

# aScope™ Broncho

## 2024 Coding and Reimbursement Guide



aScope™ Broncho

**Ambu**

## About the aScope™ Broncho

aScope Broncho endoscopes are single-use, sterile, flexible video bronchoscopes that offer an intuitive, lightweight design with similar functionality to reusable bronchoscopes. The aScope Broncho family of products is designed for use in upper airway endoscopy, capable of performing both diagnostic and therapeutic procedures. aScope 4 Broncho models are compatible with the aView™ 2 Advance HD monitor while the aScope 5 Broncho is compatible with the new Ambu aBox.

**Transitional Pass-Through Payment (TPT)** was awarded to the aScope 5 Broncho HD effective 01/01/2024. TPT payments are intended to facilitate Medicare beneficiary access to the benefits of new and innovative medical devices, drugs, and biologicals that demonstrate a substantial clinical improvement over existing technology and will remain in effect for 2 to 3 years. **HCCPS/CPT Code C1601 was awarded only to aScope 5 Broncho HD and must be included on the claim to receive TPT payments.** For further information, visit our aScope 5 TPT page: [www.ambuusa.com/ascope5-broncho-tpt-payments](http://www.ambuusa.com/ascope5-broncho-tpt-payments)

C1601*	Endoscope, single use (i.e. disposable, pulmonary, imaging/illumination device (insertable))
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\*The 2024 CMS CPT Code device offset amounts associated with C1601 can be found on page 8.

## HOSPITAL OUTPATIENT, AMBULATORY SURGICAL CENTER, AND PHYSICIAN OFFICE CODING AND PAYMENT

The table below provides an overview of potential procedural codes and the associated Medicare national payment rates when aScope Broncho endoscopes are used in hospital outpatient departments (HOPDs; places of service 19 and 22), ambulatory surgical centers (ASCs; place of service 24), and physician offices (place of service 11). The physician relative value units (RVUs) for the procedures below are listed on pages 6-7. Place of service definitions are provided on page 8.

### CPT Codes and 2023 Medicare National Payment Rates for Bronchoscopy Procedures

CPT® Code <sup>1</sup>	CPT Long Descriptor	Physician Service Payment <sup>2</sup>		Facility Payment <sup>3</sup>		
		Non-Facility (clinic)	Facility	APC	HOPD Payment	ASC
31615	Tracheobronchoscopy through established tracheostomy incision	\$172.43	\$115.17	5162	\$524.23	\$285.42
31622	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with cell washing	\$248.99	\$129.82	5153	\$1,617.14	\$757.16
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with brushing or protected brushings	\$273.29	\$128.82	5153	\$1,617.14	\$757.16
31624	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with broncheal alveolar lavage	\$254.32	\$130.49	5153	\$1,617.14	\$757.16
31625	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with bronchial or endobronchial biopsy(s), single or multiple sites	\$347.19	\$152.46	5153	\$1,617.14	\$757.16
31626	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with placement of fiducial markers, single or multiple	\$780.26	\$192.40	5155	\$6,521.19	\$2,301.13
31627	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with computer-assisted, image-guided navigation	\$1,058.88	\$93.87	0	Packaged	\$0.00
31628	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with transbronchial lung biopsy(s), single lobe	\$396.82	\$171.43	5154	\$3,568.05	\$1,566.67

CPT® Code <sup>1</sup>	CPT Long Descriptor	Physician Service Payment <sup>2</sup>		Facility Payment <sup>3</sup>		
		Non-Facility (clinic)	Facility	APC	HOPD Payment	ASC
31629	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with transbronchial needle aspiration biopsy(s). Trachea, main stem and/or lobar bronchus(i)	\$450.05	\$182.08	5154	\$3,568.05	\$1,566.67
31630	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with tracheal/bronchial dilation or closed reduction of fracture	n/a	\$193.73	5154	\$3,568.05	\$1,566.67
31631	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	n/a	\$220.70	5155	\$6,521.19	\$2,301.13
31632	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with transbronchial lung biopsy(s), each additional lobe (list separately in addition to code for primary procedure)	\$64.24	\$47.60	0	Packaged	\$0.00
31633	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with transbronchial needle aspiration biopsy(s), each additional lobe (list separately in addition to code for primary procedure)	\$79.89	\$61.25	0	Packaged	\$0.00
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	\$1,458.66	\$183.41	5155	\$6,521.19	\$2,301.13
31635	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with removal of foreign body	\$291.93	\$171.43	5153	\$1,617.14	\$757.16
31636	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with placement of bronchial stent(s)(includes tracheal/bronchial dilation as required), initial bronchus	n/a	\$211.04	5155	\$6,521.19	\$3,078.65
31637	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, each additional major bronchus stented (list separately in addition to code for primary procedure)	n/a	\$73.90	0	Packaged	\$0.00
31638	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with revision of tracheal or bronchial stent insreted at previous session (includes tracheal/bronchial dilation as required)	n/a	\$239.67	5155	\$6,521.19	\$2,301.13
31640	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with excision of tumor	n/a	\$241.00	5154	\$3,568.05	\$1,566.67
31641	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with destruction of tumor or relief of stenosis by any method other than excision (eg laser therapy, cryotherapy)	n/a	\$247.66	5154	\$3,568.05	\$1,566.67
31643	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with placement of catheter(s) for intracavitary radioelement application	n/a	\$165.11	5153	\$1,617.14	\$757.16
31645	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with therapeutic aspiration of tracheobronchial tree, initial	\$273.29	\$143.80	5153	\$1,617.14	\$757.16

CPT® Code <sup>1</sup>	CPT Long Descriptor	Physician Service Payment <sup>2</sup>		Facility Payment <sup>3</sup>		
		Non-Facility (clinic)	Facility	APC	HOPD Payment	ASC
31646	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	n/a	\$138.81	5152	\$389.05	\$211.82
31647	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	n/a	\$200.06	5155	\$6,521.19	\$2,899.76
31648	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with removal of bronchial valve(s), initial lobe	n/a	\$193.07	5154	\$3,568.05	\$1,566.67
31649	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with removal of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure)	\$64.91	\$64.91	5153	\$1,617.14	\$757.16
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	72.69	72.69	n/a	Packaged	n/a
31652	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, 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	\$1,234.97	\$214.70	5154	\$3,568.05	\$1,566.67
31653	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, 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	\$1,281.90	\$238.01	5154	\$3,568.05	\$1,566.67
31654	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s)	\$119.84	\$65.24	0	n/a	n/a
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	n/a	\$184.75	5155	\$6,521.19	ASC excluded
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	n/a	\$195.06	5155	\$6,521.19	ASC excluded
31780	Excision tracheal stenosis and anastomosis; cervical	n/a	\$1,197.68	Inpatient Only		
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	n/a	\$1,434.03	Inpatient Only		
31785	Excision of tracheal tumor or carcinoma; cervical	n/a	\$1,072.52	5165	\$5,165.00	ASC excluded
31786	Excision of tracheal tumor or carcinoma; thoracic	n/a	\$1,418.38	Inpatient Only		
32200	Pneumonostomy, with open drainage of abscess or cyst	n/a	\$1,128.11	Inpatient Only		
32400	Biopsy, pleura, percutaneous needle	\$167.77	\$81.89	5072	\$1,544.75	\$682.92
32550	Insertion of indwelling tunneled pleural catheter with cuff	\$766.94	\$199.73	5341	\$3,296.34	\$2,121.29

CPT® Code <sup>1</sup>	CPT Long Descriptor	Physician Service Payment <sup>2</sup>		Facility Payment <sup>3</sup>		
		Non-Facility (clinic)	Facility	APC	HOPD Payment	ASC
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	n/a	\$152.79	5182	\$1,525.93	ASC excluded
32552	Removal of indwelling tunneled pleural catheter with cuff	\$181.75	\$155.12	5181	\$598.55	\$325.88
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	\$233.35	\$86.88	5181	\$598.55	\$325.88
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	n/a	\$210.04	Inpatient Only		
32815	Open closure of major bronchial fistula	n/a	\$2,750.55	Inpatient Only		

### Inpatient Codes

ICD-10 PCS	Description
0B9F8ZX	Drainage of Right Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9J8ZX	Drainage of Left Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9D8ZX	Drainage of Right Middle Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9C8ZX	Drainage of Right Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
07B74ZX	Excision of Thorax Lymphatic, Percutaneous Endoscopic Approach, Diagnostic
0B9G8ZX	Drainage of Left Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9H8ZX	Drainage of Lung Lingula, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9M8ZX	Drainage of Bilateral Lungs, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBF8ZX	Excision of Right Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBC8ZX	Excision of Right Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBJ8ZX	Excision of Left Lower Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBG8ZX	Excision of Left Upper Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9L8ZX	Drainage of Left Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0B9K8ZX	Drainage of Right Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBD8ZX	Excision of Right Middle Lung Lobe, Via Natural or Artificial Opening Endoscopic, Diagnostic
0WHQ7YZ	Insertion of Other Device into Respiratory Tract, Via Natural or Artificial Opening
0BBH8ZX	Excision of Lung Lingula, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBK8ZX	Excision of Right Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBL8ZX	Excision of Left Lung, Via Natural or Artificial Opening Endoscopic, Diagnostic
4A07X7Z	Measurement of Visual Mobility, External Approach
0BBM8ZX	Excision of Bilateral Lungs, Via Natural or Artificial Opening Endoscopic, Diagnostic
0BBG7ZX	Excision of Left Upper Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0BBF7ZX	Excision of Right Lower Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0BBC7ZX	Excision of Right Upper Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0BBJ7ZX	Excision of Left Lower Lung Lobe, Via Natural or Artificial Opening, Diagnostic
0BBM4ZX	Excision of Bilateral Lungs, Percutaneous Endoscopic Approach, Diagnostic
0BH073Z	Insertion of Infusion Device into Tracheobronchial Tree, Via Natural or Artificial Opening
0BH07DZ	Insertion of Intraluminal Device into Tracheobronchial Tree, Via Natural or Artificial Opening

## Inpatient Codes

ICD-10 PCS	Description
0BBM7ZX	Excision of Bilateral Lungs, Via Natural or Artificial Opening, Diagnostic
0BBL7ZX	Excision of Left Lung, Via Natural or Artificial Opening, Diagnostic
0BBK7ZX	Excision of Right Lung, Via Natural or Artificial Opening, Diagnostic
0BBD7ZX	Excision of Right Middle Lung Lobe, Via Natural or Artificial Opening, Diagnostic

## 2024 Physician Relative Value Units (RVUs)<sup>4</sup>

CPT® Code <sup>1</sup>	CPT Long Descriptor	Non-Facility RVUs	Facility RVUs
31615	Tracheobronchoscopy through established tracheostomy incision	5.18	3.46
31622	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with cell washing	7.48	3.90
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance ,when performed; diagnostic, with brushing or protected brushings	8.21	3.87
31624	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with broncheal alveolar lavage	7.64	3.92
31625	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with bronchial or endobronchial biopsy(s), single or multiple sites	10.43	4.58
31626	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with placement of fiducial markers, single or multiple	23.44	5.78
31627	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with computer-assisted, image-guided navigation	31.81	2.82
31628	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with transbronchial lung biopsy(s), single lobe	11.11	5.15
31629	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with transbronchial needle aspiration biopsy(s). Trachea, main stem and/or lobar bronchus(i)	13.52	5.47
31630	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with tracheal/bronchial dilation or closed reduction of fracture	n/a	5.82
31631	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with placement of tracheal stent(s)(includes tracheal/bronchial dilation as required	n/a	6.63
31632	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with transbronchial lung biopsy(s), each additional lobe (list separately in addition to code for primary procedure)	1.93	1.43
31633	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with transbronchial needle aspiration biopsy(s), each additional lobe (list separately in addition to code for primary procedure)	2.40	1.84
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	43.82	5.51
31635	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with removal of foreign body	8.77	5.15
31636	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with placement of bronchial stent(s)(includes tracheal/bronchial dilation as required), initial bronchus	n/a	6.34
31637	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, each additional major bronchus stented (list separately in addition to code for primary procedure)	n/a	2.22

CPT® Code <sup>1</sup>	CPT Long Descriptor	Non-Facility RVUs	Facility RVUs
31638	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with revision of tracheal or bronchial stent insreted at previous session (includes tracheal/bronchial dilation as required)	n/a	7.20
31640	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with excision of tumor	n/a	7.24
31641	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with destruction of tumor or relief of stenosis by any method other than excision (eg laser therapy, cryotherapy)	n/a	7.44
31643	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with placement of catheter(s) for intracavitary radioelement application	n/a	4.96
31645	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with therapeutic aspiration of tracheobronchial tree, initial	8.21	4.32
31646	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with therapeutic aspiration of tracheobronchial tree, subsequent, sams hospital stay	n/a	4.17
31647	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	n/a	6.01
31648	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with removal of bronchial valve(s), initial lobe	n/a	5.80
31649	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with removal of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure)	1.95	1.95
31652	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, 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	37.10	6.45
31653	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, 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	38.51	7.15
31654	Bronchoscopy, rigid or flexible, including fluroscopic guidance ,when performed; diagnostic, with endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s)	3.60	1.96
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	n/a	5.55
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	n/a	5.86
31780	Excision tracheal stenosis and anastomosis; cervical	n/a	35.98
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	n/a	43.08
31785	Excision of tracheal tumor or carcinoma; cervical	n/a	32.22
31786	Excision of tracheal tumor or carcinoma; thoracic	n/a	42.61
32200	Pneumonostomy, with open drainage of abscess or cyst	n/a	33.89
32400	Biopsy, pleura, percutaneous needle	5.04	2.46
32550	Insertion of indwelling tunneled pleural catheter with cuff	23.04	6.00
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	n/a	4.59
32552	Removal of indwelling tunneled pleural catheter with cuff	5.46	4.66

CPT® Code <sup>1</sup>	CPT Long Descriptor	Non-Facility RVUs	Facility RVUs
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	7.01	2.61
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	n/a	6.31
32815	Open closure of major bronchial fistula	n/a	82.63

## aScope 5 Broncho Device Offset Amounts

A device offset is the part of the APC amount that is associated with the cost of the pass-through device. Each CPT code will have a specific device offset amount which will be used to calculate the TPT payment.

CPT® Code <sup>1</sup>	CPT Long Descriptor	Device Offset Amount <sup>7</sup>
31615	Tracheobronchoscopy through established tracheostomy incision	\$0.16
31622	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with cell washing	\$8.57
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with brushing or protected brushings	\$6.47
31624	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with broncheal alveolar lavage	\$2.91
31625	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with bronchial or endobronchial biopsy(s), single or multiple sites	\$14.88
31626	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with placement of fiducial markers, single or multiple	\$652.77
31627	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with computer- assisted, image-guided navigation	NA
31628	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with transbronchial lung biopsy(s), single lobe	\$36.04
31629	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with transbronchial needle aspiration biopsy(s). Trachea, main stem and/or lobar bronchus(i)	\$44.96
31630	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with tracheal/ bronchial dilation or closed reduction of fracture	\$421.03
31631	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	\$1,688.99
31632	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with transbronchial lung biopsy(s), each additional lobe (list separately in addition to code for primary procedure)	NA
31633	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with transbronchial needle aspiration biopsy(s), each additional lobe (list separately in addition to code for primary procedure)	NA
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	\$1,161.42
31635	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with removal of foreign body	\$14.39
31636	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with placement of bronchial stent(s)(includes tracheal/bronchial dilation as required), initial bronchus	\$2,808.68

CPT® Code <sup>1</sup>	CPT Long Descriptor	Device Offset Amount <sup>7</sup>
31637	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, each additional major bronchus stented (list separately in addition to code for primary procedure)	NA
31638	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with revision of tracheal or bronchial stent insreted at previous session (includes tracheal/bronchial dilation as required)	\$907.75
31640	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with excision of tumor	\$132.02
31641	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with destruction of tumor or relief of stenosis by any method other than excision (eg laser therapy, cryotherapy)	\$251.90
31643	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with placement of catheter(s) for intracavitary radioelement application	\$10.51
31645	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with therapeutic aspiration of tracheobronchial tree, initial	\$12.61
31646	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with therapeutic aspiration of tracheobronchial tree, subsequent, sams hospital stay	\$0.00
31647	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	\$3,704.69
31648	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with removal of bronchial valve(s), initial lobe	\$87.77
31649	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with removal of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure)	NA
31651	#N/A	NA
31652	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, 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	\$27.12
31653	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, 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	\$27.83
31654	Bronchoscopy, rigid or flexible, including fluroscopic guidance, when performed; diagnostic, with endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s)	NA
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	\$3,220.16
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	\$3,055.83
31780	Excision tracheal stenosis and anastomosis; cervical	NA
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	NA
31785	Excision of tracheal tumor or carcinoma; cervical	\$83.14
31786	Excision of tracheal tumor or carcinoma; thoracic	NA
31800	Suture of tracheal wound or injury; cervical	NA
31805	Suture of tracheal wound or injury; intrathoracic	NA
32815	Open closure of major bronchial fistula	NA

## PLACE OF SERVICE

The place of service, as defined by the Centers for Medicare & Medicaid Services (CMS), where a procedure is completed determines which physician service payment is applicable (i.e., non-facility (clinic) or facility), as well as whether a facility payment is applicable and if so which type of facility payment. The CMS-defined places of service are listed in the table below.<sup>6</sup> The table also indicates which type of physician payment is applicable to each place of service (see table on pages 2-4 for physician payment rates).

Code	Name	Applicable Physician Payment	Applicable Facility Payment	Description (defined by CMS)
11	Office	Non-Facility	None	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
19	Off Campus Outpatient Hospital	Facility	HOPD	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
21	Inpatient Hospital	Facility	Inpatient	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	On Campus Outpatient Hospital	Facility	HOPD	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Description change effective January 1, 2016).
23	Emergency Room - Hospital	Facility	HOPD	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center (ASC)	Facility	ASC	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

## REFERENCES

1. Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association (AMA). Copyright 2021 AMA. All rights reserved. No fee schedules, basic units, relative value units, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.
2. 2024 CMS PFS Final Rule, Addendum B (available on CMS website), (January 2024). Updated to reflect Legislative changes in conversion factor that became effective 03/09/2024 with CF of 33.2875. CF for dates 01/01/2024-03/08/2024: 32.7442
3. 2024 CMS OPPTS/ASC Final Rule, Addendum AA and B (available on CMS website), (January 2024).
4. CMS PFS Relative Value Files. Available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>.
5. Items that are insertable may be billed with revenue code 0278 per the National Uniform Billing Committee (NUBC)'s Updated Guidance on Other Implant Revenue Code (0278) effective July 1, 2020 available at: <https://www.nubc.org/system/files/media/file/2020/04/Guidance%20on%20Other%20Implant%20RC0278.pdf>
6. CMS Place of Service Code Set. Available at: [https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set).
7. Offset data published in CMS Transmittal [MM13488](#) with additional values accessed via [r12421cp.pdf \(cms.gov\)](#)

## INDICATIONS FOR USE

The endoscope is a sterile, single-use, flexible endoscope intended for endoscopic procedures and examination within the nasal lumens and upper airway anatomy. The endoscope is intended to provide visualization via a monitor. The endoscope is intended for use in a hospital environment. It is designed for use in adults.

## DISCLAIMER

The reimbursement information provided in this guide was obtained from third-party sources and information that is publicly available on the internet. The reported Medicare national average payments are subject to change and may vary based on geographic location and other individual factors. Information in this Guide is not legal advice, nor is it advice about how to code or complete claims for payment. It is the provider's responsibility to report the appropriate codes based on the procedures furnished to a specific patient and the patient's documented medical condition. Providers are also responsible for submitting claims for these services consistent with the specific payer billing requirements.

Payer billing, coding, and coverage requirements vary from payer to payer and are updated and change over time. Ambu encourages providers to verify current billing, coding and coverage policies and requirements with the specific payer if the provider has questions. Providers may also contact the American Academy of Otolaryngology-Head and Neck Surgery and/or the American Medical Association (AMA).

Ambu does not promote the use of its products outside of the FDA cleared indications for use and labeling.

For more information, please contact (800) 262-8462, select option 7 or email [us-reimbursement@ambu.com](mailto:us-reimbursement@ambu.com)

For a customized cost analysis of reusable vs. single-use endoscopes, visit [www.singleuseendoscopy.com/calculators](http://www.singleuseendoscopy.com/calculators) or contact [us-healthecon@ambu.com](mailto:us-healthecon@ambu.com)



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