moderate sedation, as indicated by the moderate sedation symbol.

Placement of Stent

Revised code descriptor language for placement of an endoscopic stent in the esophagus states “*pre-and post-dilation and guide wire passage, when performed*”. Code 43212, esophagoscopy with placement of stent is reported without a reduced services modifier 52, even if all three components (pre-dilation, post-dilation, and guide wire passage) are not performed during the same session. Separate reporting of pre-dilation, post-dilation or guide wire passage of the same lesion during the same session would not be appropriate.

Ablation of Tumors

A new code has been established for esophagoscopy with ablation (43229). The new code includes pre- and post-dilation and guide wire passage when performed. Separate reporting of pre- or post-dilation or guide wire passage when performing ablation of the same lesion during the same session would not be appropriate. Ablation procedures are reported without a reduced services modifier 52, even if all three components (pre-dilation, post-dilation or guide wire passage) are not performed during the same session.

Deleted Codes

Three codes have been deleted in the esophagoscopy family.

- Code 43219 – Stent or tube placement has been deleted; use new code 43212 to report Esophagoscopy, flexible, transoral; stent placement. The new code specifies the inclusion of pre- and post-dilation and guide wire passage when performed and includes moderate sedation as indicated by the moderate sedation symbol.
- Code 43228 – Ablation of tumor has been deleted. A new code has been established for ablation of tumors with esophagoscopy (43229). The new code include pre- and post-dilation and guide wire passage when performed. Moderate sedation is included, as indicated by the moderate sedation symbol.
- Code 43234, which described a simple primary upper endoscopy, has been deleted. To report a diagnostic esophagogastroduodenoscopy, 43235 should be reported, or one of the three diagnostic esophagoscopy codes as appropriate.

Esophagoscopy, Flexible, Transoral		
CPT® Code	Code Descriptor	Change Detail
⊕▲43200	Esophagoscopy, flexible, transoral; diagnostic includes brushing or washing when performed	Terminology reconciliation
⊕▲43201	Esophagoscopy, flexible, transoral; directed submucosal injection(s)	Parent code revised Not separately reported during injection of varices, endoscopic mucosal resection or control of bleeding described by 43204, 43205 or 43211, for same lesion
⊕▲43202	Esophagoscopy, flexible, transoral; biopsy, single or multiple	Parent code revised
⊕▲43204	Esophagoscopy, flexible, transoral; injection sclerosis, varices	Parent code revised Do not separately report 43201 submucosal injection or 43227 control of bleeding for same lesion.
⊕▲43205	Esophagoscopy, flexible, transoral; band ligation, varices	Parent code revised
⊕▲43206	Esophagoscopy, flexible, transoral; optical endomicroscopy	Parent code revised
43211 – 43214	Codes are out of numerical sequence. See 43191-43232	
⊕▲43215	Esophagoscopy, flexible, transoral; foreign body removal	Parent code revised
⊕▲43216	Esophagoscopy, flexible, transoral; lesion removal by hot forcep or bipolar cautery	Parent code revised
⊕▲43217	Esophagoscopy, flexible, transoral; snare lesion removal	Parent code revised

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⊙#●43211	Esophagoscopy, flexible, transoral; EMR (endoscopic mucosal resection)	New code for 2014 Do not report biopsy 43202, submucosal injection 43201, band ligation 43205 or snare removal 43217 separately for same lesion
⊙#●43212	Esophagoscopy, flexible, transoral; stent placement	New code for 2014 Includes dilation and guide wire passage, when performed. Report fluoroscopy with 74360, when performed by endoscopist
⊙▲43220	Esophagoscopy, flexible, transoral; balloon dilation (less than 30mm diameter)	Parent code revised For rigid, use 43195 Report fluoroscopy with 74360, when performed by endoscopist
⊙#●43213	Esophagoscopy, flexible, transoral; dilation of esophagus, retrograde	New code for 2014 Includes fluoroscopic guidance, when performed
⊙#●43214	Esophagoscopy, flexible, transoral; dilation of esophagus with balloon (30 mm or larger)	New code for 2014 (e.g., achalasia therapy) Includes fluoroscopic guidance, when performed
43219	with insertion of plastic tube or stent	Deleted 43219 Use 43212
⊙▲43226	Esophagoscopy, flexible, transoral; guide wire insertion, passage of dilator(s) over guide wire	Parent code revised Report fluoroscopy with 74360, when performed by endoscopist
⊙▲43227	Esophagoscopy, flexible, transoral; control of bleeding, any method	Parent code revised Terminology reconciliation with 43255 See 43204 or 43205 for varices treatment. Do not report 43201 injection for bleeding treatment of same lesion, although can be reported for tattoo of lesion site if separately needed (59 modifier). Do not report if bleeding is caused by endoscopic procedure.
43228	with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Deleted 43228 Use 43229
⊙●43229	Esophagoscopy, flexible, transoral; ablation of tumor(s), polyp(s) or other lesion(s)	New Code for 2014 Includes balloon dilation, guide wire passage, when performed
⊙▲43231	Esophagoscopy, flexible, transoral; EUS	Parent code revised Endoscopy and EUS both confined to esophagus region
⊙▲43232	Esophagoscopy, flexible, transoral; with US-guided FNA	Parent code revised Endoscopy and EUS, FNA both confined to esophagus region. Report once per session
43233	Code is out of numerical sequence. See 43235-43273	
43234	Upper gastrointestinal endoscopy, simple primary examination (e.g., with small diameter flexible endoscope) (separate procedure);	Deleted 43234

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Esophagogastroduodenoscopy (EGD) Codes – (43235 – 43259)

CPT codes 43235-43259 have been placed in the new EGD subsection. These codes have been revised to describe flexible transoral EGD and include five new codes, revision and renumbering of several existing codes and the deletion of two codes. Additionally, the following qualification to the definition of EGD has been included in the new EGD Guideline language to clarify the appropriate use of modifiers -52 and -53:

To report esophagogastrosocopy where the duodenum is deliberately not examined [e.g., judged clinically not pertinent], or because significant situations preclude such exam [e.g., significant gastric retention precludes safe exam of duodenum], append modifier 52 if repeat examination is not planned, or modifier 53 if repeat examination is planned).

Revised Codes

Guide Wire and Dilation

The EGD family includes a code for insertion of guide wire followed by dilation over guide wire. Insertion of guide wire code 43248 has been revised to describe passage of dilator(s) over a guide wire rather than dilation. Codes 43248 and 43249 (dilation codes) should not be reported with codes 43266 and 43270, as these codes (stent, ablation) include dilation.

Endoscopic Ultrasound (EUS)

Endoscopic ultrasound (EUS) examination codes 43237 and 43238 have been revised to describe EUS limited to the esophagus, stomach **or** duodenum and adjacent structures. Endoscopic ultrasound codes 43242 and 43259 have been revised to include examination of a surgically altered stomach where the jejunum is examined distal to the anastomosis. Clarification language has been included to address the extent of performance of the EUS examination as distinguished from the extent of the endoscopic visualization.

Pseudocyst Drainage

In addition to transmural drainage of pseudocyst as described in the current code 43240, EGD with transmural drainage of pseudocyst has been revised to specify that it includes endoscopic ultrasound, transmural drainage and placement of stent(s) to facilitate drainage, when performed.

Dilation Procedures

Dilation procedure codes have been added, revised and deleted to better describe current practice. EGD code 43249 has been revised to specify transendoscopic balloon dilation of less than 30 mm in diameter. Code 43233 (>30mm balloon, e.g., achalasia) includes fluoroscopic guidance, when used. Code 43245 has been revised to describe dilation of gastric/duodenal stricture(s) and the guide wire example has been removed from the examples in parentheses. Code 43233 includes moderate sedation, as indicated by the moderate sedation symbol.

Control of Bleeding

The parentheticals for code 43255, EGD with control of bleeding code 43255 have been revised. Code 43255 should not be reported for treatment of esophageal/gastric varices, which are reported with more specific codes 43243 (sclerotherapy) or 43244 (banding). Code 43236, submucosal injection, would also not be reported if injection was part of the control of bleeding procedure.

New Codes

Balloon Dilation of Esophagus

EGD code 43233 (out of sequence) has been established to report balloon dilation of 30 mm in diameter or larger. This dilation procedure includes fluoroscopic guidance, when used.

Endoscopic Mucosal Resection

Code 43254 has been established to report endoscopic mucosal resection (EMR) with EGD. Code 43254 includes removal of tumor(s), polyp(s) or other lesion(s) by snare technique (43251); directed submucosal injection(s) (43236); and band ligation (43254), so these services are not separately reportable when performed on the same lesion during the same session. Biopsy (43239) performed on the same lesion as EMR is not separately reportable. Code 43254 includes moderate sedation, as indicated by the moderate sedation symbol.

Ultrasound-Guided Injections / Placement of Fiducial Markers

Code 43253 has been established to describe ultrasound-guided transmural injection of substances (e.g., celiac axis injection) or fiducial markers. This code includes endoscopic ultrasound (EUS) of the esophagus, stomach, and either the duodenum or a surgically-altered stomach where the jejunum is examined distal to the anastomosis.

Ablation of Tumors

A new code has been established for EGD with ablation (43270). The new code includes pre- and post-dilation and guide wire passage when performed. Separate reporting of pre- or post-dilation or guide wire passage when performing ablation of the same lesion during the same session would not be appropriate. Ablation procedures are reported without a reduced services modifier 52, even if all three components (pre-dilation, post-dilation or guide wire passage) are not performed during the same session.

Placement of Stent

Revised code descriptor language for placement of an endoscopic stent in the esophagus states “*pre-and post-dilation and guide wire passage, when performed*”. Code 43266, EGD with placement of stent is reported without a reduced services modifier 52, even if all three components (pre-dilation, post-dilation, and guide wire passage) are not performed during the same session. Separate reporting of pre-dilation, post-dilation or guide wire passage of the same lesion during the same session would not be appropriate.

Esophagogastroduodenoscopy		
CPT® Code	Code Descriptor	Change Detail
☉▲43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic includes brushing or washing when performed	Terminology reconciliation
☉▲43236	Esophagogastroduodenoscopy, flexible, transoral; directed submucosal injection	Parent code revised Not separately reported during injection of varices, endoscopic mucosal resection or control of bleeding described by 43243, 43254 or 43255, for same lesion.
☉▲43237	Esophagogastroduodenoscopy, flexible, transoral; EUS limited to esophagus, stomach OR duodenum	Parent code revised Utilized when the endoscopy is complete EGD for visualization but EUS service is limited to one or two regions of esophagus, stomach or duodenum (or jejunum via surgically altered stomach).
☉▲43238	Esophagogastroduodenoscopy, flexible, transoral; EUS with FNA limited to esophagus, stomach OR duodenum	Parent code revised Includes EUS 43237. Report when EGD is complete but EUS, FNA is confined to 1 or 2 regions of esophagus, stomach or duodenum (or jejunum via surgically altered stomach). Report once per session

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☉▲43239	Esophagogastroduodenoscopy, flexible, transoral; biopsy, single or multiple	Parent code revised
☉▲43240	Esophagogastroduodenoscopy, flexible, transoral; transmural drainage, pseudocyst	Parent code revised Includes placement of drainage, stents, transmural needle aspiration and EUS during the same session
☉▲43241	Esophagogastroduodenoscopy, flexible, transoral; intraluminal tube or catheter insertion	Parent code revised Do not report 43241 in conjunction with stent placement 43266
☉▲43242	Esophagogastroduodenoscopy, flexible, transoral; EUS with FNA of esophagus, stomach AND duodenum	Parent code revised Utilized when the endoscopy is complete EGD for visualization and EUS visualization is performed in all regions. FNA may be performed in 1 or more regions. Report once per session.
☉▲43243	Esophagogastroduodenoscopy, flexible, transoral; injection sclerosis of esophageal/gastric varices	Parent code revised Do not separately report 43236 submucosal injection or 43255 control of bleeding for same lesion.
☉▲43244	Esophagogastroduodenoscopy, flexible, transoral; band ligation of esophageal/gastric varices	Parent code revised Band ligation as part of snare polypectomy during EMR 43254 is not separately reported
☉▲43245	Esophagogastroduodenoscopy, flexible, transoral; dilation of gastric/duodenal stricture(s)	Parent code revised Utilized to report dilation of gastric outlet, native or post-op (e.g., gastro-jejunal bypass) Dilation codes are not separately reportable with tumor ablation or stent placement described by 43266, 43270 Report fluoroscopy with 74360, when performed by endoscopist
☉▲43246	Esophagogastroduodenoscopy, flexible, transoral; place gastrostomy tube	Parent code revised
☉▲43247	Esophagogastroduodenoscopy, flexible, transoral; foreign body removal	Parent code revised
☉▲43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire rather than Esophagogastroduodenoscopy, flexible, transoral; guide wire insertion	Parent code revised 43248 is not reported with stent placement or ablation codes described by 43266, 43270 Report fluoroscopy with 74360, when performed by endoscopist
☉▲43249	Esophagogastroduodenoscopy, flexible, transoral; transendoscopic balloon dilation of esophagus (<30 mm)	Parent code revised 43249 is not separately reportable with stent placement or ablation code described by 43266, 43270 Report fluoroscopy with 74360, when performed by endoscopist
☉#●43233	Esophagogastroduodenoscopy, flexible, transoral; dilation of esophagus with balloon (30 mm or larger)	New Code for 2014 (e.g., achalasia therapy) Includes fluoroscopic guidance, when performed

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⊙▲43250	Esophagogastroduodenoscopy, flexible, transoral; removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy or bipolar cautery	Parent code revised
⊙▲43251	Esophagogastroduodenoscopy, flexible, transoral; snare lesion removal	Parent code revised Not separately reportable with endoscopic mucosal resection described by 43254, for same lesion
⊙▲43252	Esophagogastroduodenoscopy, flexible, transoral; optical endomicroscopy	Parent code revised
⊙●43253	Esophagogastroduodenoscopy, flexible, transoral; EUS-guided transmural injection	New Code for 2014 (e.g., celiac axis neurolysis, fiducial marker placement) Not separately reportable with ultrasound described by 43237, 43238, 43242, 43259, 76942, 76975 or with pseudocyst drainage described by 43240
⊙●43254	Esophagogastroduodenoscopy, flexible, transoral; EMR (endoscopic mucosal resection)	New Code for 2014 Do not report biopsy 43239, submucosal injection 43236, band ligation 43244 or snare removal 43251 separately for same lesion
⊙▲43255	Esophagogastroduodenoscopy, flexible, transoral; control of bleeding, any method	Parent code revised See 43243 or 43244 for varices treatment. Do not report 43236 injection for bleeding treatment of same lesion, although can be reported for tattoo of lesion site if separately needed (59 modifier). Do not report if bleeding is caused by endoscopic procedure.
43256	with transendoscopic stent placement (includes predilation) (43256 has been deleted. To report, use 43266)	Deleted 43256 Use 43266
⊙#●43266	Esophagogastroduodenoscopy, flexible, transoral; stent placement	New Code for 2014 Includes dilation and guide wire passage, when performed. Report fluoroscopy with 74360, when performed by endoscopist
⊙▲43257	Esophagogastroduodenoscopy, flexible, transoral; thermal energy to LES and/or cardia, for GERD	Parent code revised
43258	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Deleted 43258 Use 43270
⊙#●43270	Esophagogastroduodenoscopy, flexible, transoral; ablation of tumor(s), polyp(s) or other lesion(s)	New Code for 2014 Includes dilation, guide wire passage when performed
⊙▲43259	Esophagogastroduodenoscopy, flexible, transoral; EUS of esophagus, stomach AND duodenum	Parent code revised Not separately reportable with pseudocyst drainage 43240 or injection of substance(s) described by 43253 Utilized when the endoscopy is complete EGD for visualization and EUS visualization is performed in all regions

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Endoscopic Retrograde Cholangiopancreatography (ERCP) – codes 43260-43278

Revisions to Endoscopic Retrograde Cholangiopancreatography (ERCP) code series include updating terminology for consistency with the addition of five new codes, revision and renumbering of several existing codes and the deletion of four codes. Guidelines were revised to address complete ERCP service, stent placement, clarification of ductal systems, reporting of services for altered postoperative anatomy and coding stone destruction. Modifications to codes were made to bundle procedures such as calculi removal, ablation, guide wire passage, stent placement, dilation and sphincterotomy – as noted below – and clarification as to when sphincterotomy is an inherent component of a therapeutic procedure.

New Introductory Language

New introductory language was added to clarify that therapeutic ERCP includes the base code diagnostic ERCP (43260) service; define complete ERCP and distinguish complete procedure from unsuccessful ERCP or from successful cannulation, but inability to visualize the desired ductal system; and clarify that ERCP includes passage of guidewire(s) when performed. Instructions were added to explain reporting multiple modalities of ERCP during the same session; reporting optical endomicroscopy of bile duct (unlisted code 47999) or pancreas (unlisted code 48999); and clarifying coding of multiple stent placement during ERCP (43274).

New Codes

Five new codes have been added to the ERCP section to describe stent placement, foreign body and stent removal, removal and exchange of stents, balloon dilation and ablation.

Code 43274 describes stent placement, and is reported per stent with modifier 59 appended to the subsequent code(s) if more than one stent is placed.

Two new ERCP codes have been established to describe foreign body or stent removal. Code 43275 describes removal of foreign body(s) or stent(s) from the biliary/pancreatic duct(s), and is reported once even if multiple stents are removed.

Code 43276 describes removal and exchange of stent(s) of the biliary or pancreatic duct and includes pre- and post-dilation and guide wire passage and sphincterotomy when performed. Code 43276 is reported per stent exchanged with modifier 59 appended to the subsequent code(s) if more than one stent is exchanged. If stent extraction is performed without ERCP, the service is reported with code 43247, EGD with foreign body removal.

A new code has been established for ERCP with ablation of tumors (43278). The new code includes pre- and post-dilation and guide wire passage when performed. Moderate sedation is included, as indicated by the moderate sedation symbol. Separate reporting of pre- or post-dilation or guide wire passage when performing ablation of the same lesion during the same session would not be appropriate. Ablation procedures are reported without a reduced services modifier 52, even if all three components (pre-dilation, post-dilation or guide wire passage) are not performed during the same session.

Revised Codes

ERCP with pressure measurement of Sphincter of Oddi code 43263 has been revised with the removal of the reference to pancreatic duct or common bile duct.

ERCP with removal (43264) and destruction of calculi (43265) codes have been revised to more accurately describe these procedures. 43264 is revised to include removal of debris (sludge) and 43265 is revised to reference any form of stone destruction (e.g., mechanical, electrohydraulic, lithotripsy), and clarifies that it includes removal of stones or debris. In addition, it clarifies that the balloon dilation code should not be separately reported for incidental "dilation" using balloon for stone/debris removal reported with 43264, 43265.

Deleted Codes

Nasobiliary or nasopancreatic insertion of drainage tube, Code 43267, has been deleted. To report these services see 43274 for stent placement.

Code 43268, insertion of tube or stent into bile or pancreatic duct, has been deleted. To report these services see 43274.

Foreign body or stent removal, code 43269, has been deleted and replaced with two new codes, 43275 for removal alone and 43276 for exchange.

ERCP code 43271 has been deleted. Code 43277 has been developed to report balloon dilation of bile duct or pancreatic duct stricture, or of ampulla (i.e., sphincteroplasty).

Ablation of tumor code 43272 has been deleted for 2014. Code 43278 describes ablation of tumor including pre-, post-dilation services.

Endoscopic Retrograde Cholangiopancreatography (ERCP)		
CPT® Code	Code Descriptor	Change Detail
☉▲43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic	Terminology reconciliation
☉43261	Endoscopic retrograde cholangiopancreatography (ERCP); biopsy	Parent code revised
☉43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	Not separately reportable with stent placement described by 43274, stent exchange described by 43276 or dilation described by 43277
☉▲43263	Endoscopic retrograde cholangiopancreatography (ERCP); sphincter pressure measurement	Removes reference to pressure measurement in biliary or pancreatic duct; reported once per session
☉▲43264	Endoscopic retrograde cholangiopancreatography (ERCP); remove duct calculi/debris	Not separately reportable with stone destruction (lithotripsy) described by 43265
☉▲43265	Endoscopic retrograde cholangiopancreatography (ERCP); destruction of calculi; any method	Includes removal of calculi/debris from duct(s) described by 43264
43267	with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tub	Deleted 43267 Use 43274

2014 CPT CODING UPDATES

43268	with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	Deleted 43268 Use 43274
⊙#● 43274	Endoscopic retrograde cholangiopancreatography (ERCP); stent placement, each stent	New Code for 2014 Includes dilation, guide wire passage, and sphincterotomy (43262), when performed.
43269	with endoscopic retrograde removal of foreign body and/or change of tube or stent	Deleted 43269 See 43275, 43276
43271	with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	Deleted 43271 Use 43277
43272	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Deleted 43272 Use 43278
⊙#● 43275	Endoscopic retrograde cholangiopancreatography (ERCP); foreign body or stent removal	New Code for 2014 Do not report 43275 separately with stent removal and exchange described by 43276
⊙#● 43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), each stent exchanged	New Code for 2014 Includes dilation, guide wire passage, and sphincterotomy (43262), when performed.
⊙#● 43277	Endoscopic retrograde cholangiopancreatography (ERCP); with balloon dilation, each duct/ampulla dilated	New Code for 2014 Includes guide wire passage and sphincterotomy (43262), when performed. Do not report separately with stent placement described by 43274, stent exchange described by 43276 or ablation described by 43278
⊙#● 43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation	New Code for 2014 Includes guide wire passage and dilation, when performed; for ampullectomy, use 43254 (EGD with EMR) and report any ERCP modality separately, when performed

KEY = ● = New Code ▲ = Revised Code ⊙ = Moderate Sedation # = Resequenced Code